Hospital Inpatient Quality Reporting (IQR) Program

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

Questions and Answers

Speakers

Grace H. Snyder, JD, MPH
Program Lead, Hospital IQR Program and Hospital Value-Based Purchasing (VBP) Program
Quality Measurement and Value-Based Incentives Group (QMVIG)
Center for Clinical Standards and Quality (CCSQ), CMS

Elizabeth Bainger, DNP, RN, CPHQ
Program Lead, Hospital-Acquired Condition (HAC) Reduction Program
QMVIG, CCSQ, CMS

Joseph Clift, EdD, MPH, MS, PMP
Measures Lead, HAC Reduction Program, Division of Quality Measurement
QMVIG, CCSQ, CMS

Erin Patton, MPH, CHES
Program Lead, Hospital Readmissions Reduction Program (HRRP)
QMVIG, CCSQ, CMS

Moderator

Candace Jackson, RN
Project Lead, Hospital IQR Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

May 9, 2018
2 p.m. ET

DISCLAIMER: This presentation question-and-answer transcript was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; given that they will remain as an archived copy, they will not be updated.

The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Webinar attendees asked the following questions and subject matter experts provided the responses. Questions and answers may have been edited.

General Questions

Question 1:　　**Does Fiscal Year (FY) 2019 mean payment year 2021?**

CMS references to the Fiscal Year refer to the year in which any payment adjustments would be applied if necessary. In general, for measures with a one-year reporting period from January to December, the applicable FY is the Calendar Year (CY) plus two years (e.g., CY 2019 + 2 = FY 2021). Please note, data used for claims-based measures are not usually from a single calendar year.

Question 2:　　**Will hospitals use the *QualityNet Secure Portal* when the measures (e.g., Catheter-associated Urinary Tract Infection [CAUTI], Central Line-associated Bloodstream Infection [CLABSI], Surgical Site Infection [SSI], and Methicillin-resistant Staphylococcus aureus [MRSA]) change from the Hospital Inpatient Quality Reporting (IQR) Program to the Hospital-Acquired Condition (HAC) Program?**

Yes, that is correct. CMS proposed that the healthcare-associated infection (HAI) measures continue to be submitted through the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) site, not through the *QualityNet Secure Portal*, but hospitals will receive their hospital-specific reports (HSRs) through the *QualityNet Secure Portal*.

Question 3: **When will the proposed changes have a final decision?**

By statute, the FY 2019 Inpatient Prospective Payment System (IPPS)/Long-term Care Hospital Prospective Payment System (LTCH PPS) Final Rule must be published 160 days before the effective date, which is October 1, 2018, for FY 2019.

Question 4: **If measures are removed from the Hospital IQR Program, does it mean that it will delay the reports hospital receive from CMS that provide a hospital's performance detail?**

No, the Meaningful Measures initiative should not impact the timeline of receiving reports.

Question 5: **What dates does "reporting period 2019" correspond to?**

In general, the reporting period or reporting year is the calendar year pertaining to the data. As such, reporting year 2019 would be from January 1, 2019, through December 31, 2019. Please note, data used for claims-based measures are not usually from a single calendar year. For example, for the (patient safety indicator) PSI 90 measure, for FY 2021, the reporting or performance period would be from July 1, 2017, through June 30, 2019.

Question 6: **Do slides 77 through 86 contain the proposed changes since the rule has not been finalized?**

That is correct. The slides are a summary of the proposed measure changes and the FY and program that they will be included in.

Question 7: **Is it possible to get the notes pages from the speakers? They are providing more information verbally than what is outlined on the slides.**

A recording and written transcript of the event can be found on the *Quality Reporting Center* website: www.qualityreportingcenter.com/inpatient/iqr/events/

Question 8: **Do any of these changes affect critical access hospitals (CAHs)?**

These changes will not affect the critical access hospitals as they are excluded from the Hospital IQR, Hospital VBP, HAC Reduction, and HRRP Programs, although any measures finalized for removal from all programs would no longer be available for CAHs to voluntarily submit quality data to CMS. However, the proposed changes to the eCQM measure set which is aligned for reporting to the Hospital IQR and Promoting Interoperability (PI) Programs would affect CAHs due to the PI Program reporting requirement.

