



# Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### Hospital Inpatient Quality Reporting (IQR) Program Requirements for Fiscal Year (FY) 2019 Payment Determination

#### Presentation Transcript

##### Moderator/Speaker

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**Candace Jackson:** Hello, and welcome to the Hospital Inpatient Quality Reporting Program webinar, the *Hospital Inpatient Quality Reporting Program Requirements for Fiscal Year 2019 Payment Determination*. My name is Candace Jackson, and I am the Project Lead for the Hospital Inpatient Quality Reporting Program, and will be your host and speaker for today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript to the presentation, along with the questions and answers will be posted to our inpatient website, [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com), generally within 10 business days. If you registered for this event, a reminder email, as well as the slides, were

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sent to your email about two hours ago. If you did not receive that email, you can download the slides at our inpatient website; again, that's [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com). Again, any questions that are not answered during our question-and-answer session at the end of the webinar, will be posted to the [qualityreportingcenter.com](http://qualityreportingcenter.com) website, generally within 10 business days. We do ask that if you submit a question through the chat feature, that you'd be very specific, and if possible, reference the slide number that you are asking about. Please be aware that not all questions submitted to the chat may be answered during the presentation. Thank you again to everyone for joining.

The purpose of this presentation will be to provide you with the Hospital Inpatient Quality Reporting Program Requirements for fiscal or payment year 2019, which would be for calendar year 2017 discharges.

At the end of the presentation, you will be able to identify the requirements that are submitted quarterly, and annually, for the Inpatient Quality Reporting Program for fiscal year 2019; and, will be able to locate resources that are available for the Hospital Inpatient Quality Reporting Program.

On a quarterly basis, IQR-eligible hospitals are required to submit their Hospital Consumer Assessment of Healthcare Providers and Systems (or HCAHPS) data, their aggregate population and sampling counts for the chart-abstracted measure sets or measures, the clinical process of care measures, the National Healthcare Safety Network (or NHSN), healthcare-associated infection measures, and the web-based perinatal care elective delivery measure.

For fiscal year 2019, the hospitals will be required to submit the aggregate Medicare and non-Medicare population and sampling counts for the global, sepsis, and other venous thromboembolism initial patient populations.

There are six chart-abstracted clinical process of care measures that will be required for the IQR Program for fiscal year 2019, or beginning with January first, 2017, discharges. They include the submission of patient-

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level data for ED-1, ED-2, IMM-2, SEP-1, and VTE-6, and the submission of the aggregate data for PC-01.

There are no changes in the HAI measures that are required for the IQR Program. Hospitals will continue to submit the CAUTI, CLABSI, CDI, SSI, and MRSA Bacteremia measures to NHSN.

In the fiscal year 2017, inpatient prospective payment system final rule, CMS finalized the addition of four new claims-based measures for the fiscal year 2019 payment determination. This included the addition of three new clinical episode-based payment measures and one outcome measure. And again, these are claims-based measures; and, no chart abstraction is required.

There were no changes to the IQR requirements that are due on an annual basis. Annually, hospitals will still be required to have an active *QualityNet* Security Administrator, and we highly recommend that each hospital have two active Security Administrators. They will continue to have to submit their Data Accuracy and Completeness Acknowledgment (or DACA), and submit the Influenza Vaccination Coverage Among Healthcare Personnel measure to NHSN. Additionally, for fiscal year 2019, the hospitals will need to submit electronic clinical quality measures to meet IQR requirements.

In the fiscal year 2017 IPPS final rule, CMS finalized the removal of the Registry for Nursing Sensitive Care and Registry for General Surgery structural measures. So for fiscal year 2019, there will only be two structural measures that the hospitals will have to complete: the Patient Safety Culture and the Safe Surgery Checklist measures.

As just discussed, the structural measures and DACA are submitted annually. For fiscal year 2019, which would be calendar year January 1, 2017, through December 31, 2017, the submission deadline will be May 15, 2018. Hospitals, or a vendor on their behalf, will be able to enter this data through the *QualityNet Secure Portal* from April 1, 2018, through May 15, 2018.

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Another annual requirement is the submission of the Influenza Vaccination Coverage Among Healthcare Personnel measure. This measure is submitted through NHSN. Fiscal year 2019 payment determination for this measure will be quarter four of 2017, through quarter one of 2018. This data will need to be submitted by May fifteenth, for the appropriate flu season. So for fiscal year 2019 payment determination, they will need to enter this data by May 15, 2018.

