Inpatient Quality Reporting Program

Support Contractor

2015 IPPS Final Rule Webinar

AM Questions and Answers Transcript

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Question 1: How much notice will we be given before data collection on the sepsis bundle becomes required?

Answer 1: The determination on data collection for the sepsis bundle will be forthcoming. Please refer to the email blast that was distributed on August 22, 2014.

Question 2: What do you mean by "Topped out?"

Answer 2: Measures are “topped out” when measure performance among hospitals is so high and unvarying that meaningful distinctions and improvements can no longer be made.

Question 3: Any further detail on which areas in the Sepsis Bundle are being "re-worked?”

Answer 3: Please refer to the email blast that was distributed on August 22, 2014. Recommendations for revisions to the Severe Sepsis Bundle measure were made by the NQF. Specific consideration was made to remove some hemodynamic measurement considerations.

Question 4: For the voluntary electronic measures for 2015, are we required to report all voluntary measures, or can we choose which measures we would like to submit electronically?

Answer 4: Addressed in a different question. Thank you for submitting!

Question 5: Will the payment determination timeline change when electronic CQM submission is required?

Answer 5: We are not able to speak to your question at this time. Any details regarding if the reporting of CQMs electronically affects payment determination will be addressed within a future CMS Final Rule. Thank you.

Question 6: Are there any of the “topped-out” measures that will only be suspended, or are all being totally eliminated?

Answer 6: The addendum for the Specifications Manual, which will include any measures that are required and/or suspended, will be posted in October.

Question 7: If we cannot submit the topped out measures electronically on a "voluntary" basis, do we still need to submit them as we are now or are the "topped out" measures really voluntary in 2015? Will we be financially impacted if we don't submit them?

Answer 7: If you are unable to submit measures electronically, then you will be required to submit the required chart-abstracted measures: AMI-7a, IMM-2, SCIP-Inf-4, ED-1 and -2, PC-01, STK-1, -4, -6 and -8, and VTE-1, -2, -5, and -6.

Question 8: Is there a document available that details what measures and measure elements are required by CMS? I know they detailed what is removed, but is there a complete list of what is still required?

Answer 8: Thank you for your question. You can access this information in the IPPS Final Rule beginning on page 1,443. In addition, the Measure Comparison document that is located on QualityNet will be updated to include this manual. You can also refer to the addendum for the Specifications Manual that will be posted in October.

Question 9: Is CMS working with The Joint Commission to align measures?

Answer 9: Alignment of measures between CMS and The Joint Commission is ongoing. The Joint commission is aware and encouraged to align their measures with CMS' efforts to align the IQR and EHR Incentive Programs. However, at this time we have not been informed by The Joint Commission if they will remove the topped-out measures.

Question 10: I mistakenly sent this to the host/presenter only. For voluntary electronic submission in 2015, are we required to submit all electronic measures, or can we choose which ones to submit?

Answer 10: The expectation is for eligible hospitals and CAHs to select a minimum of 16 out of the 28 Hospital IQR CQMs meeting their payer mix, which align with the Medicare EHR Incentive Program and cross three National Quality Strategy Domains.

Question 11: In 2015, will the eCQMs be required to be submitted by QRDA-1, or will the attestation/registration be accepted like it is this year (2014)?

Answer 11: In 2015, the voluntary reporting of 16 of 28 eCQMs can be submitted either by QRDA-1 through the QualityNet website or utilizing aggregate reporting through the CMS Registration and Attestation System.

Question 12: Will the Q and A be posted?

Answer 12: The Q+A will be archived and distributed after the event. Some questions may require some additional research before an answer can be obtained and published. Thank you.

Question 13: In the eCQM by CDAC on slide 27, will there be definition of 10 different sources for elements specified in eCQM?

Answer 13: Following the presentation, additional information on the definitions of the 10 different sources will be provided on QualityNet.

Question 14: Just heard that hospitals must be ready to submit electronically by July 2015 to avoid penalty from Medicare. Could you expand on that, provide a little more detail?

Answer 14: For CY 2015, the electronic submission of eCQMs remains voluntary.

Question 15: Can you please clarify the date of October 1, 2014? What specifically has changed?

Answer 15: The date of October 1, 2014 relates to the reporting period of eCQMs as aggregate data to the CMS Registration and Attestation System (10/1/14-9/30/15).

Question 16: What does QRDA stand for?