Question 9: **Pneumonia is no longer an abstracted measure; is it a claims-based measure?**

The last of the pneumonia measure set chart-abstracted measures were removed from the Hospital IQR Program beginning with January 1, 2015 discharges. There are four claims-based pneumonia measures that are required for the following programs:

- Hospital IQR Program only: Excess Days in Acute Care after Hospitalization for Pneumonia

- Hospital IQR and VBP Programs: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode of Care for Pneumonia and Hospital 30-Day, All-Cause, Risk-Standardized Mortality Following Pneumonia Hospitalization

- Hospital IQR Program and HRRP: 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Pneumonia Hospitalization

Question 10: **Is there a list of measures hospitals will have to report by program and by year?**

A summary of the proposed measure changes and their FY and program, if CMS proposals are finalized, can be found in slides 77 through 86. The slides can be found on the *Quality Reporting Center* website: https://www.qualityreportingcenter.com/inpatient/iqr/events/

Hospital Compare/Star Ratings

Question 11: **If a measure is removed from Hospital Inpatient Quality Reporting (IQR) Program, such as CLABSI or CAUTI, is it still included in the *Hospital Compare* Star Ratings and how often will it be updated on the *Hospital Compare* website?**

For the Meaningful Measures work, our goal is to make the front-end website display as seamless as possible for our users and for the different audiences of the website. CMS is still looking at different ways to make that happen and assessing the impact to the star ratings. More information about changes to the website display and the impact to the Star Ratings will be forthcoming.

Question 12: **How will the proposed changes to the Hospital IQR Program affect the Hospital Star Ratings?**

The Overall Hospital Quality Star Ratings is meant to summarize the measure information on *Hospital Compare*. The methodology for the Overall Hospital Quality Star Ratings accommodates changes in the included measures over time (i.e., retirement of existing measures, refinement of existing measures, or addition of new measures). The measures included in

the Overall Hospital Star Ratings may change in the future as measures are added to and removed from *Hospital Compare* following notice and comment rulemaking on the measures. CMS will evaluate whether these measures should be included in the Overall Hospital Star Ratings based on the inclusion criteria developed with stakeholder feedback.

Question 13: **Will the measures that are removed from the Hospital IQR Program, but retained for the HAC Program, HRRP, or the Hospital VBP Program, still be publicly reported on *Hospital Compare*?**

Yes, our plan is to continue to publicly report measures that are removed from the Hospital IQR Program but retained in the other hospital quality programs. CMS has a goal to make the front-end website display as seamless as possible for our users and for the different audiences of the website. CMS will continue to evaluate ways to provide this information publicly through preview reports.

Question 14: **Will the measures reported on *Hospital Compare* remain, and will some reporting timeframes and calculations change under the proposed rule?**

As previously noted, CMS has a goal to make the front-end website display as seamless as possible for our users and for the different audiences of the website.

Question 15: **If HAI and PSI are no longer in the Hospital IQR and Hospital VBP Programs, will they still be part of the CMS Overall Hospital Quality Star Ratings?**

CMS will continue to evaluate measures that are publicly reported based on the inclusion criteria for the Overall Hospital Star Ratings.

Question 16: **How will the Overall Star Ratings be impacted by the removal of the 39 measures from the Hospital IQR Program? I did not see anything mentioned regarding the star rating in the IPPS/LTCH PPS proposed rule.**

CMS will continue to evaluate the impact of measures that are added or removed from public reporting based on the Overall Hospital Star Ratings inclusion criteria.

Question 17: **When measures like CMS PSI 90 are moved to the HAC Program, will they still be included in the Star Rating methodology?**

CMS will continue to evaluate the impact of measures that are added or removed from public reporting based on the Overall Hospital Star Ratings inclusion criteria. Please note that the CMS PSI 90 has been part of the HAC Reduction Program since the program's inception.

Question 18: **Will the removed measures in the Hospital IQR Program also be removed from the *Hospital Compare* preview reports?**

CMS is evaluating ways to continue to provide this information.

Meaningful Measures

Question 19: **How is "cost outweighs benefit" determined?**

The costs are multifaceted and include not only the burden associated with reporting but also the costs associated with implementing and maintaining the programs. CMS has identified several different types of costs including, but not limited to, the following:

1. Provider and clinician information collection burden and related cost and burden associated with the submission/reporting of quality measures to CMS
2. The provider and clinician cost associated with complying with other quality programmatic requirements
3. The provider and clinician cost associated with participating in multiple quality programs and tracking multiple similar or duplicative measures within or across those programs
4. The CMS cost associated with the program oversight of the measure, including measure maintenance and public display
5. The provider and clinician cost associated with compliance with other federal and/or state regulations (if applicable)

Question 20: **Is it correct to say measures are not being removed, but CMS is streamlining the programs for providers to report data in only one program?**

That is correct. Using the Meaningful Measures framework will help CMS refine the measure sets used in each program to use fewer, more meaningful, higher impact, and less burdensome measures that are well understood by external stakeholders and aligned across other programs when possible.

