



Inpatient Quality Reporting (IQR) Program

Support Contractor

IPPS Measure Waivers and Extraordinary Circumstance Exemptions

Presentation Transcript

Moderator:

Debra Price, PhD, MSPH, MEd

Education Coordinator

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor (SC)

Speakers:

Candace Jackson, RN

Project Lead, Inpatient Quality Reporting (IQR)

Hospital Inpatient VIQR Outreach and Education Support Contractor (SC)

Nanette Owen, MBA

Project Manager, IQR

Hospital Inpatient VIQR Outreach and Education SC

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Anthony Seabrook: I am Anthony Seabrook, and I will be your host for today's event. I want to go over a few introductory points before I turn it over to our first speaker. And first is: today's audio is streaming over the Internet. So, no phone line is required. You will be using your computer speakers and headphones. And, if you are doing this properly, that is how you are hearing this. But, we do know that situations arise. And, if you do need a dial-in number, we do have a limited number available. We ask that you send us a message via the chat window, and we will provide that to you. As always, today's event is being recorded.

Invariably, during these webinars, a couple of things can crop up as far as technical difficulties. We have identified two of those, the first of which is, if you start to have audio problems, your audio starts to become intermittent or it stops suddenly, we ask that you locate the Refresh icon at the top of your screen in this address bar. It's the circular arrow. Click

Inpatient Quality Reporting (IQR) Program

Support Contractor

that to refresh your screen. If that is not possible, press your F5 key, your Function 5 key. That achieves the same thing.

The second possible issue that you may encounter is an echo. If, at any time, you start to hear a bad echo – and that may be subjective – that is typically when you have two browser windows open for the same event – for the same webinar. So, in that case, we ask that you click the Close button as you see on this screen – the X in the right corner of the tab window. Once you close that, that should clear up the technical difficulties or, at least, the echo. If you still have technical problems after that, again, we do have the dial-in numbers available. Send us a message via the chat window, and we will provide that to you.

In the same way, you are going to be sending us any information – any request via the chat window for the lines – when you want to submit a question or a comment, as we see on this screen in the bottom left hand corner, type your message in the window and click Send. And, one of our subject matter experts will respond to you as soon as possible. This concludes my portion, and I will now – I will now turn the meeting over to our first speaker.

Deborah Price: Hello, and welcome to the IQR webinar entitled, *IPPS Measure Waivers and Extraordinary Circumstances Exemptions*. Thank you, Anthony. My name is Deborah Price, and I am your coordinator for today's webinar. Today's webinar is being recorded. And, a transcript and the audio portion of the program will be posted on our website, as well as the slides and a transcript of the questions and answers, which will be posted at a later date. Slides were already posted before the event to the *Quality Reporting Center* website, which is www.qualityreportingcenter.com.

And now, I would like to introduce our guest speakers for today. They are Nanette Owen and Candace Jackson. Nanette Owen is a project manager at Health Services Advisory Group, the VIQR support contractor. Nanette has served in a variety of roles during her seven plus years with HSAG; from proposal manager, technical writer, to project coordinator for the Hospital Outpatient Ambulatory Surgery Center quality reporting support

Inpatient Quality Reporting (IQR) Program

Support Contractor

contractor, and also a dispute resolution/immediate advocacy coordinator for case review. Prior to this, Nanette was a certified family mediator and arbitrator for eight years, and she worked in publishing as a project manager and a senior editor for 15 years. Nanette received her MBA from the Florida Institute of Technology and her BS from Florida State University.

For Candace Jackson, Candace is the project lead for the Inpatient Quality Reporting program at Health Services Advisory Group. Prior to this role, Candace worked for nine years as a senior member of the hospital IQR program team at a quality improvement organization and then nine years as a hospital quality improvement compliance director. Candace served over 20 years as a registered nurse in various nursing positions specializing in critical care and end-stage renal disease nursing. Candace received her associate degree in nursing from Presentation College in Aberdeen, South Dakota.

And, now, Nanette will begin our webinar. Nanette, take it away.

Nanette Owen: Thank you, Deb. Good afternoon, everyone. To begin with, we have provided a list of acronyms for you to refer to that will be referenced during the presentation.

