

Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



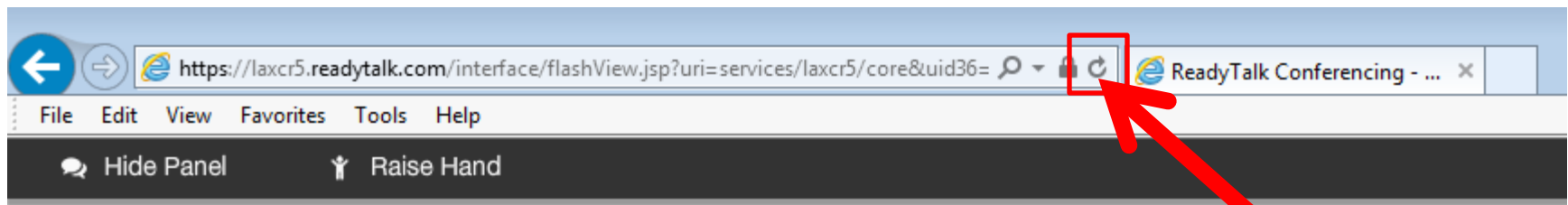
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard

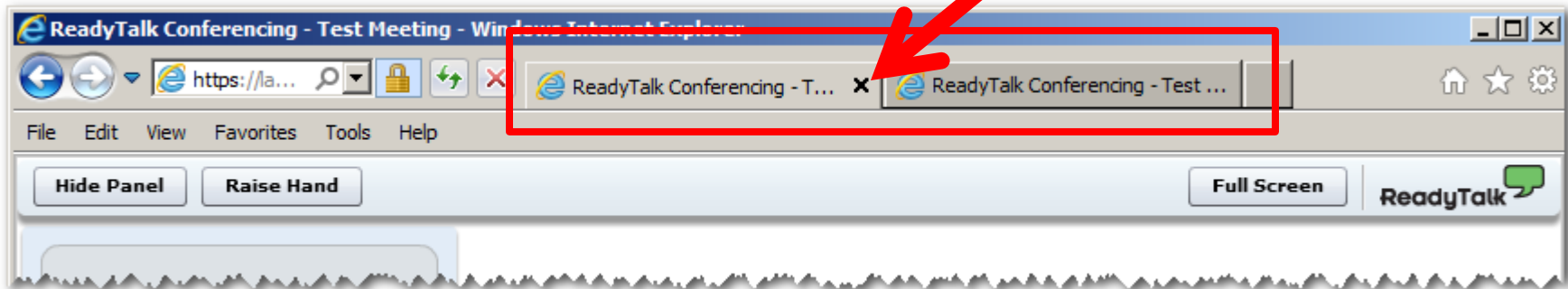


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface for a CMS event. The interface is split into two main sections. On the left is a vertical chat window with a white background and a blue border. At the top of the chat window are buttons for "Hide Chat" and "Raise Hand". At the bottom of the chat window is a text input field labeled "Type questions here." and a "Send" button. The main area on the right has a light gray background. At the top center is the CMS logo, which consists of a blue and yellow swoosh above the letters "CMS" and the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" below it. Below the logo, the text "Welcome to Today's Event" is displayed in a large, blue, sans-serif font. At the bottom of the main area, there is a yellow horizontal line, and below that, the text "Thank you for joining us today! Our event will start shortly." is displayed in a smaller, italicized, blue font. In the top right corner of the screenshot, there are buttons for "Full Screen" and "ReadyToGo".



Federal Update and Discussion: Section 1311(h) of the Affordable Care Act – Patient Safety Standards

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May 3, 2016

Purpose

This presentation will provide information on recent updates regarding implementation of patient safety standards in Section 1311(h) of the Affordable Care Act.

