The Hospital Quality Reporting Program

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Agenda

- Hospital Inpatient Quality Reporting (IQR) Program overview
- Electronically specified clinical Quality Measure (eCQM) reporting for 2015
- Zero Denominator Declaration and Case Threshold Exemption
- eCQM reporting periods and deadlines
- Hospital Compare
- Hospital eCQM receiving system update
- How to get involved with eCQM submission
- Resources
- Questions and Answers

Hospital IQR Program

The Hospital IQR Program has several components which are mandatory in order to fulfill program requirements.

Validation	HCAHPS**
Clinical and HAI*	Structural Measures
Population and Sampling	Web-Based Measures

* Healthcare-Associated Infections

** Hospital Consumer Assessment of Healthcare Providers and Systems

- Each component has its own submission requirements and deadlines.

- More information on the requirements for each of these can be found on the *QualityNet* website at: www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129

IQR Component: Clinical and HAI

Clinical and HAI

- The clinical and HAI component of the Hospital IQR program is made up of a total of 69 measures.

- Data for these measures is submitted in different ways depending on the measure, including:
  - Chart-abstracted
  - Web-based
  - Claims-based
  - eCQM

- A list of all measures can be found on the *QualityNet* website at www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473.

IQR Component: Clinical and HAI

- eCQMs:
  - **Do not** eliminate the requirement to submit data for the remaining chart-abstracted, web-based, and claims-based measures

  - Can be used to fulfill **a portion** of the chart-abstracted measure requirements
    - Chart-abstracted data will still need to be submitted for remaining measures.

Hospital Quality Reporting (HQR) Alignment

- Collection and reporting of data through health information technology (HIT) will simplify reporting for HQR programs.

- Alignment of measures across HQR programs will minimize the reporting burden imposed on hospitals.

- Initial focus is on aligning the **Hospital IQR** and the **Medicare Electronic Health Record (EHR) Incentive** programs for eligible hospitals (EHs) and critical access hospitals (CAHs).

- Further alignment of quality reporting programs across care settings planned for the future.

Submitting eCQMs

Data files can be submitted directly to the CMS hospital eCQM receiving system through the *QualityNet Secure Portal.* Hospitals must:

- Utilize certified EHR technology
- Register for a *QualityNet* account (new users only)
- Request the EHR Data Upload Role from the *QualityNet* Help Desk

eCQM Submission
by Vendor

- Hospitals may authorize their certified EHR vendor to submit data files for them

- Vendors need to:
  - Register for a *QualityNet* account
  - Request the EHR Data Upload role

- Hospitals need to:
  - Log in to the *QualityNet Secure Portal* to authorize the vendor to submit data on their behalf
    - Authorization can be done by measure set, data transmission start/end date, or discharge quarter start/end date

eCQM Submission by Vendor

- If a vendor **has not been authorized** by a hospital to submit eCQM data files on their behalf, the submitted files will be rejected.
  - This includes test and production files

HOWEVER

- Vendors can submit test files **without hospital authorization** if they utilize the test CMS Certification Number (CCN), 800890.

eCQM Reporting for 2015

EHs and CAHs that seek to report CQMs *electronically* under the Medicare EHR Incentive or the Hospital IQR Program must use:

- The April 2014 version of the electronic specifications for the CQMs

- QRDA Category I Release 2 files that conform to the CMS Eligible Professional and Hospital Quality Reporting Supplementary Implementation Guide for 2015 found at www.cms.gov/Regulations-andGuidance/Legislation/EHRIncentivePrograms/Downloads/QRDA_EP_HQR_Guide_2015.pdf

Successful eCQM Submission

Successful submission for the Hospital IQR program is defined as:

- Submission of at least 16 of 28 IQR eCQMs across at least three National Quality Strategy (NQS) domains
  - The 16 IQR eCQMs can be reported as any combination of:
    - Accepted QRDA files
    - Zero denominator declarations
    - Case threshold exemptions
- Submission must be for a single calendar year discharge quarter (Q1, Q2, or Q3) by November 30, 2015

Clinical Process Measures

- **ED-1**
- **ED-2**
- **IMM-2**
- **STK-1**
- **STK-4**
- **STK-6**
- **STK-8**
- **VTE-1**
- **VTE-2**
- **VTE-3**
- **VTE-5**
- **VTE-6**
- **PC-01**
- **AMI-7a**

- This is a list of all the Clinical Process measures required for the IQR program.

- The measures in **RED** have been developed with chart-abstracted specifications and with eCQM specifications.

- Some measures require that data be submitted utilizing the chart-abstracted specifications; such as IMM-2 and STK-1.

