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Important Dates:

October 1 – November 15

- *QualityNet Secure Portal* open for Hospital IQR Program second quarter (2Q) 2018 PC-01 data submission

October 26

- *Specifications Manual for National Hospital Inpatient Quality Measures v5.5a* posted to *QualityNet*

November 1

- 2Q 2018 Population and Sampling data due for acute care hospitals

November 15

- 2Q 2018 Clinical, HAI, and PC-01 data due for acute care hospitals
- 2Q 2018 CLABSI, CAUTI, SSI, MRSA, and CDI data due for PCHs
- Third quarter 2017 Adjuvant Hormonal Therapy data due for PCHs

CMS ANNOUNCEMENT!
Reporting System Open for eCQM Submissions



Here Ye, Here Ye! The Centers for Medicare & Medicaid Services (CMS) has announced that the Hospital Quality Reporting system located within the *QualityNet Secure Portal* is now available to accept electronic clinical quality measures (eCQMs) for calendar year (CY) 2018 reporting through the reporting deadline of February 28, 2019.

Hospitals and vendors are now able to submit Quality Reporting Document Architecture Category I test and production files utilizing CY 2018 requirements.

To assist with reporting CY 2018 eCQMs, check out our [preparation checklist – test](#) and [preparation checklist – production](#).

UPCOMING DEADLINE:
Voluntary Hybrid HWR Measure Data Due Dec 14



Your Attention, Please! The deadline for submitting the voluntary Hybrid Hospital-Wide Readmission (HWR) Measure is December 14, 2018, and submission is happening now. For more information, please see page 3 of our [Summer 2018 newsletter](#).

BE ON THE LOOKOUT:
2018 Hospital Contact Info Verification Packet



Ahoy, Mateys! Be on the lookout for the annual hospital contact information verification packet sent in October 2018.

As part of our annual outreach, the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support team sends the contact information we currently have on file to the Chief Executive Officer/Administrator of each acute care hospital, inpatient psychiatric facility (IPF), and prospective payment system (PPS)-exempt cancer hospital (PCH) and asks that the information be reviewed and updated, if necessary, for the key positions/contacts. If your hospital does not receive this mailing, please email us at QRSupport@hcqis.org for a copy of the contact information we currently have on file for your hospital. A blank [Hospital Contact Change Form](#) can be downloaded, completed, and submitted to us.

Why is this important? We are responsible for maintaining provider-specific contact information in the CMS contact database (Program Resource System). Up-to-date information is necessary to ensure your hospital receives critical and time-sensitive communications **specific to your hospital**. Communications include important information regarding meeting CMS quality reporting program requirements.

Check Out All the News from the Final Rules



CMS published the Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS Final Rule in the [Federal Register](#) on August 17, 2018. Program updates can be found on pages 41431–41439 for Hospital Readmissions Reduction, 41440–41472 for Hospital Value-Based Purchasing (VBP), pages 41472–41492 for Hospital-Acquired Condition Reduction Program (HACRP), pages 41538–41609 for Hospital Inpatient Quality Reporting (IQR), and pages 41609–41624 for PPS-Exempt Cancer Hospital Quality Reporting (PCHQR).

PCHQR Program

In the FY 2019 IPPS/LTCH PPS Final Rule, CMS finalizes the removal of four measures and the adoption of a new measure. These policies are consistent with CMS’ commitment to using a smaller set of more meaningful measures, focusing on patient-centered outcome measures, and taking into account opportunities to reduce paperwork and reporting burden on providers. The changes for the PCHQR Program include:

- Removal of four structural measures beginning with the FY 2021 Program Year (effective for patients treated in CY 2019 [January 1–December 31, 2019])
 - Oncology: Radiation Dose Limits to Normal Tissues
 - Oncology: Medical and Radiation–Pain Intensity Quantified
 - Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients
 - Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients
- Finalization of new quality measure beginning with the FY 2021 Program Year
 - 30-Day Unplanned Readmissions for Cancer Patients (claims-based measure)
- Public reporting of data on SSI, MRSA, CDI, and HCP measures in CY 2019 or sooner if practicable

