Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor (SC)

Specifications Manual for National Hospital Inpatient Quality Measures v5.5a Update

Questions and Answers

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November 15, 2018

2 p.m. ET

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions, and subject-matter experts provided the responses during the live webinar. The questions and answers may have been edited for grammar.

Question 1: **Is this only comparing version (v)5.5 to 5.5a? Or is it a comparison of v5.4 to 5.5a?**

This webinar specifically addresses the changes from the original v5.5 *Specifications Manual for National Hospital Inpatient Quality Measures* (specifications manual) to the addendum v5.5a. The majority of the changes for v5.5a was in relation to the guidance that came out in the Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule. In the final rule, it was stated that the Centers for Medicare & Medicaid Services (CMS) would be removing several measures from the Hospital IQR Program beginning with 2019 discharges. Those measures that are removed from the Hospital IQR Program are Emergency Department (ED)-1, Immunization (IMM)-2, and Venous Thromboembolism (VTE-6). For a summary of the measures being removed from the Hospital IQR Reporting Program, please refer to the FY 2019 IPPS Final Rule, https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf, pages 41575 through 41577. Please note, those measures are being kept in the manual for collection and reporting to The Joint Commission. For guidance related to the measures that are collected or required by The Joint Commission, please submit your question to The Joint Commission at http://manual.jointcommission.org.

Question 2: **Will the Substance Use (SUB) and Tobacco Treatment (TOB) measures no longer be required by CMS for IPPS?**

The SUB and TOB measures have never been required for the Hospital IQR Program. In the specifications manual, those measures have always been identified as being collected by The Joint Commission only. Those measures also may be collected for other CMS programs, specifically, the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Please submit all questions regarding the IPFQR Program to the program's support contractor via the IPFQR Program Questions and Answers (Q&A) tool at https://cms-ip.custhelp.com/app/homeipf/p/831/session/L3RpbWUvMTU0NTE1NzIwMi9zaWQvckpEbFhCMm8%3D, or by phone, toll free, at (866) 800-8765.

Question 3: **Do we abstract January through March 2019 IMM cases?**

For the Hospital IQR Program, you would not need to abstract any IMM cases for 2019. The last IMM cases that you would abstract and submit to the CMS clinical data warehouse should be cases with a discharge date of December 31, 2018. Starting January 1, 2019, any IMM cases would not be accepted into the CMS clinical data warehouse.

Question 4: **Slide 28: If both admissions included an ED visit, which ED visit would you use to abstract for ED-2?**

When there are two ED visits that both resulted in an inpatient admission, our recommendation would be that you abstract the first ED admission.

Question 5: **How do we exclude a case where hospice is the payor?**

That depends on how you determine your measure set Initial Patient Population and the medical records that you abstract. If you are using a vendor, then you will need to work with your vendor to exclude those cases. If you are not using a vendor and you're using the CMS Abstraction and Reporting Tool, you simply would not include those cases in your population size, and then you would not abstract or submit them.

Question 6: **ED-2 will continue now, but is it still possible that it will be removed in 2019 or 2020?**

Per the FY 2019 IPPS Final Rule, ED-2 will remain for calendar year (CY) 2019 discharges, and then will be removed from the Hospital IQR Program beginning with January 1, 2020 discharges.

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 7: **I notice some of the slides state the measure has been removed. Others say the measure has been removed from the Hospital IQR Program. Does this mean they are still being collected for the Hospital Value-Based Purchasing or other programs?**

This presentation and the specifications manual only include measures that are in the Hospital IQR Program. For a complete listing of the Hospital Quality Reporting measures and the program(s) they are included in, please refer to the September 12, 2018 *FY 2019 IPPS Final Rule Acute Care Hospitals Quality Reporting Programs Overview* webinar, https://www.qualityreportingcenter.com/wp-content/uploads/2018/09/Inpatient_FY2019_IPPSFinalRule_Slides_vFINAL5081.pdf, slides 71 through 80.

Question 8: **When you say VTE-6 will continue to be collected by The Joint Commission only, what does that mean? Is it optional to submit data to The Joint Commission?**

Per The Joint Commission, VTE-6, ED-1, and IMM-2 will continue to be included in the specifications manual, for CY 2019 discharges, and will be identified as being collected by The Joint Commission only. For guidance related to the measures that are collected or required by The Joint Commission, please submit your question to The Joint Commission at http://manual.jointcommission.org.

Question 9: **When are the Measure Exceptions Forms due for CY 2019?**

The IPPS Measures Exception Form needs to be submitted by the end of the applicable calendar year. For CY 2019, the form would need to be submitted to CMS by no later than December 31, 2019.

Question 10: **When will the structural measures be removed from *Hospital Compare*?**

The last time that the two Hospital IQR Program structural measures will display on *Hospital Compare* is October 2019, reflecting 2017 reported information. Hospitals will not need to submit 2018 information in 2019.

Question 11: **If you submit the IPPS Measures Exception Form, can you also enter zero?**

If you submit the IPPS Measures Exception Form for Perinatal Care (PC)-01, you can still enter zeros into each of the data fields in the Web-Based Data Collection Tool (WBDCT). This is optional. However, if you submit the IPPS Measures Exception Form for ED, you are still required to submit the global population and sampling counts.