The purpose of today's presentation is to review changes to the Inpatient Prospective Payment System Measure Exception Form and the Extraordinary Circumstances Exemption Request Form and to provide guidance on when and how to complete each of these forms. By the end of this presentation, attendees will be able to identify circumstances and events that would require the completion of both the Measure Exception Form and the ECE Request Form for the HQR Programs, as well as accurately complete and submit the forms to CMS. For the first part of the presentation, I will review the Measure Exception Form. During the second part of the presentation, Candace Jackson will review the ECE Request Form.

Inpatient Quality Reporting (IQR) Program

Support Contractor

The Measure Exception offers a mechanism for hospitals to notify CMS when they do not have any measure-specific location or do not treat patients related to the specific HRP measures. At this time, the form may now be used for the Hospital Value-Based Purchasing and Hospital-Acquired Condition Reduction Programs, in addition to the Hospital Inpatient Quality Reporting Program.

Starting with third quarter 2015, hospitals may now use the form for the Perinatal Care and Emergency Department measures. This is in addition to the three Healthcare-Associated Infection measures, which are SSI, Catheter-Associated Urinary Tract Infection and Central Line-Associated Bloodstream Infection. Please note, however, that hospitals will still be required to report population and sampling for the emergency department measures since they are a part of the global measure with IMM-2. Also note that the Measure Exception Form must be renewed at least annually. This requirement will be discussed further later on in the presentation.

OK. On slide 11, we have an example of the PC-01 and ED section of the Measure Exception Form. This is for hospitals that do not deliver babies and/or do not have an emergency department. So, for example, if you are going to fill out the PC-01 section, you would check the box and, then, under Calendar Year, enter “2015.” And, since it is not starting until quarter three, you would check the boxes for quarter three and quarter four. And those are July 1 through September 30 and October 1 through December 31. If your hospital does not have an emergency department and does not provide emergency care, you would then fill out the section for emergency department for ED-1 and ED-2. And those are filled out in the same fashion as PC-01.

On this slide, we have the section of the Measure Exception Form for SSI. For this section, if you were filling out the form for calendar year 2015, you would check the SSI box. Then, you would enter in the calendar year prior to reporting year with 2014. Next, you would enter in the number of procedures performed – and this must be nine or fewer in order to qualify for the exception – and enter “2015” for the exclusion requested for Calendar Year section.

Inpatient Quality Reporting (IQR) Program

Support Contractor

As of calendar year 2015, hospitals are now required to report CAUTI and CLABSI data from all patient care locations that are mapped by the NHSN as adult and pediatric medical, surgical, and med/surg wards, in addition to ICU locations.

As we can see on this slide, the ward locations will be limited to those locations that are mapped or defined as specifically indicated.

Here, we have the section of the Measure Exception Form for CAUTI and CLABSI. So, for example, if you were going to fill out the form for quarter three and quarter four of 2015, you would check the CAUTI and CLABSI boxes, fill in the Calendar Year section with “2015,” and check the July 1 through September 30 and October 1 through December 31 boxes.

This slide shows the required facility contact information, which includes the facility’s CCN and name, as well as the CEO or designee’s last name, first name, title, e-mail address, and telephone number. The form also requires certification that this facility meets the exception criteria and has no data to submit related to the measures for which an exception has been requested.

The Measure Exception Form may be found on the [Quality Reporting Center website](#) at the link found on this slide. The form will also be posted on [QualityNet](#). The completed form may be submitted by email, secure fax, or through the *QualityNet Secure Portal* via secure file transfer. For quarter three and quarter four of 2015, we recommend that facilities submit the Measure Exception Form by February 15, 2016, which is the submission deadline for Clinical, PC-01, and HAI data for quarter three. Facilities will be required to submit a Measure Exception Form for calendar year 2016 as well. And, we recommend that this form be submitted by August 15, 2016, which is the date of submission for Clinical, PC-01, and HAI for quarter one 2016. And now, I would like to turn over the presentation to Candace Jackson. She will be reviewing the ECE Request Form.

Inpatient Quality Reporting (IQR) Program

Support Contractor

Candace Jackson: Thank you. We are now on slide 18. In CMS' experience, there have been times when hospitals have been unable to submit required quality data due to extraordinary circumstances that are not within their control. It is CMS' goal to not penalize hospitals for such circumstances or unduly increase their burden during these times. Therefore, in the Fiscal Year 2012 Inpatient Prospective Payment System Proposed and Final Rule, CMS proposed to continue, for the fiscal year 2014 and subsequent years' payment determination, the process that they adopted in the Fiscal Year 2011 IPPS Final Rule for hospitals to request and for CMS to grant waivers with respect to the reporting of required quality data when there are extraordinary circumstances beyond the control of the hospital.