For a more detailed overview of the final rule, check out the archived webinar [PCHQR Program: FY 2019 IPPS/LTCH PPS Final Rule](#) from August 23, 2018. We’ve also updated the following resources:

- [PCHQR Program Measure Submission Deadlines by Due Date](#)
- [PCHQR Program Relationship Matrix of Program Measures by Years and Quarters](#)
- [PCHQR Program Web-Based Data Collection Tool Guideline by Due Date](#)
- [PCHQR Program Measure Crosswalk by Measure Type for Program Years FY 2016 to FY 2021](#)

Hospital IQR Program

In the FY 2019 IPPS/LTCH PPS Final Rule, CMS is removing unnecessary, redundant, and process-driven measures from several pay-for-reporting and pay-for-performance quality programs. Removing these measures is consistent with CMS’ commitment to prioritizing patients and using a smaller set of more

meaningful measures. CMS is focusing on measures that provide opportunities to reduce both paperwork and reporting burden on providers and on patient-centered outcome measures, rather than process measures.

Specifically, for the Hospital IQR Program, CMS is removing 18 measures that are “topped out,” do not result in better patient outcomes, or have associated costs that outweigh the benefit of the measure’s continued use in the program. CMS is also de-duplicating 21 measures to simplify and streamline measures across programs. These measures will remain in one of the other four hospital quality programs.

Beginning with the CY 2018 reporting period/FY 2020 payment determination, CMS removed two structural measures and 17 claims-based measures. Beginning with the CY 2019 reporting period/FY 2021 payment determination, CMS is removing three chart-abstracted measures and two claims-based measures. Beginning with the CY 2020 reporting period/FY 2022 payment determination, CMS is removing six chart-abstracted measures, one claims-based measure, and seven eCQMs. Beginning with the CY 2021 reporting period/FY 2023 payment determination, CMS is removing one claims-based measure. For the finalized measures for FY 2020 and FY 2021 payment determinations, please see the following table.

Measure Short Name	FY 2020	FY 2021
Patient Experience of Care Survey		
HCAHPS	Yes	Yes
Healthcare-Associated Infection		
CAUTI	Yes	No – Will remain in HVBP and HACRP
CDI	Yes	No – Will remain in HVBP and HACRP
CLABSI	Yes	No – Will remain in HVBP and HACRP
SSI	Yes	No – Will remain in HVBP and HACRP
MRSA Bacteremia	Yes	No – Will remain in HVBP and HACRP
HCP	Yes	Yes
Chart-Abstracted Clinical Process of Care		
ED-1*	Yes	No – Removed from all programs
ED-2*	Yes	Yes
IMM-2	Yes	No – Removed from all programs
PC-01*	Yes	Yes
Sepsis	Yes	Yes
VTE-6	Yes	No – Removed from all programs
Electronic Health Record-Based Clinical Process of Care (eCQMs)		
AMI-8a	Yes	Yes
CAC-3	Yes	Yes
ED-1*	Yes	Yes
ED-2*	Yes	Yes
EHDI-1a	Yes	Yes
PC-01*	Yes	Yes
PC-05	Yes	Yes
STK-02	Yes	Yes
STK-03	Yes	Yes
STK-05	Yes	Yes
STK-06	Yes	Yes
STK-08	Yes	Yes
STK-10	Yes	Yes
VTE-1	Yes	Yes
VTE-2	Yes	Yes
Claims-Based		
COMP-HIP-KNEE	Yes	Yes
PSI 04	Yes	Yes
MORT-30-CABG	Yes	Yes

Measure Short Name	FY 2020	FY 2021
MORT-30-COPD	Yes	No – Will remain in HVBP
MORT-30-PN	Yes	No – Will remain in HVBP
MORT-30-STK	Yes	Yes
READM-30-HWR	Yes	Yes
AMI Excess Days	Yes	Yes
HF Excess Days	Yes	Yes
PN Excess Days	Yes	Yes
AMI Payment	Yes	Yes
HF Payment	Yes	Yes
PN Payment	Yes	Yes
THA/TKA Payment	Yes	Yes

*Measure is listed twice, as both chart-abstracted and eCQM versions.