Answer 16: QRDA is the acronym for Quality Reporting Data Architecture.

Question 17: On Slide 44 where it relates to discharges, is that inpatient discharges or discharges related to that particular measure?

Answer 17: Discharges are specific to the measure inpatient population.

Question 18: So, you would have to do both Chart abstract and submit the same measures electronically?

Answer 18: It is not a requirement to submit via chart abstraction and electronically. However, it is recommended that the hospital submit both. Keep in mind, reporting CQMs electronically remains voluntary at this time. Some organizations choose to submit CMQs via chart abstraction and electronically to ensure their systems are capable of extracting similar data for quality assurance purposes. Please keep in mind that if you choose to submit electronically only, that you must still meet the IQR requirements.

Question 19: How many measures must hospitals report in order to fully satisfy the IQR program, 47 or 63?

Answer 19: For the CY 2015 FY 2017 Inpatient Quality Reporting (IQR) Program, the expectation is that a hospital reports 47 required measures with an additional 16 voluntary measures available for reporting. Please

view the table on pg. 1,623 of the 2015 IPPS Final Rule on the CMS website for greater details.

Question 20: Can you give us instructions for submitting data to QualityNet related to the 5/20 few discharges? I have been trying to submit data through QualityNet, but no one knows how to do that. We finally got to someone, but we cannot upload the file.

Answer 20: I would suggest contacting QualityNet directly through the Help Desk to obtain greater assistance with the upload process: qnetsupport@hcqis.org.

Question 21: If a hospital's EHR produces a zero denominator due to issues with documentation in the appropriate electronic fields for the measure, can they submit the zero denominators? In other words, does the submission need to be accurate for MU?

Answer 21: The concern is this is an EHR performance issue. Does your vendor have an action plan to address this in a future system update?

Question 22: We thought SCIP-VTE-1 was dropped, not 2?

Answer 22: SCIP-VTE-1 was removed in a prior IQR and Hospital Value-Based Purchasing Program Year. For HVBP, the remaining Clinical Care - Process measures are AMI-7a, IMM-2, and PC-01.

Question 23: For the CAUTI and CLABSI measures, just to clarify, it will only be previously reported departments (ICU, Rehab)? We begin reporting medical/surgical but will not be on VBP... is this correct?

Answer 23: For the FY 2017 Hospital Value-Based Purchasing Program, the CLABSI measure will use adult, pediatric, and neonatal ICU locations

only. The CAUTI measure will use populations of the adult and pediatric ICUs only.

Question 24: I understand that while you can choose to electronically report 16 CQMs, hospitals may receive full credit for the EHR Incentive Program, but they are still required to report the remaining measures for IQR, no?

Answer 24: In CY 2015/FY 2017, if the 16 measures are successfully, electronically reported as QRDA-1 files through QualityNet, the hospital can be considered to have fulfilled the requirements for IQR reporting for those specific measures.

Question 25: Are the IQR eCQM and the Meaningful Use eCQM going to align with the numerator and denominator requirements so that when submitting eCQM data for either program it is using the same data collection?

Answer 25: The intent is to align the eCQM numerator and denominator as close as possible with the chart abstracted IQR measure. Due to constraints with the tools for electronic specification, an exact alignment is not always possible.

Question 26: Regarding slide 50, I was under the impression that they were planning on adding a 9th dimension for HCAHPS, which addresses care transition to the FY 2017 VBP Program. Can you clarify that they decided not to include this HCAHPS domain in the final rule?

Answer 26: The FY 2015 IPPS Proposed and Final Rule referenced CMS consideration for adopting the Care Transition dimension for the FY 2018 Program. The Hospital VBP section of the presentation only covers the FY 2017 Hospital VBP Program.

Question 27: How about the remainder of the 47 required measures for IQR? Since 12 of the 47 required measures are also allowed for electronic reporting, if hospitals choose to do electronic submission of those 12 CQMs, don't they need to report?

Answer 27: In terms of the remaining required IQR measures, the chart in the CMS Final Rule, which begins on page 1,623, outlines the remaining CQMs required for reporting. So for example, Sepsis is required to report via Chart Abstraction.

Question 28: Did I understand the slide that was removing 5 SCIP measures in 2017?

Answer 28: For FY 2017, if submitting chart-abstracted measures, then only SCIP-Inf-4 will be required. All other SCIP measures have been topped-out and removed from IQR.

