# Welcome!

- **Audio for this event is available via ReadyTalk® Internet streaming.**

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- **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 –**

**Press F5 key**

F5 Key
Top Row of Keyboard
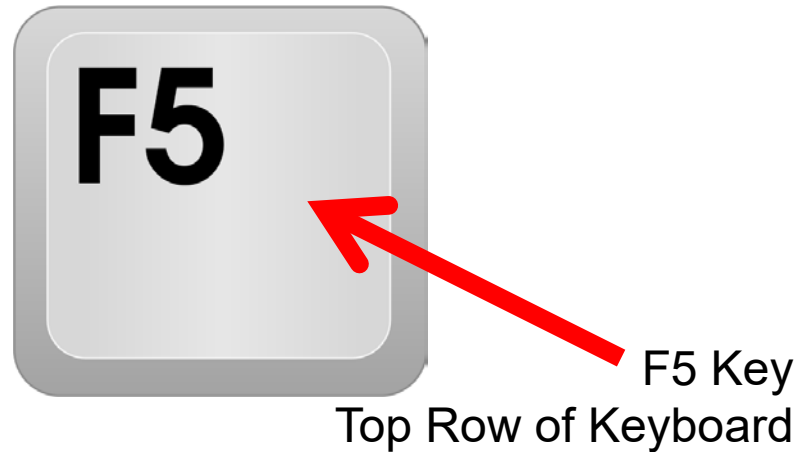
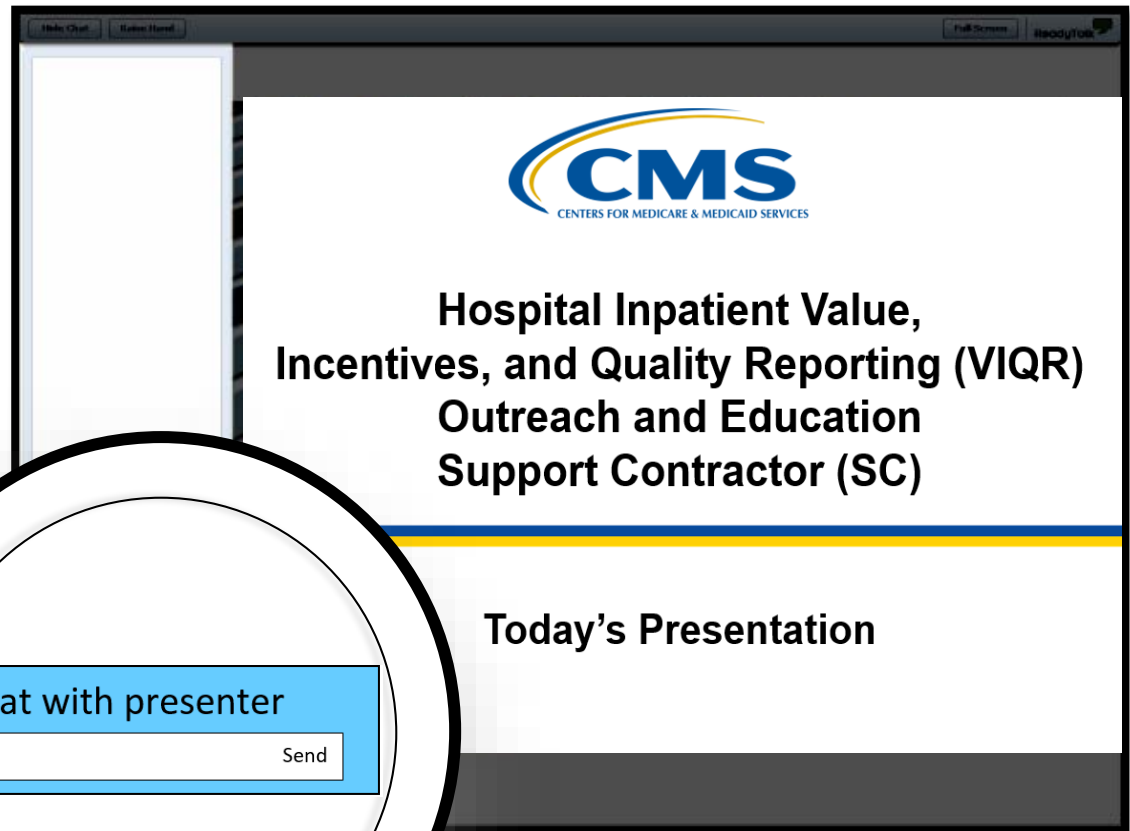**Location of Buttons**

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.**
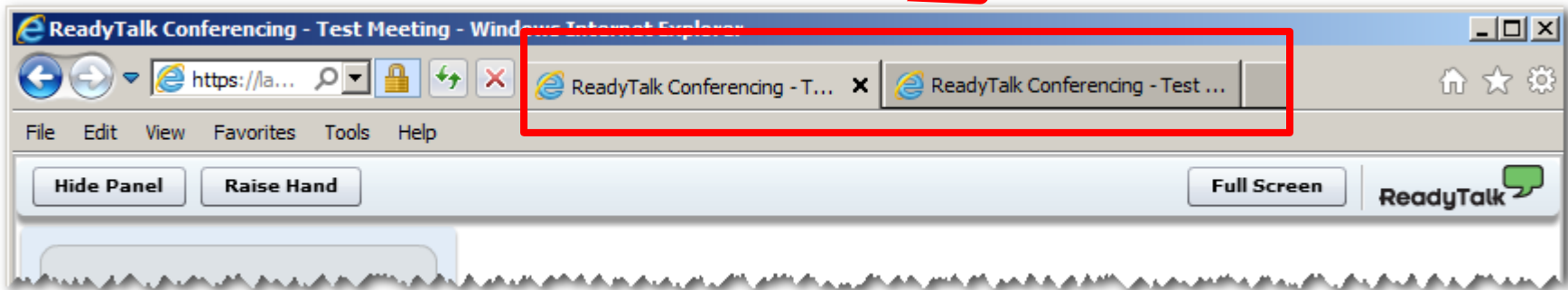


**Example of Two Browsers/Tabs open in Same Event**

# Submitting Questions

**Type questions in the "Chat with presenter" section, located in the bottom-left corner of your screen.**

Chat with presenter

Send

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Today's Presentation

# Navigating *QualityNet* Pages and Reports: Inpatient Programs

**Hosted by**

**Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)**

**January 31, 2019**

# Speakers

**Candace Jackson, ADN**
Project Lead, Hospital Inpatient Quality Reporting (IQR) Program
Hospital Inpatient VIQR Outreach and Education SC

**Maria Gugliuzza, MBA**
Outreach and Education Lead
Hospital Inpatient VIQR Outreach and Education SC

**April Compingbutra, MPH**
Program Lead, Hospital Acquired-Condition (HAC) Reduction Program
Hospital Quality Reporting Program Support Contractor (HQRPSC)

**Laura Blum, MPH**
Program Lead, Hospital Readmissions Reduction Program (HRRP)
HQRPSC

**Moderator**

**Bethany Wheeler-Bunch, MSHA**
Hospital Value-Based Purchasing (VBP) Program Support Contract Lead
Hospital Inpatient VIQR Outreach and Education SC

# Purpose

This event will provide an overview of the resources available for the Centers for Medicare & Medicaid Services (CMS) inpatient quality programs on *QualityNet*. In addition, this event will provide an overview of how to retrieve reports through the *QualityNet Secure Portal*.

