Inpatient Quality Reporting Program

Support Contractor

2015 IPPS Final Rule Webinar

PM Question and Answers Transcript

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Question 1: Our hospital has an inpatient psych unit that is a sub unit of an acute care hospital. This unit has its own PTAN and NIP number. Will [hospitals] be collecting data for IMM for this inpatient psych unit?

Answer 1: As your question is related to the Inpatient Psychiatric Facility (IPF) Program, we are unable to provide a response. Please submit your question to the IPF help line.

Question 2: Are Critical Access Hospitals included?

Answer 2: Critical Access Hospitals are not included in the Hospital Inpatient Quality Reporting (IQR) Program. They can voluntarily submit data but are not required.

Question 3: What is an "episode of care measure"?

Answer 3: An episode of care covers a period of time, which is generally from arrival and or admission through discharge. An episode of care measure evaluates the care provided during this time.

Question 4: So the topped-out measures will no longer be reported in 2015?

Answer 4: A number of the topped-out measures have been retained as a voluntary reported electronic measure. For additional information, please refer to the Specifications Manual Addendum for 01/01/2015 discharges, which will be posted in October.

Question 5: What is a HCP???

Answer 5: HCP stands for Healthcare Provider.

Question 6: Please define Episode of Care: Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia.

Answer 6: The measure includes Medicare FFS patients aged 65 or older admitted for pneumonia and calculates payments for these patients over a 30-day episode-of-care beginning with the index admission.

Question 7: For the new FY 2017 measures adopted, what are the reporting periods?

Answer 7: The reporting period for FY 2017 begins with 1Q15 (January 1, 2015) discharges. For FY 2017 adopted measures, the reporting period is one quarter for Q1, Q2, or Q3. More information can be found in the IPPS final rule for each specific program.

Question8: Will [hospitals] be required to continue data submission for those measures that are "topped out"?

Answer 8: The Specifications Manual Addendum, which will include the changes related to the final rule, is expected to be posted to QualityNet in October.

Question 9: Finalizing for the past 3 years, do you use primary DX or any DX of patient?

Answer 9: The claims-based measures are based off of the principal diagnosis.

Question 10: Are all the top-out measures considered voluntary for submission to the clinical warehouse?

Answer 10: The topped-out measures that are included in voluntary reporting are called out in the final rule. The Specifications Manual Addendum, which will include the changes related to the final rule, is expected to be posted to QualityNet in October.

Question 11: How do we know which topped-out measures are voluntary and which are required?

Answer 11: At this time, we do not know if The Joint Commission will align with CMS on the topped out measures. The Specifications Manual Addendum, which will include the changes related to the final rule, is expected to be posted to QualityNet in October.

Question 12: Are the topped measures also not required for The Joint Commission or do we still need to abstract them for TJC?

Answer 12: At this time, The Joint Commission has not indicated if they will retain the topped-out measures. The Specifications Manual addendum which will include the changes related to the final rule is expected to be posted to QualityNet in October

Question 13: When can we expect the slides to become available in QualityNet?

Answer 13: We anticipate posting of slides to QualityNet by tomorrow.

Question 14: Basically, the removal of the LVF function assessment for HF and Abx selection for PN will do away with those IQR topics?

Answer 14: HF-2 and PN-6 will no longer be required for the IQR program as chart-abstracted measures as they are considered topped-out.

Question 15: Please clarify what calendar dates FY 2015 corresponds to.

Answer 15: The dates for CY 2015 corresponds to Quarter 1, Quarter 2, or Quarter 3 of the January to December calendar.

Question 16: What is the process for changing the name of the person in the organization who receives the request for validation charts?

Answer 16: Confirmation has been received – if you have changes to who should receive the request for validation charts, please send a message to validation@hcqis.org.

Question 17: Are topped out measures suspended or retired?

Answer 17: If submitting chart-abstracted measures for the IQR Program, topped-out measures are removed from the IQR Program. Changes related to the final rule for the Inpatient Specifications Manual for January 1, 2015 discharges will be posted in October.

Question 18: For topped-out measures considered voluntary, during submission to the warehouse, should vendors request hospitals to remove those measures from participation for that quarter to avoid critical errors showing missing data?

Answer 18: For chart-abstracted measures that are submitted to the clinical warehouse, the Specifications Manual Addendum, which will include changes related to the final rule, will be posted in October.

