Hospital Inpatient Quality Reporting (IQR) Program

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

Hospital IQR Program Requirements
for CY 2022 Reporting (FY 2024 Payment Determination)

Presentation Transcript

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February 28, 2022

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Candace Jackson: Hello. Thank you for tuning into the *Hospital Inpatient Quality Reporting Program Requirements for Calendar Year 2022 Reporting, Fiscal Year 2024 Payment Determination* On Demand webinar. My name is Candace Jackson, and I am the Hospital Inpatient Quality Reporting Program Lead for the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host for the webinar. Along with myself, I would like to welcome our other speaker for this webinar. Veronica Dunlap is the Program Lead for the Alignment of Electronical Clinical Quality Measure Reporting with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor.

This event will provide insight into the calendar year 2022 Hospital Inpatient Quality Reporting Program requirements, as well as review the calendar year 2022 Hospital Inpatient Quality Reporting Program and Medicare Promoting Interoperability Program areas of alignment.

At the conclusion of today's event, participants will be able to identify the quarterly and annual requirements for the Hospital Inpatient Quality Reporting program. They'll be familiar with the areas of alignment between the Inpatient Quality Reporting and Medicare Promoting Interoperability Program requirements and they'll be able to locate resources that are available for both the Hospital Inpatient Quality Reporting and Medicare Promoting Interoperability Programs.

Here is a list of the acronyms that we will use throughout the presentation.

As stated in the slide, if you have questions that did not get addressed during this presentation, please submit your question to the [QualityNet Inpatient Question and Answer Tool](#) at the link provided in the slide.

In today's presentation, I will be covering the quarterly and annual Hospital Inpatient Quality Reporting Program requirements for calendar year 2022 except for the electronic clinical quality measures requirements.

After addressing these requirements, I will turn the presentation over to Veronica Dunlap to cover the calendar year 2022 electronic clinical quality measures reporting requirements for the Hospital IQR Program and the Medicare Promoting Interoperability Program requirements.

So, let's start the review of the Hospital IQR Program requirements with our first polling question. Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

The answer is D, the clinical process of care measures, including PC-01, the COVID-19 Vaccination Coverage Among Healthcare Personnel, HCAHPS survey measures, and the aggregate population and sampling data are required on a quarterly basis.

We'll begin by going over the quarterly requirements. On a quarterly basis, IQR-eligible hospitals are required to submit their Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, survey data, their aggregate population and sampling counts for the chart-abstracted measure sets or measures, the clinical process of care measures (which are the chart-abstracted measures), the web-based Perinatal Care Elective Delivery measure, and the Healthcare Personnel COVID-19 Vaccination measure. Additionally, those that are selected for validation will need to submit their medical records. We will go through each of these requirements in a little bit more detail in the upcoming slides.

Hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for the chart-abstracted measures only. So, this would include the counts for only the severe sepsis and septic shock initial patient populations. The aggregate counts can be submitted either by accessing the population and sampling data entry form within the *Hospital Quality Reporting Secure Portal* or by uploading an extensible markup language, or XML file, within the HQR System. Hospitals are required to submit the aggregate population and sample size counts even if the population is zero. Leaving the field blank does not fulfill the requirement. A zero must be submitted even when there is no discharges for a particular measure set.

As a note, the Perinatal Care Elective Delivery, or PC-01, aggregate population and sample size are not broken down by Medicare and non-Medicare discharges. Data for this measure set are collected through the web-based data entry form located within the *Hospital Quality Reporting Secure Portal.*

There are two chart-abstracted clinical process of care measures that will be required for the Hospital Inpatient Quality Reporting Program for calendar year 2022, beginning with January 1, 2022, discharges. Hospitals must chart-abstract and submit complete patient-level data for the SEP-1 measure. The measure specifications and abstraction guidelines can be found within the *Specifications Manual for National Hospital Inpatient Quality Measures,* located on the QualityNet website. Please note that, for calendar year 2022, there are two applicable specification manuals: version 5.11a, which covers January 1 through June 30 discharges, and version 5.12, which covers July 1 through December 31 discharges. So, as you are abstracting for the different quarters, you will want to make sure that you are using the correct specifications manual. The patient-level data for these measures are submitted via an XML file through the *Hospital Quality Reporting Secure Portal.*

Although it is considered a chart-abstracted measure, only the aggregate data, not patient-level data, for PC-01 are submitted manually via the *Hospital Quality Reporting Secure Portal* online tool. Data for PC-01 cannot be submitted via an XML file. The measure specifications and abstraction guidelines, for the PC-01 measure, can be found within the *Specifications Manual for Joint Commission National Quality Measures,* located on the Joint Commissions website.