- The measures in **RED** provide the option of submitting data utilizing the chart-abstracted specifications or the eCQM specifications.

- Note: There are other measures required for complete IQR program participation such as HAI, claims-based, and structural measures.

Available eCQM Measures

Patient & Family Engagement

- ED-1
- ED-2
- STK-8
- CAC-3
- VTE-5

Patient Safety

- VTE-1
- VTE-6
- VTE-2
- SCIP-INF-9
- HTN
- SCIP-INF-1a

Efficient Use of Healthcare Resources

- PN-6
- SCIP-INF-2a

Care Coordination

- STK-10
- ED-3*

Clinical Process/Effectiveness

STK-2	AMI-2	VTE-3
STK-3	AMI-7A	VTE-4
STK-4	AMI-8A	PC-05
STK-5	AMI-10	PC-01
STK-6	EHDI-1a	

- There are 29 available eCQMs.
- Twenty-eight of the 29 eCQMs are eligible for the IQR Program*.
- A hospital can report data on any 16 of the 28 eCQMs across three NQS domains.
- A hospital must report data on at least 16 eCQMs to receive IQR credit.

*ED-3 is an Outpatient measure and therefore not applicable for IQR.

Required Measures Available as eCQMs

VTE-1	AMI-7A
VTE-2	STK-4
VTE-3	STK-6
VTE-5	STK-8
VTE-6	ED-1
PC-01	ED-2

- Twelve of the 28 available eCQM measures are required in the IQR program.
- These 12 eCQMs may be submitted with four other eCQMs for one calendar year (CY) quarter.
- A hospital that successfully submits eCQMs does not need to chart-abstract data for these 12 measures*.
- eCQM submission is voluntary.
  - A hospital can submit a full year of chart-abstracted data for the 12 required measures available as eCQMs and not participate in eCQM submission.
- There is no partial credit for CY 2015 data submissions. (e.g., A hospital may not submit less than 16 eCQMs across three NQS domains.)

*There are additional measures which must be chart-abstracted to meet IQR program requirements.

eCQMs–Example Submission #1

ED-1

ED-2

VTE-1

VTE-2

VTE-3

VTE-5

VTE-6

PC-01

AMI-7A

STK-4

STK-6

STK-8

STK-2

STK-3

STK-5

STK-10

- A hospital submits:
  - eCQM data for the 12 required measures for the IQR program
  - Four additional eCQMs for a total of 16 measures
- A hospital should consider the following when selecting measures for submission:
  - Their quality improvement goals
  - The ease of submitting once for credit in both the EHR Incentive and IQR programs
  - The opportunity to assess their EHR system readiness
  - A hospital that chooses to submit data for all of the stroke (STK) eCQMs would not need to chart-abstract STK-1

eCQMs–Example Submission #2

ED-1

ED-2

VTE-1

VTE-2

VTE-3

VTE-5

VTE-6

PC-01

AMI-7A

AMI-10

PN-6

SCIP-INF-9

CAC-3

PC-05

EHDI-1a

ED-3*

AMI-2

- In this example, a hospital's EHR system is not capable of submitting all of the STK eCQMs. The hospital must submit chart-abstracted data for the STK measures.

- The hospital chooses 16 eCQMs for data submission, including ED-3.

- The 16 eCQMs listed (to the left) meet EHR Incentive Program CQM requirements.

- ED-3, however, does not meet Hospital IQR program requirements.

- The hospital must elect to submit data for one more measure, AMI-2 in this example, to meet the requirement of 16 eCQMs for IQR program credit.

Review

Quick Review

To meet voluntary eCQM submission requirements for the Hospital IQR program, a hospital can:

- Submit data for 16 eCQMs across three NQS domains
- Use QRDA Category 1 Release 2 files that conform to the 2015 reporting constraints
- Submit one CY quarter of data (Q1, Q2, or Q3; Q4 is not applicable due to submission deadlines.)
- Use the April 2014 version of the eCQM specifications

EHR Incentive and Hospital IQR Program: Zero Denominator Declaration Clarification

- A zero denominator can be used when both:

  - A hospital's EHR system is certified for an eCQM

  - A hospital does not have patients that meet the denominator criteria of that CQM

- Submitting a zero denominator counts as a successful submission for that eCQM for both the EHR Incentive Program and the Hospital IQR program

EHR Incentive and Hospital IQR Program: Case Threshold Exemption Clarification

The Case Threshold Exemption can be used when both:

- A hospital's EHR system is certified to report data

- There are five or fewer discharges during the relevant EHR reporting period

EHR Incentive and Hospital IQR Program: Case Threshold Exemption Clarification

- If an EH or CAH qualifies for an exemption for the eCQM, that eCQM counts toward meeting the IQR program requirement of 16 eCQMS.