Question 12: **If a patient was initially admitted as inpatient with an order at 10/1/2018 at 23:00, but then later changed to observation on 10/2/2018 at 01:00, and then a day later is admitted as inpatient with a physician order of 10/3/2018 at 16:00 - what date and time should be used?**

For purposes of abstraction, you would use the first physician order for the inpatient admission and abstract the *Admission Date* as 10/1/2018. There is no admission time data element that is abstracted.

Question 13: **For Sepsis (SEP-1), does the rule about abstraction beginning with admission and not observation, apply?**

An episode of care (EOC) is defined as the healthcare services given during a certain period of time, usually during a hospital stay (e.g., from the day of arrival or admission to the day of discharge). As such, abstraction for any of the measures does not necessarily begin with the admission date. If the observation documentation is part of the EOC, then it can be used for purposes of abstraction for any of the measures, unless otherwise specified in a specific data element.

For the abstraction of the data element *Admission Date* for all measures, patients who are admitted to observation status and subsequently admitted to acute inpatient care, abstract the date that the determination was made to

admit to acute inpatient care and the order was written. Do not abstract the date that the patient was admitted to observation.

Question 14: **Slide 31: What if a patient is billed as inpatient, denied, and then rebilled as outpatient? Our electronic health record (EHR) refuses to change the patient classification to outpatient since there was a physician order for an inpatient admission. Since the patient is rebilled as outpatient and appears on the CMS outpatient claims report, it needs to be submitted as an outpatient and removed from the inpatient measures.**

That is correct. As the case was rebilled as an outpatient, it should be removed from any of the applicable inpatient Initial Patient Populations.

Question 15: **Wasn't previous instruction to use the date of order for observation as the admit date?**

Beginning with v1.0 of the specifications manual, for January 1, 2005 discharges, "Admit to Observation" has always been an exclusion for the data element *Admission Date*. With the v2.4 specifications manual and forward, additional guidance was added that specified that the observation date should not be used as the *Admission Date*.

Question 16: **Do we still have to submit the Data Accuracy and Completeness Acknowledgement (DACA) annually?**

Yes, hospitals are required to complete and sign the DACA on an annual basis by the deadline via the *QualityNet Secure Portal*. The open period for signing and completing the DACA is April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year.

Question 17: **Slide 33: Please review the date to use for admission to acute status when a provider wrote the order on a different date.**

In the first bullet, within the medical record, there were preoperative orders, with an order to admit to inpatient, written on 9/17/2018. The patient did not present to the hospital until 10/5/2018. Additionally, in the medical record, there was a postoperative order to admit to inpatient written on 10/5/2018. Per the abstraction guidelines, if there are multiple

inpatient orders, use the order that most accurately reflects the date that the patient was admitted. As the patient did not actually present to the hospital until 10/5/2018, the *Admission Date* would be abstracted as 10/5/2018.

For the second bullet, per the abstraction guidelines, patients who are admitted to observation status and subsequently admitted to acute inpatient care, abstract the date that the determination was made to admit to acute inpatient care and the order was written. Do not abstract the date that the patient was admitted to observation. The *Admission Date* would be abstracted as 10/3/2018, as that is when the physician actually wrote the order.

Question 18: **Are The Joint Commission measures submitted in the same way as CMS?**

For guidance related to the transmission of the measures to The Joint Commission, please refer to Section 9, Data Transmission, within the specifications manual. For specific questions, please submit your question to The Joint Commission at http://manual.jointcommission.org.

Question 19: **Were you not going to address the updates to v5.5a, which have not been covered in a webinar yet? For example, there were changes to the data element *Decision to Admit.***

A webinar for the v5.5a Sepsis measure and data elements updates is tentatively planned for December 2018. Currently, there are no plans to have a webinar to address the updates to the non-sepsis measure data elements such as the *Decision to Admit Date* and *Time*. Questions related to these data element updates should be submitted to the Hospital Inpatient Q&A tool at https://cms-ip.custhelp.com/app/homeabstract/p/832.

Question 20: **Is the admission general data element abstracted differently than what is considered "admission" time within the sepsis core measure?**

The general data element *Admission Date* is abstracted the same way for all inpatient measures; there is no admission time data element. For guidance on how to abstract admission time related to the SEP-1 measure, please submit your question to the Hospital Inpatient Q&A tool at https://cms-ip.custhelp.com/app/homeabstract/p/832.

Question 21: **Although we can use previous testing in the EHR, does it need to be in the current EOC? For example, if selected for validation, would it need to be included in the printing of the medical record?**

As all electronic data are available at all time during the hospitalization, it is acceptable to use this data for purposes of abstraction. Hospitals that are selected for validation will need to provide a paper or electronic copy of the current medical record in its entirety, including all previous testing or history documents used in abstraction.