Although not a quarterly requirement, I would just like to take a few moments and address the Influenza Vaccination Coverage Among Healthcare Personnel measure. Hospitals must collect and submit annually, to the Centers for Disease Control and Prevention through NHSN, the HCP Influenza Vaccination Coverage Among Healthcare Personnel measure.

The submission period corresponds to the typical flu season, which is October 1 through March 31, and data for this measure are due annually by May of each year. So, for calendar year 2022, which would be the flu season from fourth quarter 2021 through first quarter 2022, the data will need to be entered by May 16, 2022.

Per the Fiscal Year 2022 IPPS Final Rule, hospitals or facilities will collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter and will need to enter that data into the NHSN Healthcare Personnel Safety Component before the quarterly deadline to meet the quality reporting program requirements. Although, hospitals or facilities are only required to submit one week each month, CMS and the CDC encourages weekly reporting of the data. As I noted, you will only be required to submit the data by the quarterly submission deadline. For example, for the Quarter 1 2022 reporting period, you will be required to submit all three months of data, January, February, and March, by the August 15, 2022, submission deadline. The hospital or facility meets the program submission requirements if the CDC can calculate a quarterly rate. You will be able to find additional information regarding the new HCP COVID-19 measure on the Quality Reporting Center website which is https://www.QualityReportingCenter.com/. Under the Inpatients Archive tab, you will be able to find the COVID-19 webinar. Under the Inpatient Resources and Tools tab and IQR Program Resources, you will find a frequently asked questions document.

We would still encourage you to submit your data early, prior to the submission deadline, to allow ample time to correct any errors that have been identified. Any data modified in NHSN after the CMS submission deadline will not be sent to CMS and will not be used in any of the CMS programs. The Centers for Medicare and Medicaid Services, or CMS, uses a variety of data sources to determine the quality of care that Medicare beneficiaries receive. For the quality of care claims-based measures, CMS uses Medicare enrollment data and Part A and Part B claims data submitted by hospitals for Medicare fee-for-service patients. No additional hospital data submission is required to calculate the measure rates.

Each measure set is calculated using a separate, distinct methodology, and, in some cases, separate discharge periods. This slide shows the claim-based measures that will be collected for the Hospital IQR Program.

Hospital-Specific Reports, or HSRs, for the claims-based measures are made available for hospitals via the CMS Managed File Transfer. The HSRs contain discharge-level data, hospital-specific results, and state and national results for the Hospital IQR Program. HSRs will be provided to users at a hospital that have approved Managed File Transfer permissions associated with their Hospital Quality Reporting (HQR) profile. If you are not a Security Official for your hospital or you have not recently taken action to request these permissions on your account, you will not have the permissions on your profile required to receive an HSR.

This slide just outlines the reporting periods and submission deadlines for the calendar year 2022 data.

Beginning with fiscal year 2024, CMS can now align data submission quarters between chart-abstracted and eCQM validation, all associated with a full calendar year, instead of crossing calendar year quarters, like it did previously under the chart-abstracted validation program. So, as you can see in the table on this slide, CMS will use Quarter1 through Quarter 4 of calendar year 2021 for data validation efforts, affecting fiscal year 2024 payment determination.

Just briefly, I would just like to point out a couple of the common issues that we see as to why a hospital may not be able to submit data or meet one or more of their IQR requirements. One of the most common issues is staffing turnover. If at all feasible, it is very important and highly recommended that you have at least two personnel that can abstract and submit data to CMS. Vendor-related issues are also common. It is important to remember here that even though hospitals may have vendors submit data on their behalf, it is ultimately the hospital's responsibility to ensure that they are meeting the IQR requirements.