# Objectives

By the end of this presentation, participants will be able to:

- Find inpatient quality program *QualityNet* pages and other available resources.
- Run reports in the *QualityNet Secure Portal*.
- Retrieve reports from the Auto Route Inbox.

# Audience Question

Where can I find up-to-date information on CMS inpatient programs?

1.  *QualityNet*
2.  *Quality Reporting Center*
3.  Unsure
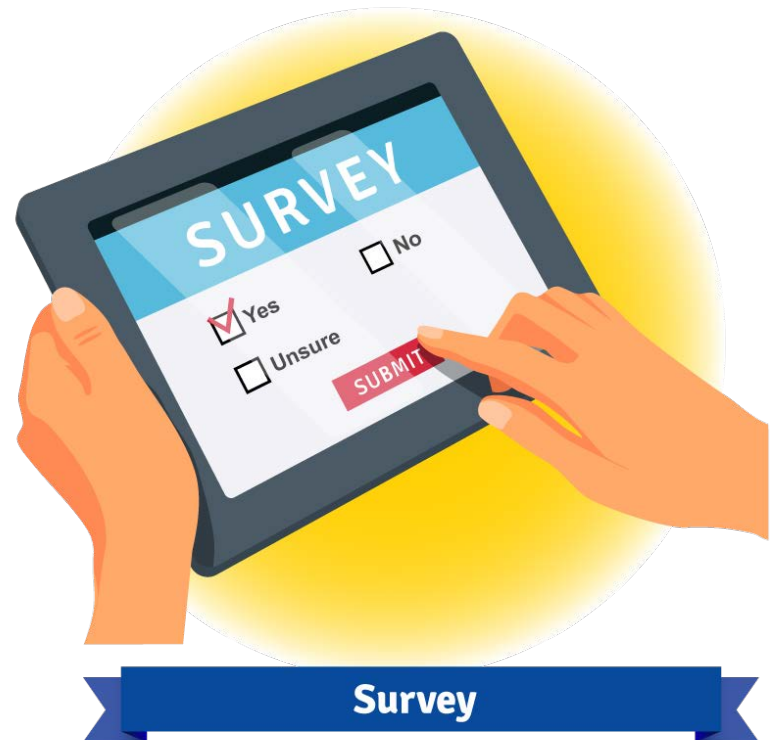
Candace Jackson, ADN
Project Lead, Hospital IQR Program, Hospital Inpatient
VIQR Outreach and Education SC

# Hospital Inpatient Quality Reporting (IQR) Program Pages

# Hospital IQR Program

# Resource: Important Dates and Deadlines

## Hospital IQR Program Important Dates and Deadlines

| Discharge Quarters | HCAHPS Submission | Population & Sampling Submission* | Clinical and HAI Submission | PC-01 Web-Based Submission | HAI Validation Templates** | Estimated CDAC Record Request** | Estimated Date Records Due to CDAC** |
|---|---|---|---|---|---|---|---|
| **3Q 2017** Jul 1–Sep 30 | 01-03-2018 | 02-01-2018 | 02-15-2018 | 01-01-2018– 02-15-2018 | Targeted: 07-23-2018 | Targeted: 08-08-2018 | Targeted: 09-07-2018 |
| **4Q 2017** Oct 1–Dec 31 | 04-11-2018 (extended from 04-04-2018) | 05-01-2018 | 05-15-2018 | 04-01-2018– 05-15-2018 | Targeted: 08-13-2018 | Targeted: 09-07-2018 | Targeted: 10-08-2018 |
| **1Q 2018** Jan 1–Mar 31 | 07-05-2018 | 08-01-2018 | 08-15-2018 | 07-01-2018– 08-15-2018 | Random: 08-01-2018 Targeted: 08-31-2018 | Random: 09-04-2018 Targeted: 09-14-2018 | Random: 10-04-2018 Targeted: 10-15-2018 |
| **2Q 2018** Apr 1–Jun 30 | 10-03-2018 | 11-01-2018 | 11-15-2018 | 10-01-2018– 11-15-2018 | Random & Targeted: 11-01-2018 | Random & Targeted: 11-29-2018 | Random & Targeted: 12-31-2018 |
| **3Q 2018** Jul 1–Sep 30 | 01-03-2019 | 02-01-2019 | 02-15-2019 | 01-01-2019– 02-15-2019 | Random: TBD Targeted: TBD | Random: TBD Targeted: TBD | Random: TBD Targeted: TBD |
| **4Q 2018** Oct 1–Dec 31 | 04-03-2019 | 05-01-2019 | 05-15-2019 | 04-01-2019- 05-15-2019 | Random: TBD Targeted: TBD | Random: TBD Targeted: TBD | Random: TBD Targeted: TBD |

| FY 2020 APU (CY 2017 eCQM Validation) | | | |
|---|---|---|---|
| **Measures** | **Quarters Included** | **Estimated CDAC Record Request** | **Estimated Date Records Due to CDAC** |
| eCQMs (Hospital IQR Program alignment with Promoting Interoperability Program***) | One self-selected quarter of data (1Q 2017, 2Q 2017, 3Q 2017, or 4Q 2017) | Random: 08-14-2018 | Random: 09-13-2018 |

| FY 2020 APU | | |
|---|---|---|
| **Measures/Requirement** | **Quarters/Dates Included** | **Submission Deadline/Period** |
| eCQMs (Hospital IQR Program alignment with Promoting Interoperability Program***) | One self-selected quarter of data (1Q 2018, 2Q 2018, 3Q 2018, or 4Q 2018) | Feb 28, 2019 |
| DACA | January 1, 2018–December 31, 2018 | April 1, 2019–May 15, 2019 |
| Influenza Vaccination Coverage Among HCP | October 1, 2017–March 31, 2018 | May 15, 2018 |

*Required for chart-abstracted measures only.

**Validation for FY 2020 includes 3Q 2017, 4Q 2017, 1Q 2018, and 2Q 2018.

***For the Hospital IQR Program in FY 2020, hospitals must report at least four eCQMs from the same quarter.

**NOTES:** All dates are subject to change. Generally, data must be submitted no later than 11:59 p.m. Pacific Time on the submission deadline with the exception of HCAHPS, which must be submitted by 11:59 p.m. Central Time; validation medical records must be received by CDAC no later than 4:30 p.m. Eastern Time. Data for clinical and electronic measures, population and sampling, structural measures, DACA, and web-based measures are transmitted within the *QualityNet Secure Portal*. Data for HAI Validation Templates are transmitted within the *QualityNet Secure Portal* via Secure File Transfer. Data for HAI and HCP measures are submitted to the CDC through the NHSN. Medical records are submitted to the CDAC according to coversheet instructions.