Question 29: The remaining 35 measures via chart abstraction to fully meet the IQR program requirement?

Answer 29: The Chart in 2015 CMS IPPS Final Rule posted on the CMS website, which begins on page 1,623, outlines all the CQMs required for reporting their methods for reporting.

Question 30: So, if a hospital submits zeroes for denominators in an eCQM measure for MU, but the denominator found in chart abstraction is not zero, is that acceptable for the EHR program requirements?

Answer 30: Zero denominators can only be used when the hospital's EHR is certified to report the eCQM and the hospital does not have patients that meet the denominator criteria for that CQM.

Question 31: When you say re-weighting across all domains, does that mean that if a hospital does not have the Clinical Process domain 5%, will that 5% be re-weighted over the Clinical Outcomes, Safety, Patient Experience, and Efficiency, or exclude Clinical Outcomes?

Answer 31: The intent of this methodology was to state the Clinical Care - Process domain will not be reweighted only with the other subdomain of the Clinical Care domain of Outcomes. The Clinical Care - Process domain weight would be distributed amongst all domains.

Question 32: When was the topped-out email sent, and what was the name of the email?

Answer 32: The topped-out measures are outlined in the Final Rule, and an email has not been sent out related to these measures. The specifications manual with the changes related to the Final Rule will be posted in October.

Question 33: Are you able to share how many hospitals have successfully submitted a QRDA-1 file for the voluntary eCQMs? Thanks.

Answer 33: At this time, a list has not been culminated or provided that lists the volume of hospitals with successful QRDA-1 file submissions.

Question 34: eCQM is used for both IQR and Meaningful Use, but they are two different things, correct?

Answer 34: This is correct. Electronically-specified Clinical Quality Measures are shared across the CMS Incentive Program (meaningful use) and Inpatient Quality Reporting (IQR) program. In CY 2015, there is greater program alignment than what currently exists in CY 2014.

Question 35: Are eCQMs voluntary for submission by hospitals? If voluntary, then the deadline for submission by 11/30/14 would not need to happen?

Answer 35: You are correct; at this time, eCQM submissions are voluntary for CY 2014. Any hospital that chooses to submit eCQMs for this calendar year are asked to do so by 11/30/14.

Questions 36: Is it too late to sign up for the eCQM Pilot?

Answer 36: If you are referring to the eCQM Validation Pilot, this project is just getting underway.

Question 37: VBP FY 17? Can you source the page of the VBP FY 17 Domain Weights from the Final Rules? I thought Safety is 15%, Outcomes is 25%, Process of Care is 10%, Efficiency is 25%, and Experience is 25% ?

Answer 37: In the FY 2015 IPPS Final Rule (79 FR 50081-50082), CMS provided a table listing the Previously Adopted Domains and Domain Weights for the FY 2017 Hospital VBP Program for Hospitals Receiving a Score on All Newly Aligned Domains. However, CMS also proposed and finalized a set of different domain weights in the Final Rule (79 FR 50082) with the following weights: Safety 20%, Clinical Care – Outcomes 25%, Clinical Care – Process 5%, Efficiency and Cost Reduction 25%, and Patient and Caregiver Centered Experience of Care/Care Coordination 25%.

Question 38: Please clarify what the data collection period is for FY 2017. In other words, when will we no longer abstract for the topped out SCIP measures?

Answer 38: Data collection for FY 2017 begins with January 1, 2015 discharges.

Question 39: Is there somewhere where we can access the communication regarding the sepsis bundle postponement, as I did not receive it?

Answer 39: Please contact the IQR Support Contractor at IQR@hsag.com.

Question 40: Can Candace repeat the list of chart-abstracted measures that she stated in her Q & A report?

Answer 40: If you are unable to submit measures electronically, then you will be required to submit the required chart-abstracted measures: AMI-7a, IMM-2, SCIP-Inf-4, ED-1 and -2, PC-01, STK-1, -4, -6, and -8, and VTE-1, -2, -5, and -6.

Question 41: My question is regarding HVBP. What would be the impact for a hospital if we do not provide services like Delivery and hardly use Fibronolytic therapy?