As it is our goal to have all hospitals meet their Hospital Inpatient Quality Reporting Program requirements, we do have a few best practices or helpful tips to help you meet those requirements.

The first best practice, as we denoted on the previous slide, is to submit data early and not wait until the submission deadline. Hospitals can update and/or correct their submitted clinical data until the CMS submission deadline, which immediately after which the *HQR Secure Portal* will be locked. No updates can be made after the submission deadline, and they will not be reflected in the data CMS uses.

Also, as we denoted on the previous slide, is that it is highly recommended that hospitals designate at least two QualityNet Security Officials, one to serve as the primary QualityNet Security Official and the other to serve as a backup. On this same line, it is also recommended that you have more than one person who is able to do your chart-abstractions and submit that data to the *HQR Secure Portal*.

We went over this earlier, but I just want to reiterate that hospitals are required to submit the aggregate population and sample size counts, even if the population is zero. Leaving the fields blank does not fulfill the requirement. A zero must be submitted even when there are no discharges for a particular measure set.

Lastly, hospitals with five or fewer discharges, both Medicare and non-Medicare combined, in a measure set in a quarter, are not required to submit patient-level data for that measure set for that quarter. So, for the quarter, if you look at your Provider Participation Report and your population size, and your Medicare claims count is five or less for Sepsis, you are not required to submit patient-level data for the SEP-1 measure. However, even though you are not required to submit the data, CMS still encourages the submission of that data. If you do choose to submit the data, then one to five cases of the Initial Patient Population may be submitted. So, for example, if your sepsis population size is five, you would not be required to submit the sepsis patient-level data, but, if you choose to submit it, you could submit just one or two cases, up to all five of the cases.

There are some circumstances in which a hospital may be excepted from submitting data for a few of the required measures. If the hospital meets the criteria for any of these measures, then they can submit a Measure Exception Form. The Measure Exception Form may be used for the PC-01, the SSI Colon and Abdominal Hysterectomy, and the CAUTI/CLABSI measures. If your hospital has no obstetrics department and does not deliver babies, you can submit the Measure Exception Form for PC-01. Otherwise, hospitals that do not deliver babies and do not submit a Measure Exception Form must enter zero for each of the data entry fields in the PC-01 web-based data entry tool for each discharge quarter. The IPPS Measure Exception Form also includes the SSI, CAUTI, and CLABSI exceptions used in the Hospital-Acquired Condition Reduction Program.

Please remember that if you do submit the Measure Exception Form, it must be renewed at least annually. The IPPS Measure Exception Form can be found on the QualityNet website under the Hospital – Inpatient link, then under the Hospital Inpatient Quality Reporting Program link and Resources.

So, let's just summarize what we have gone over so far. On a quarterly basis, hospitals are required to submit their HCAHPS Survey data, the chart-abstracted population and sampling counts, the clinical process of care measures, aggregate PC-01 data, the COVID-19 Vaccination Coverage Among Healthcare Personnel, and validation records, if they have been selected for validation.

Our next polling question is: Which of the following Hospital IQR Program requirements are submitted annually?

The correct answer is F, annually. The hospitals are required to submit the DACA, the Maternal Morbidity Structural Measure, and eCQMs.

We'll briefly go over the annual requirements.

Hospitals are required to have registered a QualityNet Security Official. As I stated earlier, it is highly recommended that hospitals designate at least two Security Officials. It is also recommended that that the Security Official log into the accounts at least once a month to maintain an active account. Any accounts that have been inactive for 120 days are disabled.

The Data Accuracy and Completeness Acknowledgement, or DACA, must be completed and signed on an annual basis. The DACA is done via the *Hospital Quality Reporting Secure Portal* and electronically acknowledges that the data submitted for the Hospital IQR Program is accurate and complete to the best of the hospital's knowledge. The open period for signing and completing the DACA is April 1 through May 15, with the respect to the reporting period of January 1 through December 31 of the preceding year.

The Maternal Morbidity Structural measure is also completed on an annual basis. This measure is also done via the *HQR Secure Portal*. As with the DACA, the open period for completing this measure is from April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. So, for fiscal year 2024, the submission period will be from April 1 through May 15, 2023, with respect to January 1 through December 31, 2022. Additionally, hospitals must submit the electronic clinical quality measures annually, which Veronica will cover later on in this presentation.