Question 21: **How does removal factor eight align with the Meaningful Measures initiative of putting patients first?**

The proposed measure removal factor eight considers the costs associated with a measure outweigh the benefit of its continued use in the program. This aligns with one of the Meaningful Measures objectives to minimize the level of burden for providers while using more impactful measures with a preference for outcome measures. This Meaningful Measure objective removes measures where performance is already very high and that are low value. Removal factor eight also aligns with the CMS Patients Over

Paperwork Initiative, which emphasizes the goals of reducing unnecessary burden, increasing efficiencies, and improving the beneficiary experience so that clinicians would have more time to focus on patient care.

Hospital IQR Program

Question 22: **Does CMS have any publicly available research/reporting on the removed measures to show that the costs associated with a particular measure outweigh the benefits of continued use?**

CMS refers stakeholders to the "Effects of Proposed Requirements for the Hospital Inpatient Quality Reporting (IQR) Program" section in the FY 2019 IPPS/LTCH PPS Proposed Rule at 83 FR 20633–20635. That section summarizes the reduced information collection burden and other costs related to the proposed measure removals. Please submit a formal comment to CMS by June 25, 2018, to enter the comment into the record and receive a response in the final rule.

Question 23: **When will hospitals stop abstracting for the Emergency Department (ED)-1 measure?**

ED-1 is proposed to be removed beginning with January 1, 2019 discharges. The last discharge date that would be required for abstraction is December 31, 2018.

Question 24: **Why do ED-1 and ED-2 have different end dates?**

ED-1 is proposed to be removed beginning with January 1, 2019 discharges. Although ED-1 is an important metric for patients, ED-2 has greater clinical significance for quality improvement with regard to the inpatient setting because it provides more actionable information such that hospitals have greater ability to allocate resources to consistently reduce the time between

decision to admit and time of inpatient admission. Hospitals have somewhat less control to consistently reduce wait time between ED arrival and decision to admit, as measured by ED-1, due to the need to triage and prioritize more complex or urgent patients. ED-2 is proposed to be removed with January 1, 2020 discharges; however, hospitals still would have the opportunity to submit this data since the electronic clinical quality measure (eCQM) version will remain part of the Hospital IQR Program measure set.

Question 25: **Will hospitals no longer abstract Immunization (IMM)-2 starting in January 2019?**

Per the proposed rule, IMM-2 would be removed from the Hospital IQR Program beginning with January 1, 2019 discharges. Although the typical influenza season is October 1 through March 31, the IMM-2 measure is abstracted and submitted by the calendar year. As such, the last discharge date to abstract and submit the IMM-2 data would be December 31, 2018.

Question 26: **It is proposed to remove the IMM-2, ED-1, and venous thromboembolism (VTE)-6 measures beginning with quarter (Q) 1 2019 discharges and remove the ED-2 measure beginning with Q1 2020 discharges?**

Yes, that is correct. IMM-2, ED-1, and VTE-6 chart-abstracted measures are proposed to be removed beginning with Q1 2019 discharges, and the ED-2 chart-abstracted measure is proposed to be removed beginning with Q1 2020 discharges.

Question 27: **Please explain again which program(s) may remove the Elective Delivery (PC-01) measure and which program(s) would retain it.**

The PC-01 measure is being proposed for removal from the Hospital VBP Program beginning with the FY 2021 program year, which would use a performance period of CY 2019. Because it will be retained in the Hospital

IQR Program, hospitals must continue to submit data on this measure in order to receive their full annual payment (APU) update.

Question 28: **Slide 35 states that payment measures for acute myocardial infarction (AMI), heart failure (HF), and pneumonia (PN) are staying in Hospital IQR Program, but I do not recall reading that in the rule.**

The AMI, HF, and PN payment measures are being retained in the Hospital IQR Program. The AMI Payment measure was adopted into the Hospital IQR Program in the FY 2014 IPPS/LTCH PPS Final Rule (78 FR 50802 through 50805); the HF Payment measure was adopted into the Hospital IQR Program in the FY 2015 IPPS/LTCH PPS Final Rule (79 FR 50231 through 50235); and the PN Payment measure was adopted into the Hospital IQR Program in the FY 2015 IPPS/LTCH PPS Final Rule (79 FR 50227 through 50231) and was updated in the FY 2017 IPPS/LTCH IPPS Final Rule (81 FR 57125 through 57128). Because these payment measures are being retained in the Hospital IQR Program without any changes, they are not discussed in the proposed rule. However, these measures are being proposed to be removed from the Hospital VBP Program with the effective date of the FY 2019 IPPS/LTCH PPS Final Rule, which would be October 1, 2018.