Under the process, in the event of extraordinary circumstances, such as a natural disaster, not within the control of the hospital, for the hospital to receive consideration for an extension or waiver of the requirement to submit quality data for one or more quarters, a hospital would submit to CMS a request form. As stated, examples that may be considered an extraordinary circumstance could include, but are not limited to: acts of nature, such as a major hurricane, flood, or tornado; extensive fire damage; and/or CMS data collection system issues that would directly affect the ability of hospitals to submit their data. This would include system issues to the CMS Clinical Warehouse that would prohibit a facility from being able to get its data into the warehouse.

On the other hand, there are some circumstances that aren't likely to meet the criteria for an exemption or extension. Some examples of circumstances that may not be granted an exemption or extension could include the following. The hospital only has one security administrator and that person is not available during the submission period or by the submission deadline and the hospital is unable to submit its clinical data. Although for the IQR requirements, a hospital is only required to have one security administrator, we highly encourage you to have two in your facility in the event that something happens to your security administrator, such as being out on medical leave or vacation. Another example is that the staff member responsible for the data is no longer employed by your

Inpatient Quality Reporting (IQR) Program

Support Contractor

facility and you do not have any other staff who are able to submit the data. Again, we encourage you to have more than one person in your facility who can submit the data to CMS. With that being said, if you feel that your facility has experienced a circumstance that is beyond your control, you can always complete and submit the form to CMS. CMS reviews each of the extraordinary circumstances requests that are submitted and makes a determination on each one individually.

To request an extension or exemption, you must complete and submit the form within the specified timeframe for the specific hospital reporting program. For the Hospital Inpatient Quality Reporting Program, including the electronic Clinical Quality Measures (or eCQM), the Inpatient Psychiatric Facility Reporting Program, and the PPS-Exempt Cancer Hospital Quality Reporting Program, the form must be submitted within 30 days of the event. For the Hospital Value-Based Purchasing Program, the Hospital-Acquired Condition Reporting Program, and the Hospital Readmissions Reduction Program, the form must be submitted within 90 days of the event. And, for the Ambulatory Surgical Center and Hospital Outpatient Quality Reporting Programs, the form must be submitted within 45 days of the extraordinary circumstance. You will want to make sure that all sections are complete and that you provide very specific details regarding the extraordinary circumstance in order for CMS to review and consider the request.

Effective starting with fiscal year 2018 payment determination, which would be calendar year 2016, CMS finalized a policy to allow hospitals to utilize the existing Extraordinary Circumstances Extensions/Exemptions Form to request an exemption from the Hospital IQR Program's electronic Clinical Quality Measure reporting requirement for the applicable program year based on hardships preventing hospitals from electronically reporting.

Such hardships could include, but are not limited to, infrastructure challenges, in which hospitals must demonstrate that they are in an area without sufficient Internet access or face insurmountable barriers to obtaining infrastructure or unseen circumstances, such as vendor issues outside of the hospital's control, including a vendor product losing

Inpatient Quality Reporting (IQR) Program

Support Contractor

certification. In addition, hospitals newly participating in the Hospital IQR Program that are required to begin data submission under Hospital IQR Program procedural requirements at 42 CFR 412.140(c)(1), which describes submission and validation of Hospital IQR data), may also be considered undergoing hardship and can apply for an exemption.

In regards to the infrastructure barriers, if you are a hospital, especially a smaller or rural hospital that does not have the capability to support the necessary infrastructure of an Electronic Health Record (such as wiring and/or telecommunications to support an exchange of data between facilities, or to support a patient portal) you may be eligible to obtain an exemption and/or extension for the submission of the eQMs.

Additionally, if you are a hospital that is in the process of upgrading or changing EHR systems to make sure that you are 2014 or 2015 ONC-certified but are not able to have that change completed in time to meet the 2016 eCQM submission deadline, that may also be a reason to fill out the Extraordinary Circumstances Request Form. We would recommend that, if you are a hospital participating in the IQR Program that does not have the necessary networking or infrastructure available to support the use of a 2014 or 2015 ONC-certified EHR system and that is preventing you from being able to meet the requirement for eCQM data submission, that you should fill out the ECE for CMS to review and make a determination.