# Notice of Participation

# Measures

# Resource: Hospital IQR Program Fiscal Year (FY) 2020 Measures



**CMS HOSPITAL INPATIENT QUALITY REPORTING PROGRAM MEASURES**
**FISCAL YEAR 2020 PAYMENT UPDATE**

**Measures Required to Meet Hospital IQR Program APU Requirements**

| Short Name | Measure Name | Data Source | Reported on *Hospital Compare?* |
|---|---|---|---|
| | **Healthcare-Associated Infection** | | |
| CAUTI | National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure | NHSN | Yes |
| CDI | National Healthcare Safety Network Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure | NHSN | Yes |
| CLABSI | National Healthcare Safety Network Central Line-Associated Bloodstream Infection Outcome Measure | NHSN | Yes |
| Colon and Abdominal Hysterectomy SSI | American College of Surgeons – Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection Outcome Measure | NHSN | Yes |
| HCP | Influenza Vaccination Coverage Among Healthcare Personnel | NHSN | Yes |
| MRSA Bacteremia | National Healthcare Safety Network Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* Bacteremia Outcome Measure | NHSN | Yes |
| | **Chart-Abstracted Clinical Process of Care** | | |
| | | | Reported on |

# Annual Payment Update (APU) Recipients

# Extraordinary Circumstances Form

Maria Gugliuzza, MBA
Outreach and Education Lead, Hospital Inpatient
VIQR Outreach and Education SC

# Hospital Value-Based Purchasing (VBP) Program

# Hospital VBP Program Landing Page

# Resource: Immediate Jeopardy Quick Reference Guide



## Immediate Jeopardy
### Hospital VBP Program Quick Reference Guide

**Eligibility for Participation in the Hospital VBP Program and Immediate Jeopardy Origination**

The Centers for Medicare & Medicaid Services (CMS) Hospital Value-Based Purchasing (VBP) Program applies to subsection (d) hospitals, but excludes hospitals from participating for a fiscal year in which the following conditions apply:

1. A hospital that is subject to the payment reduction under section 1886(b)(3)(B)(viii)(I) of the Social Security Act (the Hospital Inpatient Quality Reporting Program)

2. **A hospital for which, during the performance period for the fiscal year, the Secretary has cited deficiencies that pose immediate jeopardy to the health or safety of patients**

3. A hospital for which there are not a minimum number of measures that apply to the hospital for the performance period for

**Immediate Jeopardy Definition: Violation of a Condition of Participation (CoP)**

CMS uses the Medicare State Survey and Certification process for citing deficiencies that pose immediate jeopardy to patients. Hospitals cited for deficiencies by this process during the performance period will be excluded from the Hospital VBP Program for the fiscal year. Hospitals excluded from the Hospital VBP Program would not incur the applicable withhold and would not be eligible to receive incentive payments for the fiscal year.

**Immediate Jeopardy Definition: Emergency Medical Treatment and Labor Act (EMTALA) Violations**

The CMS Regional Office determines whether there was an EMTALA violation after reviewing the State Survey Agency's report and an expert physician reviews the findings. Then it determines whether the violation constitutes an

**Performance Periods for Purposes of Immediate Jeopardy (FY 2019- FY 2022)**

| Fiscal Year | Performance Period |
|---|---|
| FY 2019 | 07/01/2014 – 12/31/2017 |
| FY 2020 | 07/01/2015 – 12/31/2018 |
| FY 2021 | 04/01/2016- 12/31/2019 |
| FY 2022 | 04/01/2017- 12/31/2020 |

**CoP vs. EMTALA Citation Dates**

- **CoP**: The survey end date generated in the Automated Survey Processing Environment (ASPEN) is used as the date for assignment of the immediate jeopardy citation to a particular performance period.
- **EMTALA**: The date of CMS' final issuance of Form CMS–2567 to the hospital is used as the date for assignment of the immediate

# Baseline and Performance Periods



**Baseline and Performance Periods**
**Hospital Value-Based Purchasing**

In developing Hospital Value-Based Purchasing (VBP), the Centers for Medicare & Medicaid Services (CMS) conducted extensive research and stakeholder outreach. Information outlining Hospital VBP was published in the CMS Final Rules.

Among other topics, these final rules include details on:

- program structure, including quality and cost measure categories ("domains")
- quality and cose measures selected for the program
- criteria for participating and non-participating hospitals
- periods of performance for quality measurement
- performance standards for all quality measures
- scoring methodology

**Fiscal Year (FY) 2020 Baseline and Performance Periods**

| Domain | Baseline Period | Performance Period |
|---|---|---|
| Clinical Care: 30-Day Mortality Measures | July 1, 2010 – June 30, 2013 | July 1, 2015 – June 30, 2018 |
| Clinical Care: THA/TKA | July 1, 2010 – June 30, 2013 | July 1, 2015 – June 30, |

Sidebar navigation:
- Hospital Value-Based Purchasing (HVBP)
- Baseline and Performance Periods
- Baseline and Performance Periods - Previous Years
- Eligibility
- Measures
- Scoring
- Reports
- Performance Standards
- Review and Corrections/Appeals
- Payments
- Extraordinary Circumstances Form

# Eligibility

# Measures

# Scoring

# Achievement and Improvement Scoring

# Reports

# Performance Standards



**Performance Standards**
**Hospital Value-Based Purchasing (HVBP)**

CMS assesses each hospital's total performance by comparing its Achievement and Improvement scores for each applicable Hospital VBP measure. CMS uses a threshold (50th percentile) and benchmark (mean of the top decile) to determine how many points to award for the Achievement and Improvement scores. CMS compares the Achievement and Improvement scores and uses whichever is greater to determine the measure score.

Achievement points are awarded by comparing an individual hospital's rates during the performance period to all hospitals' rates from the baseline period:

- Hospital rates at or better than the benchmark = 10 Achievement points
- Hospital rates worse than the achievement threshold = 0 Achievement points
- Hospital's rate is equal to or better than the achievement threshold and worse than the benchmark = 1–9 Achievement points

Improvement points are awarded by comparing an individual hospital's rates during the performance period to that same individual hospital's rates from the baseline period:

- Hospital rates at or better than the benchmark = 9 Improvement points
- Hospital rates at or worse than the baseline period rate = 0 Improvement points
- Hospital's rate is between the baseline period rate and the benchmark = 0–9 Improvement points

**Note:** Hospitals with rates at or better than the benchmark, but not better than their baseline period rate (that is, they have a performance period rate below the baseline Period rate), will receive 0 improvement points, as no improvement was actually observed.

The Patient Experience of Care (FY 2013-FY 2016), Patient and Caregiver Centered Experience of Care/Care Coordination (FY 2017 –FY 2018), and Person and Community Engagement (FY 2019 and subsequent fiscal years) domain score is the sum of a hospital's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) base score and that hospital's HCAHPS Consistency

Sidebar navigation:
- **Hospital Value-Based Purchasing (HVBP)**
- Baseline and Performance Periods
- Eligibility
- Measures
- Scoring
- Reports
- Performance Standards
  - FY 2018 Performance Standards
  - FY 2019 Performance Standards
  - FY 2020 Performance Standards
  - FY 2021 Performance Standards
  - FY 2022 Performance Standards
- Review and Corrections/Appeals
- Payments

# Payments

# Resources

# Resources: Help Guides and Quick Reference Guides



All on *QualityNet*

- Step-by-Step Calculations for Value-Based Purchasing
- How to Read Your FY 2019 Hospital VBP Program Percentage Payment Summary Report (PPSR)
- Program Summary
- FY 2019 Value-Based Purchasing Domain Weighting