Question 29: **Will stroke (STK) measures be the only chart-abstracted measures in the Hospital IQR Program once the proposed measures are removed?**

The last of the STK measure set chart-abstracted measures were removed from the Hospital IQR Program beginning with January 1, 2017 discharges. If the proposed chart-abstracted measure removals are finalized, for the 2019 reporting period, the required chart-abstracted measures would be PC-01, ED-2, and Sepsis (SEP)-1. For the CY 2020 reporting period, it would only be PC-01 and SEP-1. However, CMS does collect STK data through several claims-based measures, including the Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke and

the 30-Day Risk Standardized Readmission Rate (RSRR) Following Stroke Hospitalization measures. Additionally, the Hospital-Wide All-Cause Unplanned Readmission Rate Following Stroke Hospitalization measure has a neurological component that captures patients with acute cerebrovascular disease and transient cerebral ischemia.

Question 30: **If the STK 30-day readmission measure is being eliminated because it is included in the hospital-wide readmission measure, why aren't other specific disease specialties eliminated as well?**

If our proposals to remove the condition- and procedure-specific readmission measures from the Hospital IQR Program are finalized as proposed, then the hospital-wide readmission measure would be the only readmission measure in this program. CMS notes that, while the condition-specific Excess Days in Acute Care (EDAC) measures looks at readmissions, these measures also include days in the ED and observation stays.

Question 31: **Does the removal of measures from the Hospital IQR Program financially impact hospitals?**

There are no changes to the financial impacts of the Hospital IQR Program due to the proposed removal of measures. Hospitals that meet all Hospital IQR Program requirements will continue to receive a full IPPS (APU factor. Those hospitals that do not participate, or participate but fail to meet program requirements, will receive a one-fourth reduction of the applicable percentage increase in their APU for the applicable FY.

Question 32: **With the removal of HAI, PSI, and mortality/complication/readmission measures from the Hospital IQR Program, will there still be quarterly reports that allow hospitals to see their results based on CMS**

methodology? Hospitals need to be able to see performance on a
quarterly basis to improve performance.

The removal of the measures should not impact receiving reports, including
HSRs and preview reports for public reporting.

eCQMs for the Hospital IQR and Promoting Interoperability
(PI) Programs

Question 33: **What are the Promoting Interoperability (PI) Programs?**

The Promoting Interoperability (PI) Programs were previously known as the
Medicare and Medicaid Electronic Health Record (EHR) Incentive
Programs. The Promoting Interoperability (PI) Programs reflect the overhaul
of the Medicare and Medicaid EHR Incentive Programs to concentrate on
measures and objectives that promote interoperability. Information regarding
the Promoting Interoperability (PI) Programs can be found on pages 20515
through 20544 of the FY 2019 IPPS/LTCH PPS Proposed Rule, available on
the *Federal Register*.

Question 34: **Was information blocking defined in the Meaningful Use portion?**

The FY 2019 IPPS/LTCH PPS Proposed Rule indicates that information
blocking was defined in section 4004 of the 21st Century Cures Act.

Question 35: **Are there eCQMs proposed for removal for CY 2019?**

The eCQMs proposed for removal are for the CY 2020 reporting period/FY
2022 payment determination.

Question 36: **What is the last date that can be reported with any of the seven retiring eCQM measures? Is the date February 28, 2019 (for 2018 data), or is the date February 28, 2020 (for 2019 data)?**

CMS is proposing to remove the seven eCQMs beginning with the CY 2020 reporting period, which would translate to the final availability of those seven measures for the CY 2019 reporting period with a February 29, 2020 submission deadline.

Hospital IQR Program Proposed New Measures

Question 37: **The Hybrid Hospital-Wide Readmission (HWR) measure was not discussed. What is the proposal for this measure?**

The voluntary Hybrid HWR measure was reviewed in the 2018 IPPS/LTCH PPS Final Rule, available on the Federal Register (82 FR 38350). Hospitals are currently in the middle of the voluntary reporting period with data collection occurring January 1 through June 30, 2018. The data submission period to CMS is anticipated for late summer through fall 2018.