Looking for a more detailed overview? Check out the archived webinar [FY 2019 IPPS Final Rule: Acute Care Hospital Quality Reporting Programs Overview](#) from September 12, 2018.

IPFQR Program

The FY 2019 IPF PPS Final Rule appeared in the [Federal Register](#) on Monday, August 6, 2018. The Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program (83 FR 38576) is located on pages 38589–38608.

In the final rule, CMS is focusing on measures that are patient-centered and outcome-driven rather than process-oriented. This will allow providers to work with a smaller set of more meaningful measures and spend more time on patient care.

Specifically, CMS is removing five measures that are “topped out” or have associated costs that outweigh the benefit of the measure’s continued use in the program. Following is a summary of the changes.

- Removed five measures beginning with the FY 2020 payment determination
 - Influenza Vaccination Coverage Among Healthcare Personnel (HCP)
 - Alcohol Use Screening (SUB-1)
 - Tobacco Use Screening (TOB-1)
 - Assessment of Patient Experience of Care
 - Use of an Electronic Health Record
- Removed the requirements that facilities report sample size counts for measures for which sampling is performed for the FY 2020 payment determination and subsequent years
- Adopted a new IPFQR Program measure removal Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program

Finalized measures for the FY 2020 payment determination are provided in the following table.

Measure ID	Measure
HBIPS-2	Hours of Physical Restraint Use
HBIPS-3	Hours of Seclusion Use
HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
FUH	Follow-up After Hospitalization for Mental Illness
SUB-2 and SUB-2a	Alcohol Use Brief Intervention Provided or Offered and its subset, Alcohol Use Brief Intervention
SUB-3 and SUB-3a	Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and its subset, Alcohol and Other Drug Use Disorder Treatment at Discharge
TOB-2 and TOB-2a	Tobacco Use Treatment Provided or Offered and its subset, Tobacco Use Treatment

Measure ID	Measure
TOB-3 and TOB-3a	Tobacco Use Treatment Provided or Offered at Discharge and its subset, Tobacco Use Treatment at Discharge
IMM-2	Influenza Immunization
N/A	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
N/A	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
N/A	Screening for Metabolic Disorders
N/A	Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility

Need more info? Check out the archived webinar [FY 2019 IPF PPS Final Rule and Annual Payment Update Determination](#) from August 30, 2018.

Quality Reporting Resources



Hospital IQR Program

- [2Q 2018 Hospital IQR Program Checklist](#)
- [2Q 2018 HAI Checklist](#)

Hospital VBP Program

- [FY 2021 Value-Based Purchasing Domain Weighting](#)

Measure Acronyms

Acronym	Term	Acronym	Term
AMI	Acute Myocardial Infarction	HWR	Hospital-Wide Readmission
CABG	Coronary Artery Bypass Graft	IMM	Immunization
CAC	Children’s Asthma Care	MORT	Mortality
CAUTI	Catheter-Associated Urinary Tract Infection	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
CDI	<i>Clostridium difficile</i> Infection	PC	Perinatal Care
CLABSI	Central Line-Associated Bloodstream Infection	PN	Pneumonia
COPD	Chronic Obstructive Pulmonary Disease	PSI	Patient Safety Indicator
ED	Emergency Department	READM	Readmission
EHDI	Early Hearing Detection and Intervention	SSI	Surgical Site Infection
FUH	Follow-up After Hospitalization for Mental Illness	STK	Stroke
HAI	Healthcare-Associated Infection	SUB	Substance
HBIPS	Hospital-Based Inpatient Psychiatric Services	THA	Total Hip Arthroplasty
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	TKA	Total Knee Arthroplasty
HCP	Healthcare Personnel	TOB	Tobacco
HF	Heart Failure	VTE	Venous Thromboembolism