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202

April Compingbutra, MPH
Program Lead, HAC Reduction Program, HQRPSC

# Hospital-Acquired Condition (HAC) Reduction Program

# HAC Reduction Program Landing Page

# Measures

# Eligibility

# Scoring Methodology

# Payment Adjustment

# Hospital-Specific Reports

# Resources

# Resources: Scoring Methodology Infographic, Timeline, and Key Dates

# Resources: CMS Patient Safety Indicators

Laura Blum, MPH
Program Lead, HRRP, HQRPSC

# Hospital Readmissions Reduction Program (HRRP)

# HRRP Landing Page

# Eligibility

# Measures

# Excess Readmission Ratio

# Payment Adjustment Factor

# Hospital-Specific Reports

# Resources

# Resources: FY 2019 HRRP Payment Adjustment Methodology and Matrix of Key Dates



## FY 2019 Hospital Readmissions Reduction Program Payment Adjustment Methodology

**Use hospital claims to generate ERRs and peer groups**

**1**

Medicare FFS
▼
Calculate ERRs for each measure

Medicare FFS + Managed Care
▼
Calculate dual proportion for each hospital and stratify hospitals into 5 peer groups

**2**

$$ERR = \frac{\text{Predicted readmission rate}}{\text{Expected readmission rate}}$$
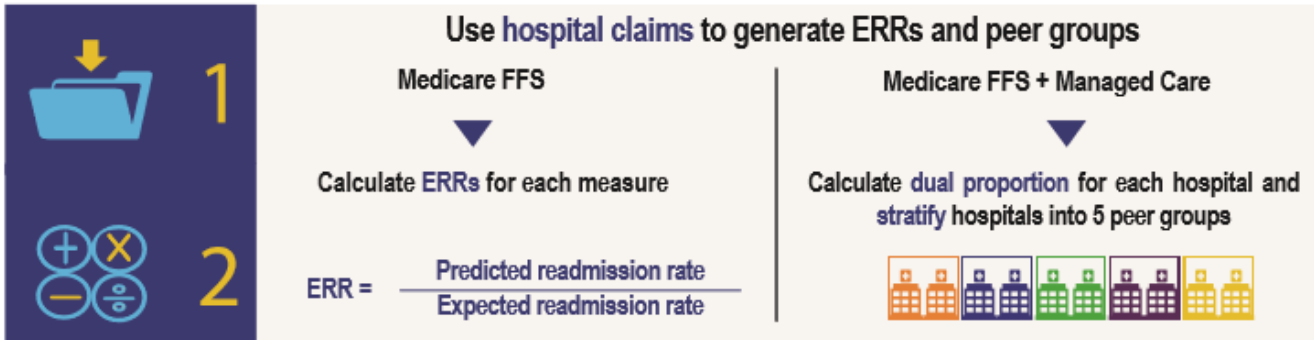
### Key Dates for Fiscal Years 2016 – 2019

| Fiscal Year (FY) | Measures Included | Performance Period[1] | Claims Data "Snapshot"[2] | Review and Corrections Period[3] | Payment Adjustment Dates[4] | Public Reporting on *Hospital Compare* |
|---|---|---|---|---|---|---|
| FY 2018 | AMI, COPD, HF, Pneumonia, THA/TKA, CABG | 7/01/2013 – 6/30/2016 | 9/30/2016 | 6/01/2017 – 6/30/2017 | 10/01/2017 – 9/30/2018 | December 2017 |
| FY 2019 | AMI, COPD, HF, Pneumonia, THA/TKA, CABG | 7/01/2014 – 6/30/2017 | 9/29/2017 | 8/06/2018 – 9/05/2018 | 10/01/2018 – 9/30/2019 | January 2019 |

Maria Gugliuzza, MBA
Outreach and Education Lead, Hospital Inpatient
VIQR Outreach and Education SC

# Retrieving Reports

# Audience Question

Where in the *QualityNet Secure Portal* can you retrieve reports?

1. Run Report Interface
2. Auto Route Inbox
3. Unsure

# Retrieval Methods

- Run Reports
- *QualityNet* Secure File Transfer Auto Route Inbox

# *QualityNet* User Roles

- Hospital Reporting Feedback – Inpatient role (Required to receive the report)

- File Exchange & Search role (Required to download the report from the *QualityNet Secure Portal*)