Answer 41: If your hospital does not provide the minimum amount of services required for the quality measurement, for example 10 cases during the performance period for the AMI-7a measure, a measure score will not be awarded for the measure. In order to receive a Total Performance Score, a hospital must receive domain scores in at least three of the four domains. In order to receive a domain score for each of the domains, a minimum amount of measures are required. The Clinical Care-Process subdomain requires a minimum of 1 measure receiving a measure score to receive a subdomain score. If your hospital does not submit the minimum required cases for the AMI-7a measure, a score may still be calculated if the hospital met the minimum cases in either the PC-01 or the IMM-2 measures.

Question 42: Could you send out a data example for the reweighting? I'm still not clear of the calculation given your response.

Answer 42: The Hospital VBP Program will utilize weights that are proportionately reweighted to their original values. For example, if the minimum measure requirements of the Safety Domain were not met, the 20% weight will be proportionately reweighted to the remaining domains by dividing the original domain weight by the sum of the remaining domain weights. The sum of the remaining domain weights will equal 80% in this example with the exclusion of the Safety Domain (5%+25%+25%+25% = 80%).
Clinical Care – Process: (5/80)*100 = 6.25%
Clinical Care – Outcomes: (25/80)*100 = 31.25%
Efficiency and Cost Reduction: (25/80)*100 = 31.25%
Patient and Caregiver Centered Experience of Care/Care Coordination: (25/80) = 31.25%
Total Sum of Reweighted Domain Weights = 6.25%+31.25%+31.25%+31.25% = 100%

Question 43: When will the request for Quarter 1 2014 Validation charts be sent to the hospitals that are validated for 2016 inpatient?

Answer 43: The records requests are typically sent two to four weeks after the clinical submission deadline. The Quarter 1, 2014 deadline for the clinical data and the Validation Template was extended until 9/5/2014; we anticipate record requests to be send by mid-September.

Question 44: If you are chosen for validation, what does "targeted" hospital mean?

Answer 44: CMS randomly selects 400 hospitals for validation. At a later date, an additional targeted provider sample of up to 200 hospitals are selected, based on CMS targeting criteria as outlined in the Final Rule (78 FR 50833-50834).

Question 45: Can you elaborate on what determines a "targeted hospital"? If a hospital has not been selected for validation after a certain number of years, do they eventually become a targeted hospital?

Answer 45: The targeting criteria are outlined in the Final Rule (78 FR 50833-50834) as follows:

- Any hospital with abnormal or conflicting data patterns.
- Any hospital with rapidly changing data patterns.
- Any hospital that submits data to NHSN after the Hospital IQR Program data submission deadline has passed.
- Any hospital that joined the Hospital IQR Program within the previous 3 years and that has not been previously validated.
- Any hospital that has not been randomly selected for validation in any of the previous 3 years.
- Any hospital that passed validation in the previous year, but had a two-tailed confidence interval that included 75 percent.
- Any hospital that failed to report to NHSN at least half of actual HAI events detected as determined during the previous year's validation effort.

Question 46: This question is for the HAI/Validation speaker. Do hospitals currently receive reports from the CDAC on their HAI validation results?

Answer 46: Yes, after all of a hospital's selected cases are complete for a quarter, they receive notification that validation results are available. Hospitals

can then run the Validation Case Detail or Validation Summary report to view their results.

Question 47: When you talk about validation of Immunization, does this involve pneumococcal vaccine in any way?

Answer 47: The immunization measure validated for FY 2017 is IMM-2 Immunization for Influenza. The Immunization for Pneumonia, IMM–1, and measure was suspended from the Hospital IQR Program beginning with the FY 2016 payment determination until further notice.

Question 48: How are HAI records identified by CMS and selected for validation?

Answer 48: For FY 2017, CMS will select for validation up to four candidate HAI cases from each of the assigned Validation Templates. CMS will also select up to two candidate SSI cases from Medicare claims data for patients who had colon surgeries or abdominal hysterectomies and which appear suspicious of infection. When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select the candidate cases from other infection types to meet sample size targets.

Question 49: So, you are expecting or know that there will be at least 100 hospitals that have successfully submitted QRDA-1 R2 for SIX measures?

Answer 49: CMS expects there will be up to 100 hospitals that have met the Medicare EHR Incentive Program Stage 2 criteria and are able to produce QRDA Category 1 Revision 2 extracted data (individual patient data) for at least 6 of the 16 measures in STK, VTE, ED, and PC topic areas during the data collection period for the pilot project.

Question 50: We have submitted questions to QualityNet twice now about abstracting. Based on their answers, we abstract accordingly. Twice CDAC has "dinged" us stating that we are not abstracting correctly. What do we do when there are differing responses?