Question 38: **How would the proposed claims-only hospital-wide mortality measure and/or the Hybrid HWR measure consider a patient's Do Not Resuscitate (DNR) status?**

A patient's DNR "status," in and of itself, is not considered in the claims-only hospital-wide mortality measure and the Hybrid HWR measure. However, in the unlikely scenario that a hospitalization is coded with a principal discharge diagnosis of DNR Z66, that index admission would not be excluded from either measure if all cohort criteria are met.

In the case of the Hybrid HWR measure, a readmission within 30 days of discharge from an index admission would be captured in the readmission

outcome in the unlikely scenario that readmission was coded with a principal discharge diagnosis of DNR and the patient did not undergo a surgical procedure during that hospitalization. A DNR diagnosis code does not impact the risk adjustment for either measure.

Question 39: **Are there any proposed total harm measures that might be forthcoming, and what measures would be included in a total harm measure?**

The FY 2019 IPPS/LTCH PPS Proposed Rule does not address any "total" harm measures as potential measures for the Hospital IQR Program. Consideration of adding a "total" harm measure to the Hospital IQR Program would be through future rulemaking. CMS is observing a public comment period on all portions of the FY 2019 proposed rule and welcomes feedback from the community.

Question 40: **Will narcotic e-prescribe be required?**

The FY 2019 IPPS/LTCH PPS Proposed Rule does not address the requiring of narcotic e-prescribe for the Hospital IQR Program.

Question 41: **Does the Hospital Harm – Opioid-Related Adverse Events eCQM only include the inpatient population?**

Yes, the eCQM harm measure only includes the inpatient population. The measure does include inpatient admissions that were initially seen in the ED or in observational status and then admitted to the hospital. Please note that this measure has not yet been proposed for use in the Hospital IQR or Medicare and Medicaid Promoting Interoperability (PI) Programs.

Question 42: **Will CMS provide requirements for the Hospital Harm – Opioid-Related Adverse Events eCQM to share with my EHR) vendor?**

CMS invites public comment on the potential future inclusion of this measure in the Hospital IQR Program. Additional information and specifications regarding this proposed measure can be found on pages 20493 through 20494 of the FY 2019 IPPS/LTCH PPS Proposed Rule.

Hospital VBP Program

Question 43: **Will claims-based measures that are being removed from the Hospital IQR Program still be calculated on behalf of CAHs that are ineligible to participate in the Hospital VBP Program?**

Yes. Our intention is to continue displaying data for those hospitals that are not applicable to the various payment programs.

Question 44: **Slide 35 lists AMI payment, HF payment, and PN payment as proposed for removal from the Hospital VBP Program for FY 2021, but it only lists Medicare Spending Per Beneficiary (MSPB) for FY 2019 on slide 39. Are separate payment measures part of FY 2019 and FY 2020?**

In previous rules CMS finalized the AMI and HF payment measures. The current proposal is to remove those two measures from Hospital VBP Program. That proposal would be made effective immediately upon the effective date of the FY 2019 IPPS/LTCH PPS Final Rule (October 1, 2018). These measures were not supposed to be included originally until the FY 2021 program year, which is why they were listed on the previous slide (slide 35). These measures would not be included in the FY 2019 or FY 2020 program years either.

Question 45: **Slide 38. For FY 2021, will hospitals need to have all three domains qualify to be able to have a Total Performance Score (TPS)?**

Yes. CMS is proposing to require scores in each of the three domains in order to have a TPS calculated.

Question 46: **Slide 41. Part of the Safety domain includes PC-01 for the Hospital VBP Program. Is it included in the HAC Reduction Program mentioned under slide 51?**

No. The PC-01 measure is not being proposed for the HAC Reduction Program.

Question 47: **Will claims-based measures that are being removed from the Hospital IQR Program still be calculated on behalf of CAHs that are ineligible to participate in the Hospital VBP Program?**

CMS still intends to have CAH measure results reported on the *Hospital Compare* website.

Question 48: **Will hospitals start getting quarterly updates on performance for the Hospital VBP Program?**

CMS will continue to provide annual reports for the Hospital VBP Program, including the Baseline Measures Report, Percentage Payment Summary Report, and HSRs for the claims-based measures.

Question 49: **When will CMS release the adjustment factors?**

The FY 2019 Hospital VBP Program payment adjustment factors will be provided to hospitals on or around August 1, 2018, in their Percentage Payment Summary Reports.