# ListServe Notification
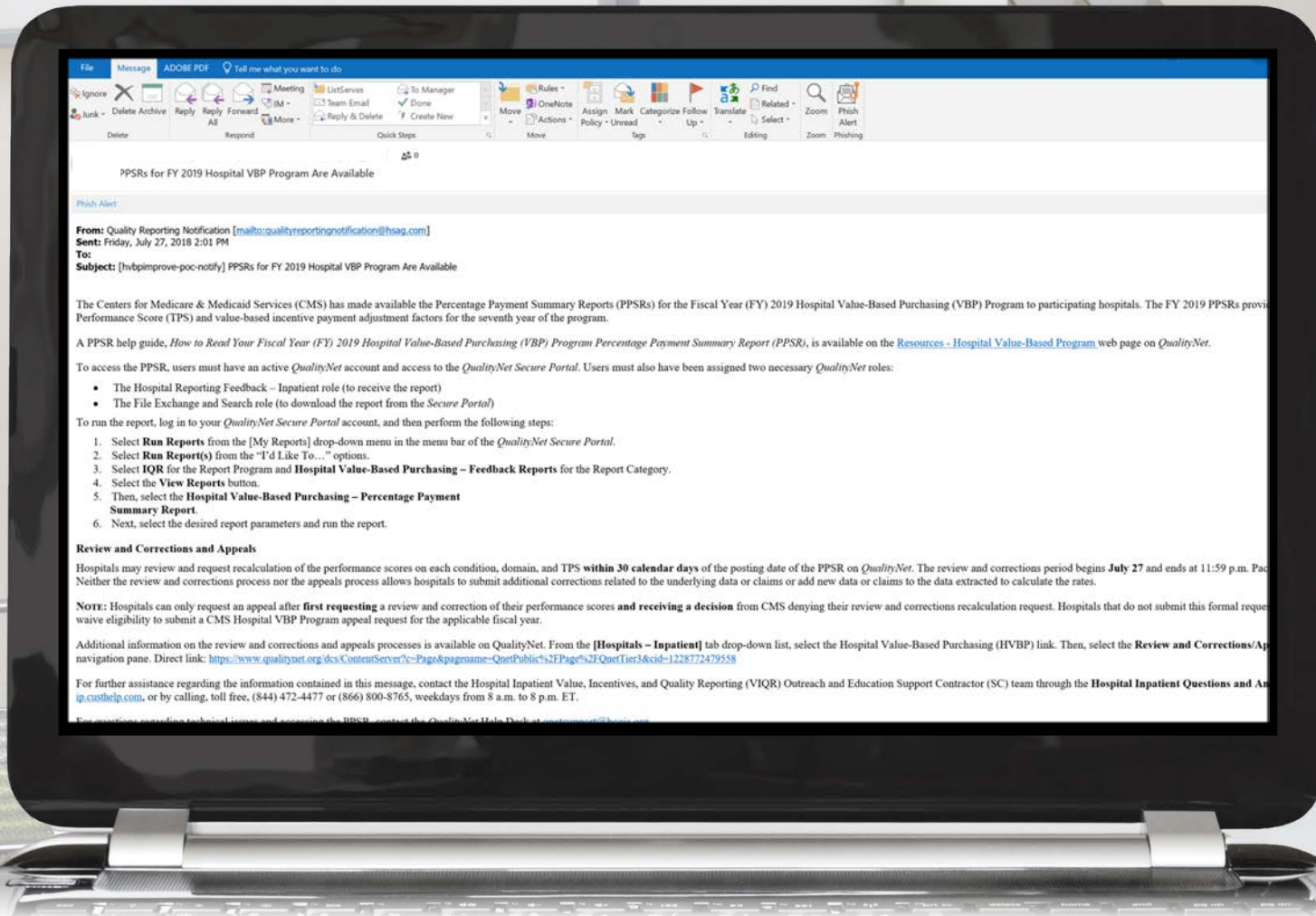
# ListServe Registration

# ListServe Confirmation

# *QualityNet* News

# Running a Report: My Reports

# Running a Report: Run Reports
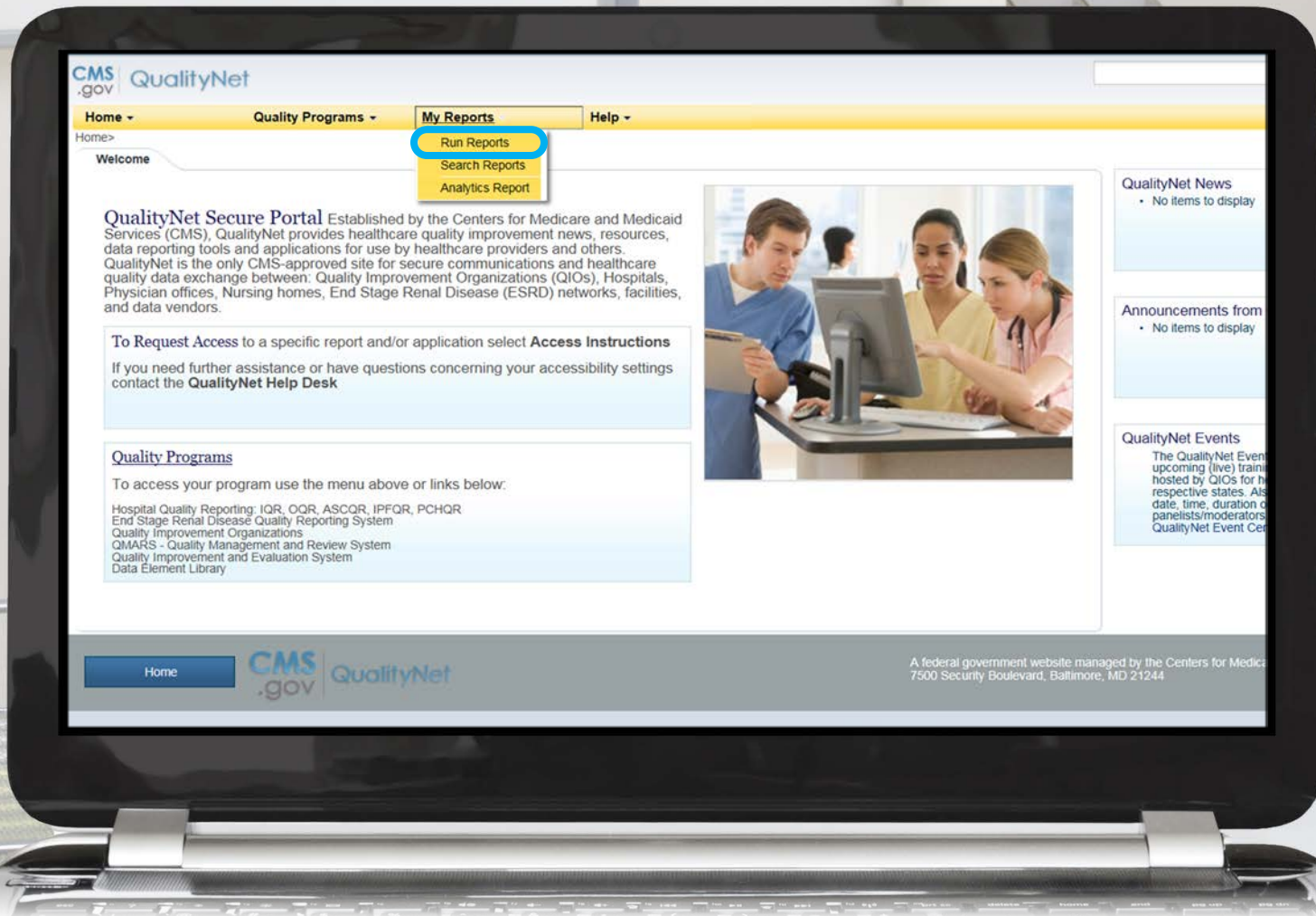
# Running a Report: Run Report(s)
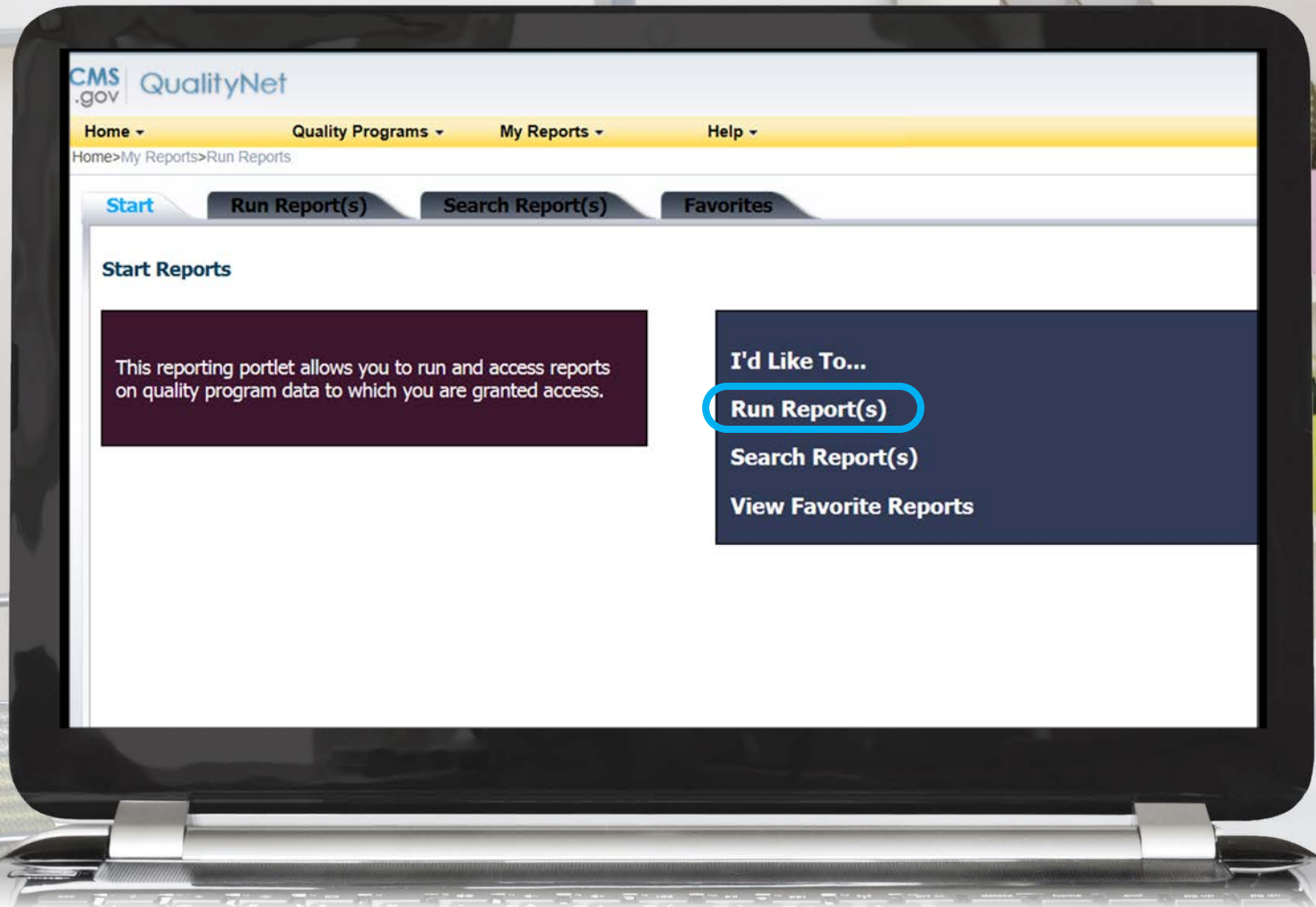
# Running a Report: Report Program