Question 19: What is QRDA-1?

Answer 19: QRDA is Quality Reporting Data Architecture – the 1indicates the reporting of single patient level data for electronically specified Clinical Quality Measures (eCQMs).

Question 20: Has ED-3 been removed as one of the eCQM measures?

Answer 20: No, ED-3 has not been removed as an eCQM. It is still acceptable for the EHR Incentive Program reporting but is considered an outpatient measure and not applicable to the IQR Program.

Question 21: If hospitals use[d] to submit all measures via eCQM submission and not chart abstracted, what happens with the data that are reported on *Hospital Compare*?

Answer 21: Hospitals that voluntarily submit eCQMs in CY 2015 will have a symbol on *Hospital Compare*, which simply indicates their ability to submit data electronically. Neither the eCQM data nor the measure rates will be publically reported.

Question 22: Can a facility submit both electronic and abstracted CQMs?

Answer 22: Yes, a combination of both electronic and abstracted CQMs is acceptable for reporting.

Question 23: So if I submit 16 of the 28 eCQMs but they don't include all of the 12 measures that are required in the IQR Program, would I need to manually abstract the ones I did not electronically submit?

Answer 23: That is correct, any of the mandatory 12 IQR measures, can be submitted electronically or chart-abstracted. Please keep in mind electronically submitted data has to contain one quarter discharge data, whereas chart abstraction required the submission of one year of discharge data.

Question 24: Has the Sepsis measure been suspended entirely or only the portion regarding the central line?

Answer 24: The Sepsis measure AHS been suspended in its entirety.

Question 25: PC-01 does not include adequate exclusion criteria to be used as VBP.

Answer 25: Thank you for your comment. If you would like your comments or concerns to be addressed, please submit a comment in the FY 2016 IPPS Proposed Rule.

Question 26: SCIP Inf-4 was suspended from FY 2016 VBP Program. Are there any plans to add SCIP Inf-4 Back into the VBP Program in the future?

Answer 26: For future policies regarding the Hospital VBP Program, you may reference the IPPS Proposed and Final Rules for future fiscal years. If you have a comment or concern, please do not hesitate to submit a comment to the IPPS Proposed Rules in the future.

Question 27: At this point, PC-01 patients between 37 and 39 weeks gestation who arrive already in labor and have their labors augmented with Pitocin or AROM are counted as failures. Per QNET Q+A, this will be fixed in the future. When will this happen?

Answer 27: As The Joint Commission is the measure steward for the PC-01 measure, we are unable to provide a response as to when The Joint Commission will correct this. We would recommend that you submit your question to The Joint Commission.

Question 28: Will CTM-3 be added to HCAHPS for VBP in FY 2018?

Answer 28: The CTM-3 dimension was not finalized for the FY 2018 Hospital VBP Program. CMS is still considering the adoption of the dimension to the Program in FY 2018. For more information in the future, please reference the FY 2016 IPPS Proposed Rule when released.

Question 29: If a correction requirement is acknowledged, then perhaps we should wait before including the measure in VBP. The measure does not take into account threats to the mother's life.

Answer 29: Thank you for your comment. If you would like your comments or concerns to be addressed, please submit a comment in the FY 2016 IPPS Proposed Rule.

Question 30: Effective Q1 2015, TJC has removed the data element Spontaneous Rupture of Membranes from PC-01; does this impact hospitals reporting PC-01 via the QualityNet web-based tool?

Answer 30: CMS follows The Joint Commission’s specifications for the PC-01 measure, and as such, the hospital would abstract accordingly. As the

hospitals submit only the aggregate data, this would not affect the data entry into the web-based tool.

Question 31: Will AMI-8a be utilized in facilities not performing 7a as they have a cath lab? If not, how will that be balanced out?

Answer 31: AMI-8a is being removed from the IQR Program as a chart-abstracted measure and will not be required if the hospital does not perform AMI-7a.

Question 32: For HCAHPS, are you saying we will need 100 completed surveys per month?

Answer 32: Thank you for your question. In order to receive domain or measure scores for the HCAHPS dimensions, a hospital must have 100 completed surveys during the performance period, not monthly.

Question 33: Can you confirm that hospitals that want to submit eCQMs, they must use the April 2014 specs but the CEHRT does NOT need to be certified to those April 2014 specs.