Question 50: **Given that the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) linear mean scores are used for both HCAHPS Summary Star Ratings scores and Hospital Overall Star Ratings scores, does CMS anticipate modifying the Hospital VBP**

Program methodology from top-box to linear mean scores, which would meet the Meaningful Measures framework of measure alignment?

There are no plans to change HCAHPS scoring in the Hospital VBP Program from top-box to linear mean score.

Validation

Question 51: **Will hospitals be selected for both chart-abstraction and eCQM validation?**

Hospitals will either be selected for chart-abstraction or eCQM for validation purposes for the Hospital IQR Program, but not both.

Question 52: **Will Hospital IQR Program chart-abstracted measures still be included for inpatient validation or just HAI measures?**

Any measures that are part of the Hospital IQR Program will be subject to validation.

Question 53: **Will all hospitals undergo validation for HAI as part of the HAC Reduction Program?**

Thank you for the question. CMS proposed to select 400 hospitals randomly from all the subsection (d) hospitals; it will be a random pool of 400 hospitals. Additionally, CMS will select 200 targeted hospitals based on the targeting criteria. To clarify, under the HAC Reduction Program all subsection (d) hospitals are subject to validation; however, only a sample will be chosen for validation.

Question 54: **Is there a separate HAC Reduction Program validation, or did this refer to the inpatient validation?**

CMS is proposing that the HAC Reduction Program adopt validation processes for its NHSN HAI measures since the NHSN HAI measures are

being proposed for removal from the Hospital IQR Program. The details of the proposal for the HAC Reduction Program's validation of NHSN HAI measures can be found in the FY 2019 IPPS/LTCH PPS Proposed Rule from pages 20426 through 20437.

Question 55: **Slide 58. Will Hospital IQR Program chart abstracted measures, or just HAI measures, still be included for inpatient validation?**

CMS is proposing the removal of the NHSN HAI measures from the Hospital IQR Program. If this proposal is finalized, only chart-abstracted clinical process of care measures will continue to be validated as part of the Hospital IQR Program. Additional details regarding measure removals from the Hospital IQR Program can be found in the FY 2019 IPPS/LTCH PPS Proposed Rule from pages 20470 through 20500.

Question 56: **Will hospitals be able to send in paper chart material for eCQM validation?**

eCQM validation will require the submission of requested medical records in portable document format (PDF) through the *QualityNet Secure Portal* Secure File Transfer Application. Paper charts will not be an accepted method of transmission for eCQM validation. Additional information will be provided to selected hospitals within the request packet sent by the Clinical Data Abstraction Center (CDAC).

Question 57: **Is CMS proposing to no longer validate chart-abstracted measures, or will chart-abstracted measures be validated but not factored into the overall confidence interval scores?**

CMS is proposing the removal of the NHSN HAI measures from the Hospital IQR Program. If this proposal is finalized, only chart-abstracted clinical process of care measures will continue to be validated as part of the

Hospital IQR Program. The confidence interval for the Hospital IQR Program will be calculated using the results of the validation of the clinical process of care measures. Additional details regarding measure removals and validation for the Hospital IQR Program can be found in the FY 2019 IPPS/LTCH PPS Proposed Rule from pages 20470 through 20500. Additionally, CMS is proposing that the HAC Reduction Program adopt validation processes for the HAC Reduction Program chart-abstracted NHSN HAI measures. The details of the proposal for the HAC Reduction Program's validation of NHSN HAI measures can be found in the FY 2019 IPPS/LTCH PPS Proposed Rule from pages 20426 through 20437.

Question 58:   **What will the financial penalty be to the organization, if the new HAI validation is not passed?**

If the validation proposals for the HAC Reduction Program are finalized, a hospital that does not meet (or fails) validation will be assigned the maximum Winsorized z-score only for the set of measures CMS validated. For example, if a hospital was in the half selected to submit CLABSI and CAUTI Validation Templates but failed the validation, CMS is proposing that hospitals receive the maximum Winsorized z-score for CLABSI, CAUTI, and Colon and Abdominal Hysterectomy SSI. Hospitals would not automatically rank in the worst-performing quartile based on validation results.

Question 59:   **Slide 58. Current validation scores are based on both Hospital IQR Program measures and HAI measures. Will validation be separate for inpatient measures and HAI measures? Could a hospital be under outpatient, inpatient, and HAI validation for three separate scores? Is this supposed to reduce burden?**

Yes, validation for NHSN HAI measures under the HAC Reduction Program will be separate from validation for the Hospital IQR Program.