# Running a Report: Report Category

# Running a Report: View Reports

# Running a Report: Percentage Payment Summary Report

# Running a Report: Baseline Measures Report

# Running a Report: Run Report
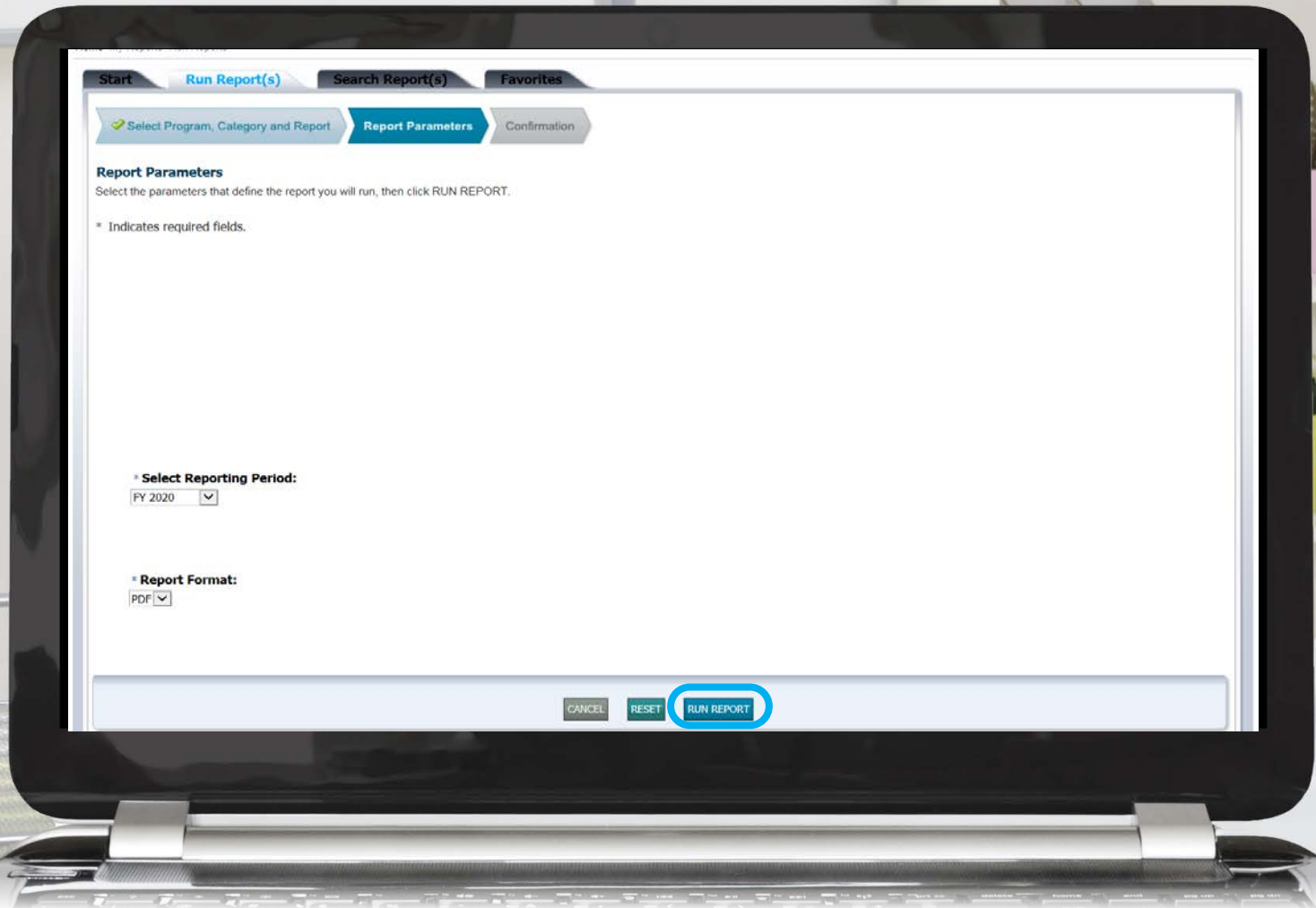