Answer 50: For questions related to validation, or to request educational review of a specific case selected for validation, send an email to Validation@hcqis.org. For educational reviews, please include your CCN and the Abstraction Control Number for the case. Do Not include Protected Health Information (PHI).

Question51: Is this CDAC remote viewing of records HIPPA compliant?

Answer 51: The Bomgar software used for the EHR pilot is installed on a secure CMS-owned system that has safeguards in place in accordance with the HIPAA Security Rule to protect sensitive patient data. The Bomgar software is configured to transmit all information exchanged during the medical record review through CMS-owned hardware at a secure facility. All information needed to access hospital systems remotely is guarded by strong HTTPS secure socket layer (SSL) encryption, which protects the information as it is transmitted from the hospital to the CDAC. This hardware and software, which CDAC will use to access medical records remotely, will not store any information about the medical records themselves. Only a limited number of CDAC personnel, authorized by CMS, will have access to the Bomgar device. For more information, see video at http://www.bomgar.com/products/security.

Question 52: Will they compare chart abstraction data to eCQM data???

Answer 52: In reference to the EHR pilot, CDAC will, during the remote real-time session, follow the specifications for the data elements contributing to each electronic measure to abstract relevant information from up to 10 different sources. For example, medication administration records, laboratory reports, and patient history, within each patient medical record. CDAC will abstract data following chart-abstracted manual specifications and compare abstracted data from 10 different sources with both the chart-abstracted manual process and with QRDA file data. This information will be used to assess and refine operational processes and measure specifications. CMS and its contractors will share conflicting findings with hospitals, publicize common patterns of conflicting findings, produce statistics to estimate sample size, and reimburse hospitals for up to 16 hours of participation.

Question 53: What basic user role function(s) will be needed for the eCQM validation process?

Answer 53: Hospitals that volunteer to participate in the eCQM validation pilot must meet the Medicare EHR Incentive Program Stage 2 criteria by July 1, 2015. Hospitals will be asked to produce lists of patients eligible for measures in each of the four topic areas (STK, VTE, ED, and PC) and must be able to produce QRDA Category 1 Revision 2 extracted data (individual patient data) for at least 6 of the 16 measures in STK, VTE, ED, and PC topic areas during the data collection period for the pilot project.

Hospitals are strongly encouraged to submit electronic clinical quality measure data for the voluntary option in the Hospital IQR Program.

Question 54: Under the validation of eCQMs, will they look at the electronic data (eSpecifications) and compare to human abstraction (CMS Specifications manual)?

Answer 54: In reference to the EHR pilot, CDAC will, during the remote real-time session, follow the specifications for the data elements contributing to each electronic measure to abstract relevant information from up to 10 different sources. For example, medication administration records, laboratory reports, and patient history, within each patient medical record. CDAC will abstract data following chart-abstracted manual specifications and compare abstracted data from 10 different sources with both the chart-abstracted manual process and with QRDA file data. This information will be used to assess and refine operational processes and measure specifications. CMS and its contractors will share conflicting findings with hospitals, publicize common patterns of conflicting findings, produce statistics to estimate sample size, and reimburse hospitals for up to 16 hours of participation.

Question 55: So they will look at our ECQM result and then THEY will perform a human chart abstraction utilizing the CMS specs and compare to possibly make specification changes?

Answer 55: In reference to the EHR pilot, CDAC will, during the remote real-time session, follow the specifications for the data elements contributing to each electronic measure to abstract relevant information from up to 10 different sources. For example, medication administration records, laboratory reports, and patient history, within each patient medical record. CDAC will abstract data following chart-abstracted manual specifications and compare abstracted data from 10 different sources with both the chart-abstracted manual process and with QRDA file

data. This information will be used to assess and refine operational processes and measure specifications. CMS and its contractors will share conflicting findings with hospitals, publicize common patterns of conflicting findings, produce statistics to estimate sample size, and reimburse hospitals for up to 16 hours of participation.

Question 56: If we participate in the eCQM Pilot, will the results be posted on *Hospital Compare*?

Answer 56: At this time, there are no plans to publish specific hospitals results from the validation pilot on *Hospital Compare*. CMS and its contractors will share conflicting findings with hospitals, publicize common patterns of conflicting findings, and produce statistics to estimate sample size.

END

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