Yes, CMS will sample hospitals to participate in the validation of NHSN HAI for the HAC Reduction Program and the validation of clinical process of care measures for the Hospital IQR Program. A hospital may also be selected for Hospital Outpatient Quality Reporting (OQR) validation, which has also been the case in the past. We note that hospitals selected for the HAC Reduction Program validation will not be selected for eCQM validation. Please submit comments to CMS as part of the formal rule making process. Slide 88 outlines the criteria for submitting comments.

Question 60: **Slide 57. Hospitals that submit data to NHSN after the HAC Reduction Program data submission deadline has passed are considered for the proposed targeted selection criteria. If hospitals correct CDC NHSN HAI data in the 4.5 months after the end of a reporting quarter, are they considered within the submission deadline?**

If a hospital submits data to NHSN after the deadline has passed, even if due to correction, the hospital will be placed in a pool with the potential to be selected.

Question 61: **If HAI validation occurs through the HAC Reduction Program as opposed to the Hospital IQR Program, will a hospital also have validation through the Hospital IQR Program for process of care and eCQM measures?**

Yes, if the HAC Reduction Program finalizes its HAI validation proposals, CMS would select a sample of hospitals to participate in the validation of NHSN HAI measures through the HAC Reduction Program and to participate in the validation of clinical process of care measures through the Hospital IQR Program each year. Hospitals selected for HAC Reduction Program data validation would not be selected for eCQM validation.

Question 62: **Did I interpret correctly that ALL hospitals will undergo validation for HAI as part of the HAC Reduction Program?**

If the proposals are finalized, not all hospitals will be selected for validation of HAIs under the HAC Reduction Program; only a sample of subsection (d) hospitals will be selected. Additional information regarding the HAC Reduction Program can be found in the FY 2019 IPPS/LTCH PPS Proposed Rule pages 20426 through 20437.

Question 63: **When will hospitals know who is selected for eCQMs?**

Hospitals participating in the Hospital IQR Program selected for eCQM validation for the FY 2020 payment determination (validating CY 2017 reported data) will be determined and notified within the next few weeks.

HAC Reporting Program

Question 64: **To clarify, is the Agency for Healthcare Research and Quality (AHRQ) version 8.0 for FY 2019 and FY 2020 HAC Reduction program only applicable to software version? Which version of the technical specifications applies to FY 2019 and FY 2020?**

The FY 2019 HAC Reduction Program calculated CMS PSI 90 using recalibrated version 8.0 of the CMS PSI software. The FY 2020 CMS PSI software version has not been announced. Version 7.0 of the International Classification of Diseases (ICD)-10 technical specifications applies to recalibrated version 8.0.

Question 65: **What AHRQ version will be used for the FY 2019 and FY 2020 PSI data for the HAC Reduction Program?**

CMS uses the CMS version of the PSI software, based on the fee-for-service

population, for its applicable hospital quality reporting programs, whereas
AHRQ uses an all-payer software version. CMS used version 8.0 of the CMS
PSI software for FY 2019 Hospital IQR and HAC Reduction Programs.
CMS has not determined what version will be used for FY 2020.

Question 66: **Slide 41. Part of the Safety domain includes PC-01 for the Hospital VBP
Program. Is it included in the HAC Reduction Program mentioned
under slide 51?**

No, the PC-01 measure is not included in the HAC Reduction Program.

Question 67: **Please clarify the CMS PSI version 8.0 that was used for the latest data.
Where we can get additional information? It seems quite different from
previous versions.**

Thank you for the question. The FY 2019 HAC Reduction Program
calculated CMS PSI 90 using recalibrated version 8.0 of the CMS PSI
software, which was based on ICD-10. The previous versions of the CMS
PSI software were based on ICD-9. Because of the nature of the coding
differences between ICD-10 and ICD-9, there are differences between the
software versions. Our fact sheet on *QualityNet* may help explain some of
the differences. Please see: CMS Recalibrated Patient Safety Indicators Fact
Sheet, May 2018 (Version 8.0).

Question 68: **Slide 54. When are claims with PSI 90 data finalized and when are
claims data finalized for the HAC Reduction Program?**

FY 2019 HSRs results will reflect edits to medical claims based on the time
limits in the Medicare Claims Processing Manual. CMS received a snapshot
of the data on September 29, 2017, to perform calculations.