# Locating Reports
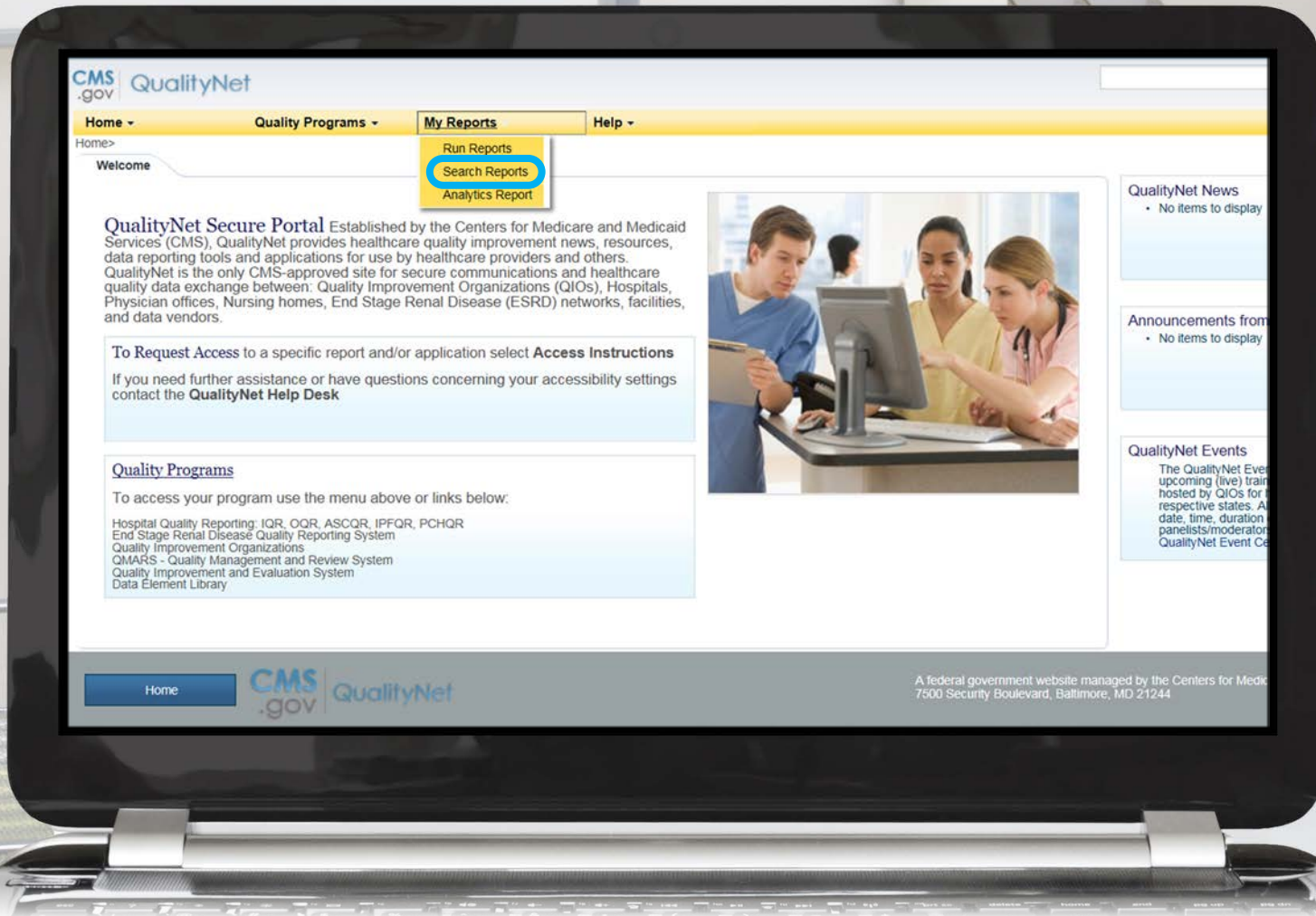
# Locating Reports: Search Report(s)
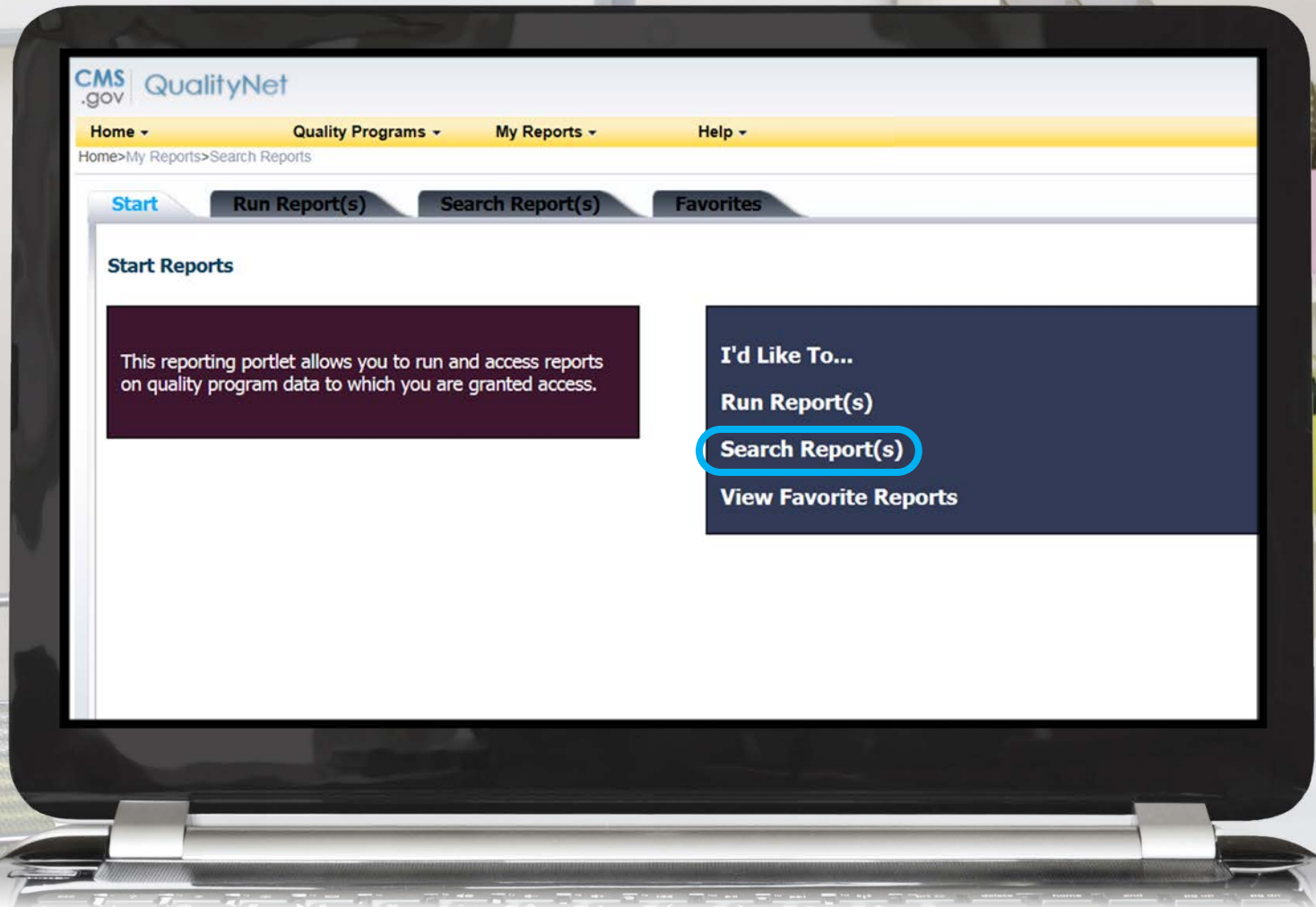
# Locating Reports: Download Report
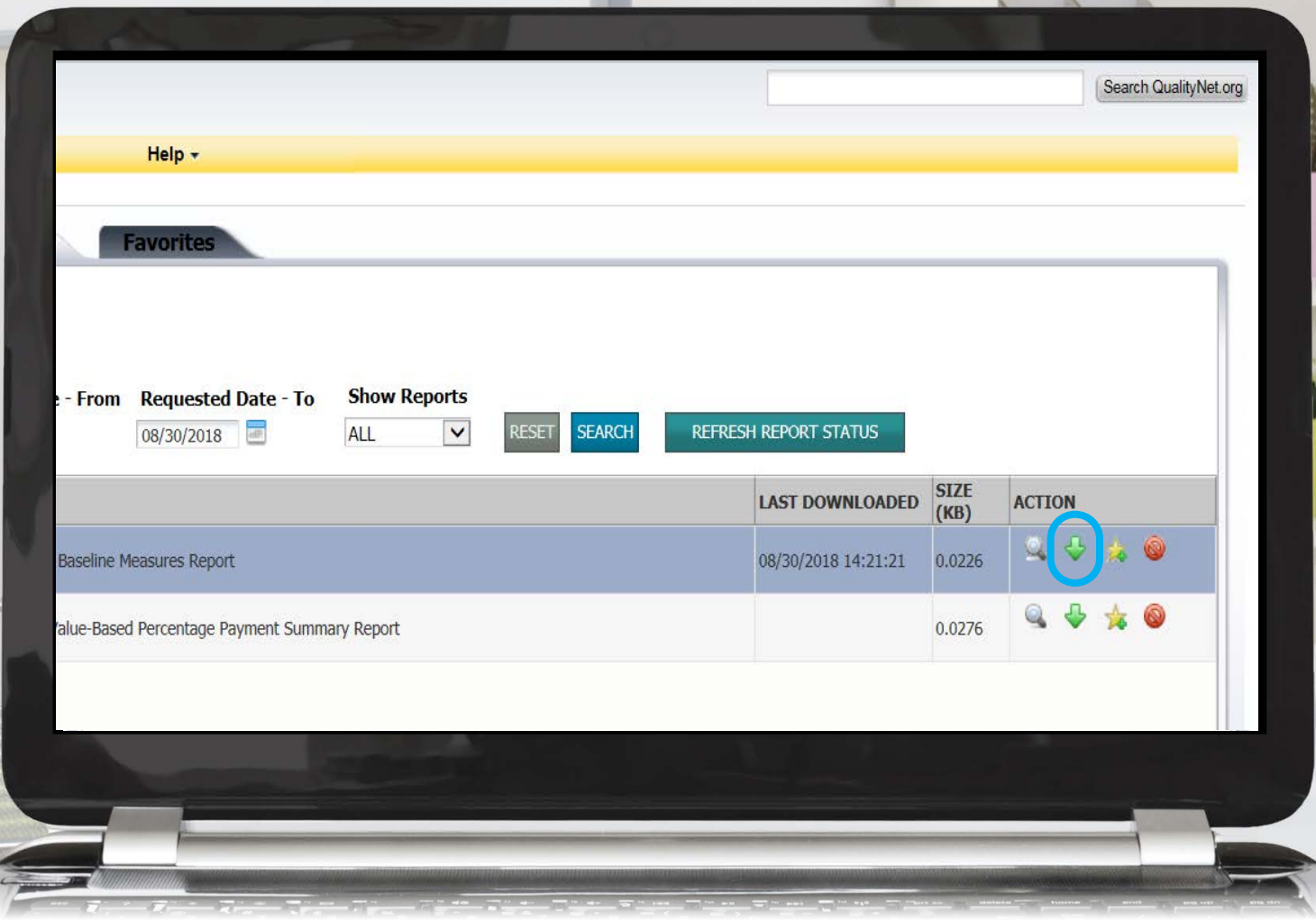
# Locating the Reports: Open / Save