In the fiscal year 2017 IPPS final rule, CMS finalized the requirement that hospitals will have to submit a full calendar year for eight of the available 15 electronic clinical quality measures for fiscal year 2019 payment determination.

Additionally, CMS finalized the expansion of the validation process, beginning with the fiscal year 2020 payment determination. CMS will continue to validate up to 600 hospitals for chart-abstracted validation that will also include up to 200 additional hospitals for eCQM validation. Those hospitals that are randomly selected for eCQM validation will be required to submit timely and complete medical record information for the electronic health records for at least 75 percent of sampled records.

Any hospital that is selected for the chart-abstracted validation, or that has been granted an extraordinary circumstance exception, for the applicable eCQM reporting period, will be excluded from the eCQM validation.

Lastly, we just wanted to provide you with some resources that are available to you for assistance with the Inpatient Quality Reporting Program.

We will now have some time to go over some of the questions that were submitted through the chat box. Again, any questions that are not answered today will be posted to the [qualityreportingcenter.com](http://qualityreportingcenter.com) website, generally within 10 business days.

Okay, and our first question for today. For the submission of the clinical chart-abstracted measures to CMS, is there a review and correction period? Can we correct data after the submission deadline?

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And that's a really great question. There is approximately a four-and-one-half-month submission period after the end of a reporting quarter that is considered the review and correction period for the chart-abstracted measures. So for example, we have fourth quarter 2016 discharges coming up; and, that is the reporting period from October 1, 2016, through December 31, of 2016. And, the submission deadline for those measures is not until May fifteenth of 2017.

So you have four-and-one-half months to get that data in to review it, and look at it, and make sure it is accurate. Hospitals should use that time to review their submitted data to ensure accuracy of the data, and make any necessary corrections before the submission deadline. Corrections to the data cannot be made after the submission deadline. So once, for fourth quarter 2016, once May fifteenth hits, data cannot be corrected after that May 15, 2017 deadline. And that is why CMS encourages hospitals to submit their data early, and not wait until the end of the submission period.

Our next question. Will any changes be made to the HAI data in the National Healthcare Safety Network after the submission deadline, be reflected in the CMS report?

And that's kind of on the same line here and another good question. We do know that NHSN does allow for the correction of HAI data after the CMS submission deadline. However, once the submission deadline has passed, any changes made to NHSN data will not be reflected in any of the CMS reports, or on *Hospital Compare*. So for NHSN, you can correct the data after the submission deadline, but that data will not be reflected in anything that CMS does.

Our next question. So we don't have to double submit; when will eCQM measures be included on *Hospital Compare*?

We do not have a date for you as of right now as to when eCQMs will be included on *Hospital Compare*. As far as the double submit, you still have to submit the chart-abstracted measures and the eCQMs. So for, say, if you submitted ED-1 and ED-2 as an eCQM to meet the annual deadline

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for IQR, you would still have to abstract and submit ED-1 and ED-2 as chart-abstracted measures on a quarterly basis in the IQR requirement.

Our next question. There was a release on the CMS blog that made reference to some of the potential easing of the 2017 eCQM requirements. When will we . . . hear more about these potential changes?

Those changes are forthcoming. I do not have an exact date, or an estimate of a date, as to when you would hear what those changes will be.

Our next question. If a CAH is voluntarily reporting to IQR, do they need to report eCQMs for the IQR Program?

No. For the IQR Program, the reporting of eCQMs is on a voluntary basis, just like the chart-abstracted measures. We highly encourage the CAHs to submit the data, though. So if you are a CAH, we would encourage you to submit the eCQMs.

Our next question. If a number is entered for PC-01, can it be changed later? What is the actual impact of PC-01 dollars? Is the impact of PC-01 zero if less than 10 cases are entered?

The same thing occurs. If you are entering PC-01 data, you have to enter that, or correct any of that data, prior to the submission deadline. So again, I will use fourth quarter of 2016 as an example. So if you entered PC-01 data prior to May fifteenth, and it was incorrect, you would have until May fifteenth of 2017 to correct that data and reenter it. Once May fifteenth has come by, then you will no longer be able to correct the data.