Answer 33: Hospitals and CAHs that wish to submit CQMs electronically under the EHR Incentive Program must use the April 2014 version of the electronic specifications for the CQMs. This is determined by the way in which the eCQMs are submitted. If submitted using the electronic reporting of QRDA-1 files, hospital must use the April 2014 measure specifications for one quarter of discharge data (Q1, Q2, or Q3). If a hospital chooses to report via aggregate reporting, they are able to use either the 2012, 2013, or 2014 version of the measure specifications to attest for an entire reporting period (10/1/14 to 9/30/15).

Question 34: TJC acknowledges that PC-01 criteria are used for PI and therefore they have no plans to improve the exclusion criteria. If using the measure for VBP, there needs to be a correction to the measure.

Answer 34: Thank you for your comment. If you would like your comments or concerns to be addressed, please submit a comment in the FY 2016 IPPS Proposed Rule.

Question 35: My understanding is that the Hospital IQR and other programs will be expanding to other patients instead of just fee for service. Can you discuss this? Thanks.

Answer 35: For IQR, the selection of patients is all inpatient discharges regardless of insurance or payment.

Question 36: Can she repeat that again for the measure required for IQR manual chart abstraction only?

Answer 36: If submitting chart-abstracted measures only, the required measures will be AMI-7a; IMM-2; SCIP-Inf-4; ED-1 and -2; STK-1, -4, -6, and -8; VTE-1, -2, -5, and -6; and PC-01.

Question 37: Candace did not include VTE-3 in the list. Tables in the rule have conflicting information. Please clarify.

Answer 37: VTE-3 can be submitted as a voluntary eCQM.

Question 38: Is there an area of final rule that talks about HAC Reduction Program?

Answer 38: The HAC Reduction Program is included in the FY 2015 IPPS Final Rule beginning on page 79 FR 50087.

Question 39: Will the IPPS Specifications Manual be updated?

Answer 39: The Addendum for the Specifications Manual for January 1, 2015 discharges to include changes related to the rule will be posted in October.

Question 40: Could you send out the measures if chart abstracted only – I couldn't write fast enough to get them all. Thanks.

Answer 40: AMI-7a; IMM-2; SCIP-Inf-4; ED-1 and -2, STK-1, -4, -6 and -8; VTE-1, -2, -5, and -6; and PC-01.

Question 41: If we are still chart-abstracting, what chart-abstracted measures will we have to submit beginning 1/1/2015? We are not submitting any eCQMs yet.

Answer 41: AMI-7a; IMM-2; SCIP-Inf-4; ED-1 and -2, STK-1, -4, -6 and -8; VTE-1, -2, -5, and -6; and PC-01.

Question 42: If a hospital is not participating in the IQR-eCQM program and just attesting through the portal, and does not want to claim an exemption for =<5 discharges, does the hospital select "Yes" in the first set of questions to avoid requesting an exemption?

Answer 42: I would suggest contacting the QualityNet Help Desk for additional instruction, qnetsupport@hcqis.org**.**

Question 43: Can we still choose to participate in voluntary reporting for eCQMs for 2015?

Answer 43: Yes, the hospitals are welcome to voluntarily report eCQMs for CY 2015.

Question 44: Can you please review slide 34 where it says 12 required "electronic submission or chart-abstraction."

Answer 44: This is determined by the way in which the eCQMs are submitted. If submitted using the electronic reporting of QRDA-1 files, hospitals must use the April 2014 measure specifications for one quarter of discharge data (Q1, Q2, or Q3). If a hospital chooses to report via aggregate reporting, they are able to use either the 2012, 2013, or 2014 version of the measure specifications to attest for an entire reporting period (10/1/14 to 9/30/15).

Question 45: Will claims-based measures be for fee for service only or expanding?

Answer 45: At this time, the claims-based measures are Medicare Fee-for-Service only.

Question 46: When will a hospital know if it has been chosen for validation?

Answer 46: We anticipate hospitals will be selected for validation for FY 2017 in February of 2015. At a later date, an additional targeted provider sample of up to 200 hospitals will be selected, based on CMS targeting criteria as outlined in the Final Rule.

Question 47: A validation rate of 75% appears to be low considering data from the HIQRP are used to calculate the VBP scores. Does CMS intend to increase the validation rate, and are hospital scores publicly reported?