Question 22: **If our facility uses two different account numbers for babies delivered and that are later transferred to the neonatal intensive care unit (considered a separate children's hospital) and both the initial account and the transferred account numbers are pulled into a PC-01 measure sample, how would we address that both accounts are the same patient? Would it be OK to request that the subsequent account number be removed from the sample before submitting?**

For CMS and the Hospital IQR Program, only the aggregate PC-01 data are required. The patient age for the PC-01 Initial Patient Population is greater than or equal to 8 years and less than 65 years of age. As such, a newborn case would not be included in the Initial Patient Population for PC-01 for the Hospital IQR Program. For guidance on how this would be handled for the PC measure set for The Joint Commission, please submit your question to The Joint Commission at http://manual.jointcommission.org.

Question 23: **Can you please clarify the *Admission Date*? Are you saying if a patient has an order for observation status, and then a day later is rolled over to an inpatient status, we would not use any information during the observation period?**

For the abstraction of the *Admission Date* data element only, if the patient is admitted to observation status and subsequently admitted to acute inpatient care, you would abstract the date that the determination was made to admit to acute inpatient care and the order was written. You would not abstract the date that the patient was admitted to observation. However, that does not mean that you cannot use any information or documentation from the observation period. If the documentation from the observation

period is considered part of the acute inpatient EOC, then you would use that documentation for purposes of abstraction.

Question 24: **Regarding the "bundling" of two episodes of care, how do you determine how they are billed? I recently had a case where a patient was discharged and readmitted within six hours and the two stays were combined.**

For billing guidance, it is recommended that you consult with your billing department.

Question 25: **We have acute patients who get downgraded to skilled nursing facility (SNF) status but stay in an acute bed. Would the discharge date be the date of downgrade? It's all included in one bill, but the downgrade portion is billed at a different level.**

If the acute and SNF stay are all billed on one claim or billed under your acute CMS Certification Number (CCN), then it would be abstracted as one entire EOC and the *Discharge Date* would be the date they are discharged from the SNF. If the SNF stay is not billed under your acute CCN, then the *Discharge Date* would be when they were changed to SNF status.

Question 26: **Beginning with January 1, 2019, is it correct that there are only two [chart-abstracted] measures required for CMS, ED-2, and SEP-1?**

That is correct. Please note aggregate PC-01 data are also required and should be submitted using the WCDCT via the *QualityNet Secure Portal*.

Question 27: **Please go over the situation of when the physician writes an order on 10/2 that the patient is to be admitted to observation. Then on 10/3, the physician writes an order to admit to inpatient, effective 10/2. What date do we take if the physician specifically states the admission is to start 10/2?**

For purposes of abstraction, the *Admission Date* would be abstracted as 10/3/2018 even though the physician wrote to make the admission effective 10/2/2018 since the determination to admit to inpatient status and the actual order to admit was not written until 10/3/2018.

Question 28: **Is there a reference guide used for the measures that are only collected by The Joint Commission, such as the inpatient stroke measures?**

We are not aware of any Joint Commission reference guides. Please submit your question to The Joint Commission at http://manual.jointcommission.org.

Question 29: **Slide 32: For the second example, the *Admission Date* is only abstracted from the orders, not any information on physician provider note or nurses note, correct?**

That is correct. The physician order is the priority source.

Question 30: **Slide 26: Can you clarify which "applicable documentation" you could use from the 10/1/18 visit if 10/2/18 is the arrival date?**

The "applicable documentation" would vary depending upon on which measure and data element that you are abstracting. For example, if you were abstracting SEP-1 and there was documentation that a blood culture was done, or an antibiotic was given during the **10/1/18** ED visit, you would be able to use or consider that documentation when determining how to abstract those data elements.

Question 31: **If a physician documents that the patient has severe sepsis/septic shock at admission in the discharge summary or in an addendum note within 30 days of patient discharge (usually done for coding clarification), can this documentation be used for abstraction for severe sepsis/septic shock?**

Per the general abstraction guidelines, an addendum or late entry can be used, for purposes of abstraction, as long as it has been added within 30 days of discharge. The general abstraction guidelines are a resource designed to assist abstractors in determining how a question should be answered. The abstractor should first refer to the specific notes and guidelines under each data element. These instructions should take precedence over the general abstraction guidelines. If the specific sepsis data elements that you are abstracting do not prohibit the use of a late entry or addendum, then that documentation can be used to abstract severe sepsis/septic shock.

Question 32: **Just to clarify, patients admitted to hospice should not be in the Hospital IQR Program core measure samples?**

This is dependent upon how the hospice stay was billed. If the hospice stay was billed as an acute inpatient, then the case would be included in any of the applicable Initial Patient Populations and would be eligible to be sampled, abstracted, and submitted to the CMS clinical data warehouse. If the hospice stay was not billed as an acute inpatient or was billed to the hospice agency, then it would not be eligible to be included in any of the applicable Initial Patient Populations.

Question 33: **What do we do for SEP-1 if the EOC is billed as one visit with same hospital account number, but in the middle of a stay the patient was transferred to another acute facility for a catheterization laboratory procedure and/or magnetic resonance imaging scan, and then came back the same day? Is this all considered as an interrupted episode or one continuous episode?**

For purposes of abstraction, if it was all billed as one EOC, then it would be abstracted as one EOC.