So, just to reiterate, hospitals are required to complete the DACA on an annual basis via the *Hospital Quality Reporting Secure Portal*. The data submission period is between April 1 and May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. So, for calendar year 2022, the submission deadline for the DACA will be May 15, 2023. Just as a note, hospitals will have from April 1, 2023, through May 15, 2023, to enter their DACA for calendar year 2022 data.

To meet IQR requirements, hospitals will submit their response once a year via a web-based tool that will be located within the *Hospital Quality Reporting Secure Portal*.

To reiterate, the submission period will follow our other annual submission requirements and will be from April 1 through May 15. For calendar year 2022, which will be fiscal year 2024, the reporting period will be January 1 through December 31 and will occur from April 1 through May 15 of 2023. If you participated in a collaborative, and meant the intent of the measure, anytime between January 1, 2022, and December 31, 2022, then you would be able to enter Yes to the structural measure question. I would also like to note that, if you do not provide labor/delivery care, the IPPS Measure Exception Form that can be used for the PC-01 measure cannot be applied to the structural measure and you will need to provide a response to the structural measure. In that case, you would select NA.

So, let's just summarize. The annual IQR requirements are to have at least one active QualityNet Security Official, sign the DACA, submit the HCP and Maternal Morbidity Structural Measure, and submit required eCQMs.

This slide just provides you with some resources that are available to you for assistance with the Hospital Inpatient Quality Reporting Program.

This slide provides you with some tools, resources, references, and training materials that are available to assist you in meeting the Hospital Inpatient Quality Reporting Program requirements.

I would now like to turn the presentation over to Veronica Dunlap to cover the calendar year 2022 eCQM reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs. Veronica, the floor is yours.

Veronica Dunlap: Thank you so much, Candace, for reviewing the Hospital IQR Program requirements. As many of you are familiar, reporting eCQM data is a requirement for the Hospital IQR Program. It is also one of many requirements for the Medicare Promoting Interoperability Program. Hospitals, with a single submission, can meet the eCQM reporting requirement for both programs. Let's discuss the changes and review the requirements specific to eCQM reporting.

Let's start off with a polling question. Which of the following eCQMs are required to successfully meet the calendar year 2022 eCQM reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs? A. PC-05 B. Safe Use of Opioids - Concurrent Prescribing C. VTE measures, VTE-1 and 2 D. STK-5 E. None of the above.

You are correct if you selected the Safe Use of Opioids eCQM. For 2021 reporting, this measure was introduced in the eCQM measure set and hospitals had the option to self-select and report on this measure. However, it will be the first mandatory eCQM that hospitals will be required to report, starting with the calendar year 2022 reporting period. I wanted to point out that the calendar year 2022 eCQM measure set remains the same and contains the same available nine eCQMs as it did for calendar year 2021.

Although hospitals will still be required to report a total of four eCQMs, one of them now includes the mandatory submission of the Safe Use of Opioids measure. For the remaining three eCQMs, hospitals may self-select from the calendar year 2022 measure set. As specified during calendar year 2021 reporting, CMS will continue requiring the eCQMs to be the same across quarters. An important change includes the requirement that hospitals must submit data for a total of three self-selected quarters (rather than two). The submission deadline for calendar year 2022 eCQM data is February 28, 2023. As a reminder, successfully submitting eCQM data will meet the eCQM reporting requirement for both programs.

Here is an updated table reflecting the Calendar Year 2022 eCQM Measure Set, noting the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM listed at the top. A list of the eCQMs and specifications are available on the eCQI Resource Center, located under Eligible Hospitals and Critical Access Hospitals.

For hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs, eCQM data must be reported using the existing 2015 Edition of CEHRT, the 2015 Edition Cures Update criteria, or a combination of both. Hospitals are required, to maintain their certified EHR systems, to report on all eCQMs specified in the measure set. As mentioned earlier, the calendar year 2022 eCQM specifications, including the 2022 Implementation Guide are all available and published in the Calendar Year 2022 eCQM Annual Update on the eCQI Resource Center. Links have been provided on this slide.