Answer 47: A hospital fails validation when the upper bound for its two-tailed 90 percent confidence interval is less than 75 percent. CMS has not proposed to change the standard level of reliability or the confidence level of the upper bound.

Question 48: What are included in other validation?

Answer 48: For FY 2017 payment determination and subsequent years, CMS finalized a policy to separate out the IMM measure from all other measures. Therefore the "other" category includes all topic areas containing required measures aside from those in the Immunization and Perinatal Care topic areas. The FY 2017 payment determination are quarters 3 and 4, 2014, and quarters 1 and 2, 2015. Therefore, in quarters 3 and 4, 2014, the topic areas that will be in the "other" category are: AMI, ED, HF, PN, SCIP, STK, and VTE. In quarters 1 and 2, 2015, the topic areas that will be in the "other" category are: AMI, ED, SCIP, STK, VTE, and sepsis (should it become required again).

Question49: If we still have some of the chart on paper, can we put that on a CD?

Answer 49: Hospitals have the option of creating digital images of records as Adobe PDF files and submitting the records on encrypted portable electronic media (CD-ROM, DVD, or flash drive) or submitting paper copies of medical records. Hospitals must submit only one copy of each requested medical record. The requirements for submitting imaged medical records are very specific and must be followed precisely. The requirements are available on QualityNet and are contained in the CDAC medical record request packet, https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772188990.

Question 50: Can hospitals still participate in the eCQM validation pilot? If so, how do they sign up?

Answer 50: Yes, the eCQM validation pilot is just beginning. Please send an email to the Validation Support Contractor at validation@hcqis.org if you are interested in participating.

Question 51: How do hospitals sign up for the eCQM validation pilot? Sorry, it looked like someone was answering, but it didn't come through.

Answer 51: Please send an email to the Validation Support Contractor at validation@hcqis.org if you are interested in participating.

Question 52: Does a hospital have to voluntarily submit eCQMs in order to participate in the validation pilot?

Answer 52: Hospitals are strongly encouraged to submit electronic clinical quality measure data for the voluntary option in the Hospital IQR program, but it is not required. Hospitals that volunteer to participate 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.

Question 53: How are MD hospitals affected by the FY 2017 rule for IQR? Will we be expected to only abstract AMI-7a; IMM-2; SCIP-Inf-4; ED-1 and -2; STK-1, -4, -6, and -8; VTE-1, -2, -5, and -6; and PC-01 as well.

Answer 53: Maryland hospitals are exempt from the IQR Program and are not required to submit chart-abstracted measures.

Question 54: Can you confirm that hospitals that want to submit eCQMs they must use the April 2014 specs but the CEHRT does NOT need to be certified to those April 2014 specs.

Answer 54: This is determined by the way in which the eCQMs are submitted. If submitted using the electronic reporting of QRDA-I files, hospitals must use the April 2014 measure specifications for one quarter of discharge data (Q1, Q2 or Q3). If a hospital chooses to report via aggregate reporting, they are able to use either the 2012, 2013, or 2014 version of the measure specifications to attest for an entire reporting period (10/1/14 to 9/30/15).

Question 55: How much notice will we be given before data collection on the sepsis bundle becomes required?

Answer 55: At this time, CMS has not made that determination. Additional guidance will be provided.

Question 56: Does a hospital have to voluntarily submit eCQMs in order to participate in the validation pilot?

Answer 56: Hospitals are strongly encouraged to submit electronic clinical quality measure data for the voluntary option in the Hospital IQR program, but it is not required. Hospitals that volunteer to participate 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.

Question 57: Is there CME for physicians?

Answer 57: No; however, future events may offer CMEs. We are currently working with providers.

The following questions will continue to be researched, and we hope to have a reply shortly.

Unanswered Question 1: Where can we find information validating the extent to which all this reporting is really making a difference in the quality of care patients receive? [I ask this with all sincerity. This is not a criticism of the process.]

Unanswered Question 2: If a hospital attests that it does not have patients that meet denominator criteria for a particular CQM, will there be any sort of validation of that claim? If so, how will the zero denominator attestation be validated?

Unanswered Question 3: PSI-4 what details do you have on the finalization?

Unanswered Question 4: What is the penalty for less than 75% in the validation process?

Unanswered Question 5: How do you determine what areas in the EHR can be used to answer a eCQM question compared to suggested vs. only data sources that are clearly defined in chart-abstracted data questions? Is there a source to go to find this answer?

END

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