Our next question. Can you give more details on the patient safety structural measures? How is this information gathered?

The only thing that CMS asks, is that, if you are using a patient safety structural measure, it does not define in the final rule which safety survey has to be used, or can be used. I do not have the details of that measure right at my fingertips, but we will provide additional information when we

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post the Q&As. And we will add the link as to where you can find this information in the 2017 IPPS final rule.

Our next question. Critical access hospitals historically have had IQR reporting as voluntary; does IQR still remain voluntary for CAHs?

And again, yes, that is true. It still remains voluntary for the CAHs. Again, though, we really highly encourage the CAHs to submit both the chart-abstracted and the eCQM measures.

Slide seven – next question, on slide 17 – and I will go to slide 17.

Can you submit zero declaration if you don't have eight eCQMs with data?

Yes. For the IQR requirements, you can submit the eCQM as zero declaration or threshold. And we will provide all of that information further detailing it when we post the Q&As.

Our next question. So as of right now, we are only required to submit four eCQM measures, correct?

For fiscal year 2018, which is calendar year of 2016, you are only required to submit four eCQM measures. That is correct.

Our next question. Please elaborate on the validation process on slide 18.

At this time, we do not have the validation support contractor on the call to be able to give further details of what is needed for the validation. But we will try to provide that information when we post the Q&As.

Our next question. What are the ramifications for a provider that does not submit a minimum of four eCQMs?

And I'm assuming that that question is referring to fiscal year 2018, which is again, the calendar year 2016 discharges. If they do not meet the submission of the eCQMs, then that means they have not met that IQR requirement and that their possibility could have, be, for having their APU put at risk.

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Our next question. If you receive an email that you successfully submitted eCQM and your status report on *QNet* shows you have been successful, are you expected to fix errors and resubmit?

For CMS, we – if you get rejections, we always expect that those rejections and the data is corrected; and, that the data then is resubmitted.

Our next question. We are still abstracting and collecting data on stroke measures. If stroke is not on the IQR Program list of measures, does that mean we will no longer submit this data to *Hospital Compare* or CMS?

And that is correct. Beginning 2017 discharges, stroke is no longer a required IQR measure. So you will not be able to submit that data to the CMS clinical warehouse.

Our next question. Is the patient safety culture survey a requirement or just yes-or-no questions?

It is just, the initial one is just, a yes-or-no question. The structural measure asks if you are using a patient safety culture. If you say no, there is no penalty for that. CMS just needs that information to proceed further with that data. So if you are not using one, then just select No and you have completed the requirement of that structural measure. If you say Yes, then there will be some child questions that you will answer in regards to the patient safety culture survey.

Structural measures, page 14 – and I will go to slide 14 – are they put into *QNet*?

Yes. So structural measures are entered through the secure portal on *QualityNet*, excuse me. So yes, you will go to *QualityNet*, the secure portal, and that is where you enter the structural measures.

Our next question. When will eCQMs be publicly reported?

And again, we do not have an exact date, or, at this time, I would encourage you to watch the IPPS proposed and final rules to determine when CMS is going to publicly report that data.

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And our next question. Will the eCQM be abstracted just like chart-abstracted measures? The chart will just be sent electronically?

And I'm not sure what that person is really asking. I'm assuming maybe they're asking about how they will be validated. At this time, the eCQMs will be submitted through QRDA to the *QualityNet Secure Portal*.

Our next question. The questions that were asked today, will they be available to us for review?

And that is correct. All of the Q&As will be posted to our *Quality Reporting Center* website at [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com), generally within 10 business days of the webinar. So all questions that were responded to today, or not responded to and that were submitted, will have a response, and they will be displayed on our website.

Our next question. For 2017, how many eCQMs do we have to report?

And that is for fiscal year 2019, which is calendar year 2017. Hospitals need to report on eight of the eCQMs.

And we have time here for one more question. Do we have an idea when CMS will begin reporting sepsis-one data?

And no, we do not have a date as to when CMS will publicly report this measure. Please watch, again, the IPPS proposed and final rules for further direction as to when those will be reported.

And that ends our webinar for today. I would like to thank everyone for joining our webinar today. And I hope you found the information valuable. Hope you have a great afternoon. And thank you all for joining.