Again, you will want to make sure your request is very specific and includes all details regarding the circumstance. As with all other extraordinary circumstance requests, CMS will review and make a determination on an individual basis.

When completing the ECE, anything with a red asterisk is a required field and must be completed for it to be reviewed and a determination made. The first thing that you will complete is the program or programs for which you are requesting an extension or exemption. Again, the programs included are: Hospital IQR, which includes eQMs; Inpatient Psychiatric Facility Reporting; PPS-Exempt Cancer Hospital; Hospital Value-Based Purchasing; Hospital-Acquired Condition Reduction Program; Hospital

Inpatient Quality Reporting (IQR) Program

Support Contractor

Readmissions Reduction; Hospital Outpatient; and Ambulatory Surgical Centers.

You will then need to enter the date of the request and the data that the extraordinary circumstance occurred. Continue completing the facility contact information by entering your facility name, CMS certification number, the NPI (if you are an Ambulatory Surgical Center) and the CEO or their designee contact information. It is also helpful to add a second contact under the Additional Contact Information. This may be the person who is completing and/or submitting the form.

You would then continue completing the form by entering the submission quarter or quarters that the extraordinary circumstance affected and the date that your facility will restart submitting data. So, if you, for example, are submitting an exception form for fourth quarter data, you would complete the Submission Quarters Affected as “fourth quarter 2015.” And, if you would be able to start submitting data again with first quarter of ’16, you would enter “first quarter of ‘16” into the column where you would restart submitting data.

On slide 25, to complete the form, you will need to provide explicit justification for the submission restart date, the reason for requesting the extension or exemption, and evidence of the impact of the extraordinary circumstance. Again, you will want to make sure that you are very specific and provide any documentation to support your request.

Once you have completed the form, the request can be submitted to the *QualityNet Secure Portal* via secure file transfer, by email, by secure fax, or through the postal service. Just to re-emphasize, the deadlines for submitting the form is 30 days after the event for IQR, eCQM, Inpatient Psychiatric Facility, and PPS-Exempt Cancer Hospital; 90 days for HVBP, HAC, and the Readmissions Reduction Program; and 45 days for OQR and ASCs.

On this slide, we would just like to remind you of the ways that you can contact us. For questions related to the IQR Program, you can submit

Inpatient Quality Reporting (IQR) Program

Support Contractor

your question through the Q&A tool, email us, or phone the help desk. Additionally, a live chat feature is available. We offer monthly educational webinar conferences, like the one we are presenting today, related to the IQR Program, eCQMs, and Value-Based Purchasing. You will also want to make sure that you are signed up for all the applicable ListServes, such as the IQR and eCQM Listserves. And, you will want to access our [Quality Reporting Center website](#) to obtain all the latest information available.

I would also like to take this opportunity to remind you of some of the upcoming submission deadlines. For third quarter 2015 discharges, the population and sampling deadline is February 1, 2016. Additionally, the deadline for the HAI Validation Templates for third quarter 2015, if you were selected for validation, is also February 1. The submission deadline for the Clinical, PC-01, and HAI data is February 15, 2016. I will now turn the program back over to Deb Price, who will go over the Continuing Education process. Deb, the floor is yours.

Deborah Price: Well, thank you, Candace. Hello again, everyone. This is Deb Price, the Continuing Education Manager. Due to the fact that this webinar has not met the requisite time allotment for Continuing Education credit, via the Board of Registered Nursing, no CEs will be offered for the webinar. We sent out a Listserve before the webinar explaining this to everyone. However, if you do need more CEs, please visit our website and sign up for other events. We have four events that are planned in the upcoming week. There is eCQM. There is IPF going on this week. There's IQR and PCH webinars going on next week. Please see our site for more information on those events. The site, again, is www.qualityreportingcenter.com. And, I am going to pass the ball back to Nanette Owen, our first guest speaker, to close the event. Nanette, the floor is yours.

Nanette Owen: Thank you, Deb. We just want to thank everyone for joining in today, and we want to wish you a wonderful afternoon. Again, the questions and answers will be posted at a later date on [Quality Reporting Center](#) and on [QualityNet](#). Have a great day. Bye.

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