# Auto Route E-mail Notification



From: noreply@hcqis.org [mailto:noreply@hcqis.org]
Sent: Tuesday, August 14, 2018 2:52 PM
To:
Subject: Auto Route: You have received a new file

QualityNet    Secure File Transfer
Auto Route File
Delivery Notification

Dear QualityNet User;You have been sent a file (**Example_HSR.zip**) that is ready for your review. Please login to https://www.qualitynet.org/ with your QualityNet User ID and click on Secure File Transfer to retrieve your file from **"AutoRoute_inbox"** folder. If you have questions or concerns, please contact QualityNet help desk at gnetsupport@hcqis.org or (866) 288-8912.

# Secure File Transfer

# Auto Route Inbox

# Resources

- Technical questions or issues related to accessing reports
  - Email the *QualityNet* Help Desk at qnetsupport@HCQIS.org
  - Call the *QualityNet* Help Desk at (866) 288-8912
- Questions related to the Hospital IQR and VBP Programs
  - Submit questions via the Hospital Inpatient Questions and Answers (Q&A) tool at https://cms-ip.custhelp.com
  - Call the Hospital Inpatient VIQR Outreach and Education Support Contract Team at (844) 472-4477
- Questions related to the HAC Reduction Program
  - Email hacrp@lantanagroup.com
- Questions related to the HRRP
  - Email hrrp@lantanagroup.com
- *Hospital Compare* website
  - Direct Link: https://www.medicare.gov/hospitalcompare/
  - For general questions regarding *Hospital Compare* and the data, email HospitalCompare@lantanagroup.com

# Questions

# Continuing Education Approval

This program has been approved for continuing education (CE) credit for the following boards:

- **National credit**
  - o Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - o Board of Registered Nursing
  - o Board of Nursing Home Administrators
  - o Board of Dietetics and Nutrition Practice Council
  - o Board of Pharmacy

NOTE: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

# CE Credit Process: Three Steps

1. Complete the ReadyTalk® survey that will pop up after the webinar.

2. Register on the HSAG Learning Management Center for the certificate.

3. Print out your certificate.



**NOTE:** An additional survey will be sent to all registrants within the next 48 hours.

# CE Credit Process: Survey

# CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**
https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

**Existing User Link:**
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# Register for Credit

## New User

Use personal email and phone.

Go to email address and finish process.



## Existing User

Entire email is your user name.

You can reset your password.

# Thank You for Attending

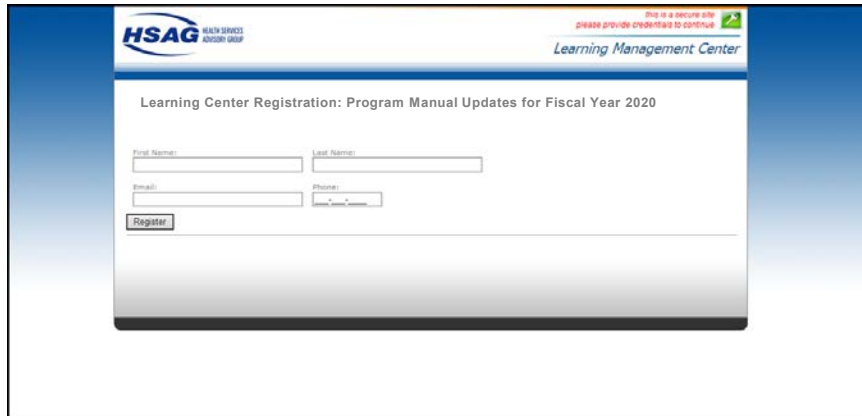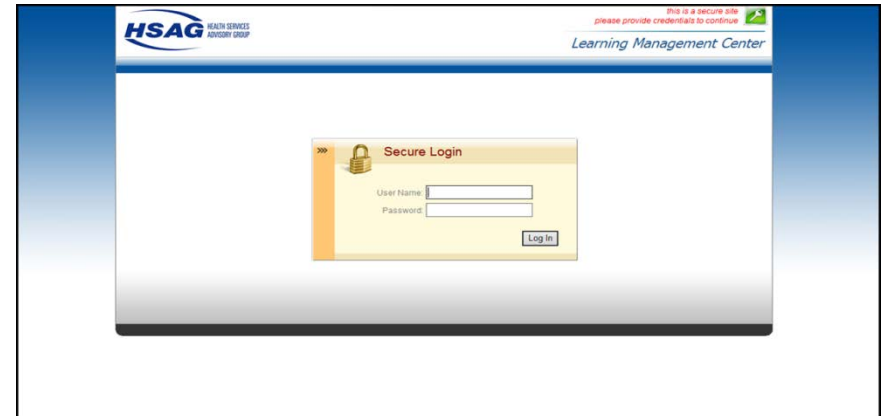# Disclaimer

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