- Hospitals do **NOT** have to utilize the Case Threshold Exemption.

  - They can submit applicable QRDA files if they choose.

Reporting Periods

FY 2017 Electronic Reporting Periods and Submission Deadlines for EHs	
Discharge Reporting Period	**Submission Deadline**
January 1–March 31, 2015	November 30, 2015
April 1–June 30, 2015	November 30, 2015
July 1–September 30, 2015	November 30, 2015
October 1–December 31, 2015	Not Applicable

A hospital may voluntarily submit one calendar quarter (CY 2015 Q1, Q2, or Q3) as an eCQM by November 30, 2015.

Note: *IQR chart-abstracted deadlines differ from IQR eCQM submission deadlines.*

Voluntary eCQM Submission Public Reporting

FY 2017 Payment Determination

- The names of hospitals who successfully submit Q1, Q2, or Q3 electronic data will be recognized on *Hospital Compare*.

    - A symbol indicating successful submission will appear on *Hospital Compare.*

    - Actual data will not be publicly reported at this time.

    - Hospitals will not have an option to suppress their participation.

- The data submission deadline is November 30, 2015.

Hospital eCQM Receiving System

- Submission of test files to the hospital eCQM receiving system allows users to:
  - Test Quality Reporting Data Architecture (QRDA) – Category I, Release 2 file submissions and validate against 2015 CMS QRDA constraints at any time
  - Validate file structure against the CMS receiving system

- Reports are available to help users identify errors
  - Allows for corrections prior to production data file submission

- CMS contractors are reaching out to current submitters to provide assistance

Hospital eCQM Receiving System

- Full receiving system functionality is projected for April 2015.

- Full system functionality includes a hospital's ability to:
  - Submit test and production files
  - Complete file validation and measure calculation
  - Complete the "Intent to Submit" screen
  - Utilize the Denominator Declaration screen

- The submission period for production QRDA files begins May 1, 2015 and runs through November 30, 2015.

- Data must be submitted as production files to meet program data submission requirements.

- Test file submissions do not count toward program requirements.

Get Involved

CMS strongly encourages vendors and hospitals to work toward successful submission of eCQM data:

- Submit test files through the Hospital eCQM receiving system (*QualityNet Secure Portal*)
- Sign-up for the Hospital Reporting EHR ListServe and participate in training opportunities
- Be one of 100 hospitals to participate in the eCQM Validation Pilot Project

eCQM Validation Pilot Project

- The eCQM Validation Pilot Project gives hospitals the opportunity to:

  - Assess accuracy of eCQM data

  - Assess hospital eCQM reporting readiness

  - Plan future validation requirements

- Find more information about the eCQM Validation Project on *QualityNet*

  www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076

  - Validation Pilot FAQs

  - Validation Pilot Technical Solutions document

  - Validation Pilot Walkthrough and Interview document

Resources

- **2015 IPPS Final Rule**
  - p. 50273–List of 29 eCQMs for IQR and EHR Incentive Program
  - p. 50246–List of Previously Adopted Measures and Measures Newly Finalized for fiscal year (FY) 2017 Payment Determination and Subsequent Years

  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Final-Rule-Home-Page.html
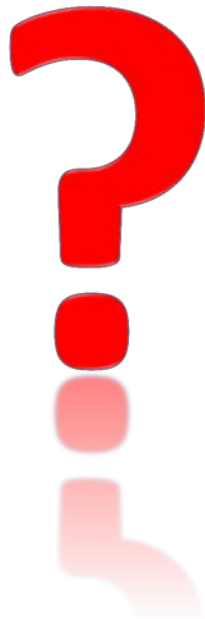
- **April 2014 eCQM Specifications**

  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Resources

- **HL7 Implementation Guide for QRDA Cat I R2**

  http://www.hl7.org/implement/standards/product_brief.cfm?product_id=35

- **CMS Implementation Guide for QRDA Cat I and III; Eligible Professional Programs and Hospital Quality Reporting (HQR)**

  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA_EP_HQR_Guide_2015.pdf

- **Most Common eCQM Submission Errors for Hospital QRDA Category-1 Files Presentation**

  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228773852046

Questions

Thank you for attending.

Please take a moment to complete the survey that will open when you close out of the webcast. Your feedback is very important to us.

Questions that were not answered on the call today can be directed to stephanie.wilson@hcqis.org.

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