



# Hospital Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### Hospital IQR Program Requirements for CY 2018 (FY 2020 Payment Determination)

#### Questions and Answers

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The following questions were asked, and responses given by subject-matter experts, during the live webinar. Questions and answers may have been edited for grammar.

**Question 1:**      **Are these reportable measures applicable for all hospitals? That is, are critical access hospitals (CAHs) included?**

Yes, the measures are required for inpatient prospective payment system (IPPS) hospitals and are highly recommended for CAHs. Please note that CAHs are not required to submit measure data as they do not receive a payment adjustment and are not eligible for participation in the Hospital Inpatient Quality Reporting (IQR) Program.

**Question 2:**      **How do I sign up to receive ListServe notifications on upcoming webinars?**

Please go to the Home page of *QualityNet.org* and on the far left side in the third blue box in the column, go to Join ListServes. From there, you will be able to sign up for email discussions for the related programs.

**Question 3:**      **Which program code should be used for electronic clinical quality measure (eCQM) reporting: HQR\_EHR or HQR\_EHR\_IQR?**

Hospitals participating in both the Hospital IQR Program and the Medicare EHR Incentive Program should select HQR\_EHR\_IQR within the *QualityNet Secure Portal*.

**Question 4:**      **Will CAHs be included in selection for eCQM validation?**

CAHs are not IQR-eligible hospitals and will not receive a payment adjustment; therefore, they are not required to submit data and will not be selected for chart-abstracted or eCQM data validation. Please note that CMS highly recommends that CAHs submit quality measures.



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**Question 5:** ED-1 and ED-2 are eCQMs, correct? So, are they both IQR manual-abstracted and eCQMs?

That is correct. ED-1 and ED-2 are required chart-abstracted measures for IQR-eligible hospitals. They are also available as eCQMs to select as one of the four eCQMs that are required to be submitted for the EHR Incentive Program. Please note that CAHs are required to participate in the EHR Incentive Program.

**Question 6:** Do CAHs have to report all of the clinical process of care measures? In other words, is it appropriate to report ED-1, ED-2, and IMM-2, but not SEP-1 or VTE-6?

No, the measures are only required for IPSS hospitals and are highly recommended for CAHs. Please note that CAHs are not required to submit measure data as they do not receive a payment adjustment and are not IQR eligible.

The following questions were researched and answered by subject-matter experts after the live webinar.

**Question 7:** How do we know which hospitals were chosen for fiscal year (FY) 2020?

On the Home page of *QualityNet*, under the Hospitals-Inpatient tab, select Data Validation (Chart-Abstracted & eCQMs). Select Chart-Abstracted Data Validation for the list of hospitals that have been selected for FY 2020 chart-abstracted validation. The list is in the blue box on the upper right side. The random selection of up to 200 hospitals for the eCQM validation will occur in April or May 2020 and will be posted at that time.

**Question 8:** When did you say the eCQM validation hospitals would be selected?

Starting with FY 2020 annual payment update (APU) determination, CMS will randomly select an additional sample of up to 200 hospitals for eCQM validation, which is anticipated to occur in April/May 2018.



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**Question 9:** Slide 18. How is the total score determined for your validation score? Clinical process of care gets a score and healthcare-associated infection (HAI) measure gets a score. Do you add and divide by two or does the HAI count as two and process of care only one—is the 75 percent needed score for the four quarters totaled?

For FY 2020, the finalized validation process for chart-abstracted measures includes two separate validation strata:

1. HAI weighed at 66.7%
2. Other/clinical process of care weighed at 33.3%

CMS calculates a total score reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measure sets. After the educational review results are taken into consideration and scores are combined, CMS computes a confidence interval (CI) around the combined score. A CI document explaining the scoring and calculation for FY 2020 will be provided on *QualityNet* at a later date.

**Question 10:** Other than reports within *QualityNet*, will the hospitals receive any other validation from *QualityNet* that they have met meaningful use (MU) attestation requirements?

For questions on the attestation and the EHR Incentive Program, please contact the *QualityNet* Help Desk at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912.

**Question 11:** When will we receive the request from CMS Clinical Data Abstraction Center (CDAC) for third quarter validation cases? We are one of the randomly selected hospitals.

The estimated CDAC record request date for the randomly selected hospitals, for third quarter 2017 validation cases, is scheduled for February 28, 2018.

**Question 12:** We only report immunization (IMM), emergency department (ED) 1 and 2, and Sepsis (SEP) for IQR measures. Should we still report zero for the other IQR measures?

For calendar year (CY) 2018, the required chart-abstracted clinical process of care measures are ED-1, ED-2, IMM-2, PC-01, Sepsis, and VTE-6. IQR-eligible hospitals are required to submit the aggregate population and



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sampling (Medicare and non-Medicare combined) counts for the Global (ED and IMM), Sepsis, and Other Venous Thromboembolism (VTE) measure sets. If your hospital does not have any cases that would meet the VTE initial patient population (IPP), then you would be required to enter zeros for that measure set. Additionally, if your hospital does not have an obstetrics unit or deliverable babies, then you would need to enter zeros into the PC-01 web-based application with the *QualityNet Secure Portal*.

**Question 13: Are CAHs required to submit eQMs for CY 2018 or are they still able to manually submit data for all 16 clinical quality measures (CQMs) via manual attestation?**

For CY 2018 reporting, CAHs are required to submit at least four eQMs from one self-selected quarter of data by the February 28, 2019 deadline. Attestation is only an option available for IQR-eligible hospitals and CAHs in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program. Further information on the [2018 Reporting Requirements for the EHR Incentive Program](#) is located on CMS.gov. Please note that CAHs are not required to participate in the Hospital IQR Program but it is highly recommended.

