HOSPITAL QUALITY REPORTING

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Announcements:

Outpatient
February 8
- Q3 2014 (July 1 – September 30, 2014) Clinical Data submission and Population and Sampling due by 11:59 PM PT

Inpatient
February 8
- Q3 2014 (July 1 – September 30, 2014) Population and Sampling due by 11:59 PM PT

February 15
- Q3 2014 (July 1 – September 30, 2014) Clinical and HAI due by 11:59 PM PT

Quick Links:

HIQR Program
www.qualityreportingcenter.com/inpatient

HOQR Program
www.qualityreportingcenter.com/outpatient/

QualityNet
www.qualitynet.org

▮ Chronic Question: Security Administrator Status

"Why do we have to keep an active Security Administrator for our facility?"

The Short Answer: You need an active Security Administrator (SA) to report data to the Centers for Medicare & Medicaid Services (CMS), to keep an eye on your reporting status, and to meet security and quality reporting program requirements.

The Long Reason: CMS requires each hospital to keep a SA's status active in order to ensure that your facility's data are reported legitimately by a registered representative from your hospital and that your facility can receive reports that track your data submission. Tracking the success of your data submission allows you to target any reporting problems before they affect your annual payment update.

Most importantly, it is a program requirement codified at 42 CFR 419.46(a), meaning that if your hospital does not have an active SA, your facility will not receive its full annual payment update.

The What If: If you do not log in to your SA account for 60 days, it becomes inactive, and you will receive an email reminder to log in. If you do not log in after 90 days, you will receive another reminder. If you still do not log in, your account will be disabled, and you will have to contact the QualityNet Help Desk at 866-288-9812.

Your best bet is to log in on a regular basis (calendar alerts can be helpful for this) and keep your SA status active.

▮ New Tools for Quality Reporting

The Q3 2014 Hospital IQR checklist is now available at www.qualityreportingcenter.com/resources/tools/iqr/.

This tool can be used to double-check that your IQR quality measures data have been correctly submitted. A step-by-step process for entering your Population and Sampling data into the QualityNet Secure Portal is also included.

Coming soon to QualityNet – the CY 2015 Measures Comparison. This annual reference guide for submitting inpatient data for the hospital quality of care measures utilized by CMS, The Joint Commission, the Hospital IQR

Program, and the Hospital Quality Alliance (HQA) initiative identifies the entities utilizing each measure and when data will be displayed on the Hospital Compare website.

Watch QualityNet for the posting of the CY 2015 version of this publication.

SCIP-Inf-4 Measure Suspended

On January 9, CMS and The Joint Commission notified hospitals participating in the Hospital IQR Program and The Joint Commission's ORYX Program that data collection and reporting for SCIP-Inf-4, Cardiac Surgery Patients with Controlled Postoperative Blood Glucose, was suspended effective immediately with July 1, 2014, discharges.

CMS issued memo 15-006-HD to describe the reasoning for the measure's suspension: "As part of routine measure maintenance evaluation, and after conversations with various stakeholders regarding the measure's intent, it was determined that SCIP-Inf-4 does not reflect current clinical guidelines and may lead to potential negative unintended consequences."   CMS and The Joint Commission decided to suspend data collection and reporting for SCIP-Inf-4 until further notice.

For more information about the suspension of SCIP-Int-4, please see the CMS memo that was distributed to Hospital IQR ListServe participants on January 9. For questions about The Joint Commission's ORYX Program, please access their website at http://manual.jointcommission.org.

Upcoming Learning Opportunities

Set your calendar alerts for the following educational sessions.
For OQR:
- February 18 – Understanding the Web-Based Measures (This webinar will focus on the endoscopy measures OP-29 and OP-30.)

Topics under consideration for future webinars are QualityNet reports, Hospital Compare, and how quality reporting can provide opportunities for quality improvement.

Each webinar will be presented twice – at 10:00 AM ET and at 2:00 PM ET – and concludes with a live question and answer session. The afternoon session offers Relay Conference Captioning for the hearing impaired. Please contact the Hospital OQR Program at oqrsupport@hsag.com in advance to utilize this option.

For IQR:
- February 19 – New Tobacco Measures and Abstraction Tips (tentative for Inpatient Psychiatric Facility Quality Reporting)
- February 23 – Structural Measures and DACA and FY 2017 Hospital VBP Overview and Baseline Measures Report (tentative for Hospital IQR and Value-Based Purchasing)

Each webinar is presented at 2:00 ET and includes a live chat function. Please contact us at iqr@hsag.com with any questions.

If you have to miss a webinar, you can still stay in the loop. We record and archive all presentations and make them available at www.qualityreportingcenter.com.

Resources for Quality Reporting: Update

To keep you informed about any changes in contact information for various quality reporting entities, we plan to continue providing this chart in this easily-tacked-to-your-cubicle format. We welcome your suggestions and thank you for your feedback.

Program	Contact Information	Purpose
Ambulatory Surgical Center Quality Reporting Support Contractor	Phone: 866-800-8756 Secure Fax: 877-789-4443 Email: OQRSupport@hsag.com Q&A Tool: https://cms-ocsq.custhelp.com	Quality reporting outreach and education for Ambulatory Surgical Centers
Centers for Disease Control and Prevention (CDC)	Email: NHSN@CDC.gov	Technical assistance on National Healthcare Safety Network (NHSN) enrollment and data reporting for CDC quality measures
Clinical Data Abstraction Center (CDAC)	Phone: 717-718-1230 Email: CDACHelpDesk@HCQIS.org	Data abstraction on medical records/ information selected for validation under the Inpatient and Outpatient Quality Reporting Programs
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Phone: 888-884-4007 Email: hcahps@hcqis.org Website: http://www.hcahpsonline.org	Standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care
Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance	Inpatient Q&A Tool: https://cms-ip.custhelp.com Outpatient Q&A Tool: https://cms-ocsq.custhelp.com	Development and maintenance of process and structural measures for the Inpatient and Outpatient Quality Reporting Programs, and provider technical assistance on measure specifications
Hospital Inpatient Value, Incentives, and Quality Reporting Support Contractor	Phone: 844-472-4477 or 866-800-8765 Secure Fax: 877-789-4443 Email: iqr@hsag.com Q&A Tool: https://cms-ip.custhelp.com Live chat: www.qualityreportingcenter.com at the Inpatient link	Quality reporting outreach and education for IPPS Hospitals, Inpatient Psychiatric Hospitals, PPS-Exempt Cancer Hospitals, and Critical Access Hospitals
Hospital Outpatient Outreach and Education Support Contractor	Phone: 866-800-8756 Secure Fax: 877-789-4443 Email: OQRSupport@hsag.com Q&A Tool: https://cms-ocsq.custhelp.com	Quality reporting outreach and education for OPPS Hospitals and Critical Access Hospitals
Inpatient Rehabilitation Facilities	Phone: 800-339-9313 Email: help@qtso.com	IRF-PAI data completion, submission, or validation, including using IRVEN software and accessing QIES
	Email: IRF.Questions@cms.hhs.gov	Quality measures and reporting, including pressure ulcer coding and staging
QualityNet Help Desk	Phone: 866-288-8912 Email: QNetSupport@HCQIS.org	Secure Portal access issues, data submission issues, password resets, and Security Administrator activation
Validation Contractor	Email: Validation@HCQIS.org	Technical assistance and education on validation processes and results for quality reporting programs