If a corrected claim was not processed before September 28, 2017, HSR
scores will not reflect the corrected claim data for that Fiscal Year. If a

hospital identified a coding error in the claim, correct the claim using the standard process.

The Medicare Claims Processing Manual outlines provisions for claims adjustments: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf

Question 69: **Can hospitals have coding errors corrected when reviewing their reports?**

The Scoring Calculations Review and Corrections period does not allow hospitals to submit additional corrections related to the underlying claims data for the CMS PSI 90 or to add new claims to the data extract CMS used to calculate the results.

FY 2019 HSR results will reflect edits to medical claims based on the time limits in the Medicare Claims Processing Manual. CMS received a snapshot of the data on September 29, 2017, to perform calculations.

If a corrected claim was not processed before September 28, 2017, HSR scores will not reflect the corrected claim data for that Fiscal Year. If a hospital identified a coding error in the claim, correct the claim using the standard process. Contact the coding and/or billing department to prevent this type of error.

The Medicare Claims Processing Manual outlines provisions for claims adjustments: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf

Question 70: **Will there be quarterly deadlines to report the HAI data to NHSN?**

Yes, under the Hospital IQR Program, hospitals can submit, review, and correct the CDC NHSN HAI chart-abstracted data for the full 4.5 months following the end of the reporting quarter. The CDC creates a data file for

CMS to use in quality reporting and pay-for-performance programs immediately following the submission deadline. This data file is a snapshot of the data at the time of the submission deadline. CMS understands hospitals can update data in the NHSN system after the deadline. CMS does not receive or use data entered after the submission deadline. CMS expects hospitals to review and correct their data prior to the HAI submission deadline. The following table outlines the CMS NHSN HAI data submission deadlines.

Reporting Quarter	Applicable Calendar Months	CMS Submission Deadline
1	January, February, March	August 15
2	April, May, June	November 15
3	July, August, September	February 15
4	October, November, December	May 15

Question 71: **The *Quality Net* Provider Participation and Feedback reports validate that the data in NHSN has been submitted to CMS. If they are no longer part of the Hospital IQR Program, how can a hospital validate CMS received the data?**

CMS intends to transition the Provider Participation and Feedback reports from the Hospital IQR Program for measures included in the HAC Reduction

Program. Hospitals can continue to use these reports to validate their data submissions in NHSN.

Question 72:   **Will the HAI HSRs be provided via the Secure File Exchange email inbox, or will the user run reports in the *QualityNet Secure Portal* as they are run for the Hospital IQR Program Facility State, and National Reports?**

CMS proposed that, beginning in FY 2019, the HAC Reduction Program would provide the same NHSN HAI measure quarterly reports containing each hospital's quarterly measure data as well as facility-, state-, and national-level results for the measures that stakeholders are accustomed to viewing under the Hospital IQR Program. These reports will be provided via the *QualityNet Secure Portal* at: https://cportal.qualitynet.org/QNet/pgm_select.jsp. Hospitals must register for a *QualityNet Secure Portal* account to access their reports. CMS anticipates the transition to occur without interruption; stakeholders would receive reports from both the HAC Reduction Program and the Hospital IQR Program for the respective measures adopted in each program.

Question 73:   **Please comment on the justification of the value of Equal Measure Weight over the Variable Domain Weight for facilities that have five Domain 2 measures, considering the represented N is ten times larger than the other scenarios combined? Thus, while the percent decrease of hospitals with fewer measures in Domain 2 is 4.2 percent, there is an increase of one percent of impacted hospitals with five measures in Domain 2.**

The proposed Equal Measure Weights policy aligns with the intent of the original program design to apply a similar weight to each measure without greatly increasing the potential costs on any group of hospitals. For more information on the proposed changes for the HAC Reduction Program, please refer to the FY 2019 IPPS/LTCH PPS Proposed Rule pages 20426

through 20437, specifically pages 20435 through 20437 for the Equal Measure Weights policy.

Hospital Readmissions Reduction Program (HRRP)

Question 74: **Does CMS have plans to start including observation status patients and/or ED visits in the HRRP measures, as CMS has added in the EDAC measures?**

EDAC measures summarize the time that patients spent in the ED, in observation stays, or in an unplanned inpatient readmission for any reason within 30 days of discharge. EDAC measures complement readmission measures by providing information on a broader range of unplanned acute care utilization, but they are not readmission measures. CMS is not proposing to include observation status and/or ED visits in the HRRP measures in the FY 2019 proposed rule. CMS assesses changes to the measures annually.