**Question 14: If a vendor submits four hospital eQMs to the Hospital IQR Program for one quarter, does the facility need to note the vendor to CMS for MU?**

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**Question 15: I thought patient safety indicator (PSI) information was no longer going to be collected/reported?**

Per the FY 2018 IPPS Final Rule, PSI 04 (Death Rate among Surgical Patients with Serious Treatable Complications) and PSI 90 (Patient Safety for Selected Indicators Composite Measure [Updated Title: Patient Safety and Adverse Events Composite]) are required for the Hospital IQR Program. However, neither of these measures will be included in the FY 2020 Hospital Value-Based Purchasing (HVBP) Program.



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**Question 16:** Can we use a different quarter for eCQM and EHR Incentive (MU) Program measure reporting?

Hospitals are not required to report CQMs and objective measures for the EHR Incentive Program for the same quarter. However, IQR-eligible hospitals submitting eCQM data to meet the Hospital IQR and EHR Incentive Program requirements must report on at least four eCQMs from the same quarter. The successful submission of eCQM data will meet the electronic reporting requirement for the Hospital IQR Program and the CQM requirement for the EHR Incentive Program.

**Question 17:** How will PC-01 cases be validated?

For the chart-abstracted data validation, as PC-01 is collected as aggregate data, this measure is not validated.

**Question 18:** Slide 22. Is this equivalent to the Agency for Healthcare Research and Quality (AHRQ) survey?

The AHRQ Hospital Survey on Patient Safety Culture (HSOPSC) is one example of the surveys that are currently used by the healthcare industry to assess patient safety culture. However, hospitals are not required to use the HSOPSC to be able to answer “Yes” to the Patient Safety Culture structural measure.

**Question 19:** When are the hospital-specific reports (HSRs) available?

The HSRs are released on a yearly basis, with the majority of them being released in the April/May time frame. The exception to this is the Star Ratings HSRs, which are released biannually. A helpful table with the anticipated HSR release dates for CY 2018 is available in the *Fall 2017 Quality Reporting Center Newsletter*, located on the *Quality Reporting Center* website: [https://www.qualityreportingcenter.com/wp-content/uploads/2017/12/Hospital-QRC-Fall-2017-Newsletter\\_12.20.2017\\_vFINAL508.pdf](https://www.qualityreportingcenter.com/wp-content/uploads/2017/12/Hospital-QRC-Fall-2017-Newsletter_12.20.2017_vFINAL508.pdf).



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**Question 20:** **Slide 40. My question relates to the EHR Incentive Program. If we submit our eCQMs for the Hospital IQR Program and the EHR Incentive Program, do we still need to submit the attestation?**

For CY 2018 reporting, hospitals are required to submit at least four eCQMs from one self-selected quarter for both the Hospital IQR Program and the EHR Incentive Program. Attestation is only an option available for IQR-eligible hospitals and CAHs in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program. For additional information on the EHR Incentive Program, contact the *QualityNet* Help Desk at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912.

**Question 21:** **For CAHs, is it a new requirement to report PC-01?**

CAHs are not eligible for the Hospital IQR Program and therefore are not required to submit the PC-01 data. However, CMS highly recommends that CAHs submit quality measures.

**Question 22:** **What are the implications of eCQM rejected files that are not corrected by the submission deadline?**

A threshold does not exist regarding an acceptable volume of rejected cases. The expectation is to continue to troubleshoot the rejected files to achieve 100 percent representation of the initial patient population identified for reporting. To verify eCQM submission requirements have been met, run the eCQM Submission Status Report within the *QualityNet Secure Portal* and confirm there is a “Yes” next to the program name. Contact the *QualityNet* Help Desk with additional questions at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912.

**Question 23:** **Is ED-3 (outpatient) required to be submitted for the eCQM/MU, in addition to the other four inpatient eCQM measures?**

ED-3 is an outpatient measure and will not count towards program credit for the Hospital IQR Program or EHR Incentive Program. Hospitals are required to submit at least four eCQMs from the available inpatient measures.



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**Question 24:** Why does CMS keep listing ED-2 when it is not for the Hospital IQR Program?

For the Hospital IQR Program, the chart-abstracted version of ED-2 has been a required measure since first quarter 2012 discharges.

**Question 25:** Do all hospitals with delivery report on PC-01?

For the Hospital IQR Program, all IQR-eligible hospitals are required to submit the PC-01 aggregate data and report that data on *Hospital Compare*. If a hospital does not have an obstetrics unit and does not deliver babies, then that hospital can submit the IPPS Measure Exception Form. Otherwise, hospitals that do not deliver babies and do not submit an IPPS Measure Exception Form must enter zero for each of the data entry fields in the PC-01 web-based data collection tool for each discharge quarter.

**Question 26:** Slide 15. What AHRQ version are you using to calculate PSI 90?

At this time, CMS will be using Recalibrated PSI v8.0 for FY 2020 IQR. Historically, AHRQ has updated their software on annual basis, but there have been instances when they have not updated it.

**Question 27:** We do not do surgeries at our hospital. When will the form allowing surgical site infection (SSI) exclusion that I fill out every year be ready? And, when is it due?

If a hospital had no SSI-combined procedures in CY 2017, then that hospital can submit an IPPS Measure Exception Form for CY 2018 (FY 2020 Payment Determination). The form is currently available on the [Hospital IQR Program Overview](#) web page on *QualityNet* and hospitals are able to start submitting those forms now for CY 2018. The form would need to be submitted by February 15, 2019, to avoid failing Phase I of the APU FY 2020 payment determination.