The format of the QRDA Category I file has not changed. It remains one QRDA Category I file, per patient, per quarter. Additional quarters of data should not be included within the QRDA Category I file and will be rejected in the HQR System. Each file, for the applicable quarter, should include all the measures you will be submitting for on a patient and include all of the patient discharges for that quarter.

With hospitals required to submit additional quarters of data, the HQR System allows batches of files to contain QRDA files from different quarters. Also, vendors may upload a Zip file that may have a mix of QRDA files for different facilities. If a hospital has more than 14, 999 QRDA files, they are able to submit multiple zip files. Please reach out to the QualityNet Service Center for additional assistance.

The definition for successful submission of eCQMs is a combination of accepted QRDA Category I files, zero denominator declarations, and case threshold exemptions. If your hospital selects to submit a zero denominator or case threshold for a particular measure, it is important to note that their EHR must still be certified to report the measures. As hospitals transition their EHR systems and/or vendors, CMS continues to allow hospitals to use abstraction or pull data from non-certified sources into certified EHR technology to capture and report their QRDA Category I files.

This slide provides you with some tools, resources, references, and training materials that are available to assist you in preparation for calendar year 2022 eCQM reporting.

On the left, tools for the Hospital IQR Program are provided. On the right, resources for the Medicare Promoting Interoperability Program are shown. Although eCQM reporting is a requirement for both programs, each program has additional program-specific requirements, additional deadlines, and payment policies.

Displayed are the calendar year 2022 implementation resources specific to eCQM reporting for Eligible Hospitals and Critical Access Hospitals, published in 2021. Visit the eCQI Resource Center to ensure you are using the most current versions of these standards as you update your systems and workflows in preparing for the submission of calendar year 2022 data.

Now, I would like to review the Hybrid Hospital-Wide Readmission measure and the voluntary reporting of this measure for the fiscal year 2024 payment determination.

I would like to ask a polling question. Which of the following programs can hospitals voluntarily submit the Hybrid Hospital-Wide Readmission measure for? Is it for the Medicare Promoting Interoperability Program, the Quality Payment Program, the Hospital Readmissions Reduction Program, the Hospital IQR Program, or both the Medicare PI and Hospital IQR Programs?

The correct answer is the Hybrid Hospital-Wide Readmission measure is available to report if your hospital participates in the Hospital IQR Program. It is not an option or requirement for the Medicare Promoting Interoperability Program.

This slide outlines some of the key components surrounding the use of the Hybrid Hospital-Wide Readmission measure. This will be first time hospitals will have to opportunity to voluntarily report this measure, since it was introduced in calendar year 2018. The measurement period does not fall within a calendar year. It began on July 1, 2021, and will go through June 30, 2022.

CMS will announce when the HQR System is open and available to accept test/production QRDA files for the Hybrid Hospital-Wide Readmission measure in preparation for the September 30, 2022, deadline. The hybrid measure data follow the same certification and file format requirements as eCQMs and are submitted as QRDA Category I files.

Here are links to the measure specifications and reporting resources found on the eCQI Resource Center.

This measure differs from the claims-based hospital wide readmission measure as it uses both claims data and Core Clinical Data Elements from the EHRs to calculate the risk-standardized readmission rate. Additional information is available on the document shown here titled 2023 Voluntary Reporting Key Dates and Resources, which is available on the QualityNet website.

Hospitals will submit 13 Core Clinical Data Elements, which include six vital signs and seven lab test results with six linking variables. This measure data will be reported using QRDA Category I files that will be uploaded to the HQR System. To successfully submit this data, hospitals will need to submit a certain percentage for each component here, listed on the slide.

Again, the HQR System is not currently accepting hybrid measure data at this time. CMS will announce when the system is open and ready. Please reference the eCQM and hybrid measure support resources provided to you on this slide. For assistance with the hybrid measures, the Yale Core Team is available to assist with policy-related questions and the ONC has an issue tracker, specific for technical questions on the hybrid measures.

Candace Jackson: Thank you, Veronica. Again, if you have questions that are pertinent to the webinar topic, please submit them to the QualityNet Inpatient Question and Answer Tool. Thank you for watching our On Demand webinar. We hope you have a great day.