Objectives

Participants will be able to:

- Provide an overview of the Qualified Health Plan (QHP) patient safety standards
- Clarify recent amendments to the QHP patient safety standards finalized in the 2017 Department of Health and Human Services (HHS) Payment Notice Final Rule
- Discuss any feedback/questions

Section 1311(h) of the Affordable Care Act: Enhancing Patient Safety

Beginning on January 1, 2015, a qualified health plan may contract with the following:

- A hospital with greater than 50 beds, if the hospital:
 - Utilizes a patient safety evaluation system, as described in part C of Title IX of the Public Health Service Act
 - Implements a mechanism to ensure that each patient receives a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate healthcare professional
- A health care provider, if such provider implements mechanisms to improve healthcare quality as the Secretary may require by way of regulation

Section 1311(h) of the Affordable Care Act: Exceptions and Adjustment

- The Secretary may establish reasonable **EXCEPTIONS** to the requirements described in paragraph 1.
- The Secretary may **ADJUST** by way of regulation the number of beds described in paragraph 1A.

CMS Quality Strategy Goals and Principles



QHP Patient Safety Standards

Standards for QHP Patient Safety are:

- Built on the foundation of the CMS Quality Strategy and the National Quality Strategy for Improvement in Health Care
- Aligned with the following goals:
 - **Goal 1:** Make care safer by reducing harm caused in the delivery of care
 - **Goal 2:** Strengthen person and family engagement as partners in care
 - **Goal 3:** Promote effective communication and coordination of care

Initial Phase of Patient Safety Standards for QHP Issuers

The Final Rule (2015 HHS Payment Notice), published March 11, 2014:

- Sets the patient safety requirements for January 1, 2015, to January 1, 2017
- Aligns with Medicare Hospital Conditions of Participation (CoP) requirements for the Quality Assessment and Performance Improvement (QAPI) Program and discharge planning
- Establishes QHP issuer standards for collection and maintenance of CMS Certification Numbers for contracted hospitals with more than 50 beds

NOTE: Access the Final Rule (2015 HHS Payment Notice) at <http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf>

Next Phase of Patient Safety Standards for QHP Issuers

The Final Rule (2017 HHS Payment Notice), published March 8, 2016:

- Establishes the patient safety requirements for plan years on or after January 1, 2017
- Amends 45 CFR 156.1110, directing a QHP issuer to only contract with a hospital with more than 50 beds that:
 - Works with a Patient Safety Organization (PSO)
 - Meets the reasonable exception criteria by implementing an evidence-based initiative to improve healthcare quality through the collection, management, and analysis of patient safety events that:
 - Reduces all-cause preventable harm
 - Prevents hospital readmission
 - Improves care coordination (i.e., hospital participation and tracking documentation, such as hospital attestations or current agreements to partner with Hospital Engagement Networks and with Quality Innovation Networks-Quality Improvement Organizations)

NOTE: Access the Final Rule (2017 HHS Payment Notice) at:

<https://www.federalregister.gov/articles/2016/03/08/2016-04439/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2017>.

Final Rule Clarification #1

81 FR 12203: pg. 12315

If a provider undertakes activities to improve patient safety and health care quality but does not do so in conjunction with a PSO subject to the requirements of the Patient Safety and Quality Improvement Act (PSQIA) and its implementing regulation, 42 CFR part 3, the patient safety and quality information involved in such initiatives would not be subject to the PSQIA's privilege and confidentiality protections.

Final Rule Clarification #2

81 FR 12203: pg. 12316

- PSO contracts do not meet the definition of “patient safety work product,” and thus, are not subject to the protections and requirements in the PSO statute and regulations.
- CMS does not intend to collect and publish data on the patient safety evaluation system, nor are we generally permitted to publish patient safety work product.

Final Rule Clarification #3

81 FR 12203: pg. 12316

The documentation requirement for Plan years beginning on or after January 1, 2017, call for examples that are broad and inclusive [e.g., hospital attestations or current agreements to partner with a PSO, Hospital Engagement Network (HEN), or Quality Improvement Organization (QIO)].

Final Rule Clarification #4

81 FR 12203: pg. 12317

CMS continues to strongly support hospital tracking of patient safety events using the Agency for Healthcare Research and Quality (AHRQ) Common Formats.

These provide a useful tool for a hospital, regardless of what patient safety interventions are implemented for ongoing, data-driven quality assessment.

<https://www.pso.ahrq.gov/common>

Resources

Marketplace Quality Initiatives website:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>

CMS Quality Strategy:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>

Federal Update and Discussion: Section 1311(h) of the Affordable Care Act- Patient Safety Standards

QUESTIONS