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- 4Q 2017 Population and Sampling Due for IQR-Eligible Hospitals

May 15

- 4Q 2017 Clinical, PC-01, and HAI Data Due for IQR-Eligible Hospitals
- FY 2019 DACA and Structural Measures Due for IQR-Eligible Hospitals
- 3Q 2017 Colon Cancer and Breast Cancer, 1Q 2017 Adjuvant Hormonal Therapy, and 4Q 2017 HAI Measures Due for PCHs
- 4Q 2017–1Q 2018 HCP Data Due for IQR-Eligible Hospitals, PCHs, and IPFs

June 15

- Deadline to Accept Updated NHSN Consent Form for IQR-Eligible Hospitals, PCHs, and IPFs

BREAKING NEWS!

CMS Issues FY 2019 IPPS Proposed Rule

On April 24, 2018, CMS issued a proposed rule to update the FY 2019 Medicare payment policies and rates under the IPPS and the LTCH PPS.

The [FY 2019 IPPS Proposed Rule](#) went on display at the Office of the Federal Register's Public Inspection Desk on April 24, 2018, and will be available until the regulation is published in the *Federal Register* on May 7, 2018, at <https://federalregister.gov/d/2018-08705>. CMS will accept comments on the proposed rule until **June 25, 2018**.

Proposed changes to the Hospital IQR Program and other quality reporting programs are included in the regulation. Details regarding proposals for various quality reporting programs can be found on the pages listed below:

- HAC Reduction Program pages 972–1014
- Hospital IQR Program pages 1153–1270
- Hospital VBP Program pages 905–971
- HRRP pages 888–904
- LTCH Quality Reporting Program pages 1310–1330
- PCHQR Program pages 1271–1309
- Proposed Changes to the Medicare and Medicaid EHR Incentive Programs (now referred to as the Medicare and Medicaid Promoting Interoperability Programs) pages 1331–1447

For a fact sheet on the proposed rule (CMS-1694-P), please visit:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-24.html>.

Spring Forward and Don't Delay, Enter your HCP Influenza Vaccination Data Today!

The CMS NHSN reporting deadline is May 15, 2018, for the 2017/2018 influenza season.

Educational webinar materials pertaining to the Influenza Vaccination Coverage Among HCP measure are available on the [CDC website](#). To assist you with your data submission and verification, check out the [Hospital IQR Program HCP Influenza Vaccination Checklist](#) and the [IPFOR Program checklists](#).

Providers that have questions may send an email to NHSN@cdc.gov and include "HCP Flu Summary" in the subject line.

Keep Your QualityNet Security Administrator Account Active

Hospitals and inpatient psychiatric facilities (IPFs) are required to maintain at least one active *QualityNet* Security Administrator (SA) at all times. This applies to hospitals and IPFs who submit their own data via the *QualityNet Secure Portal* and those who use a vendor to submit data on their behalf. **BEST PRACTICE:** It is highly recommended that hospitals and IPFs designate at least two *QualityNet* SAs, one to serve as the primary SA and the other to serve as a backup. The *QualityNet* SA facilitates the registration process for other users at the organization.

To keep an SA account active, you should log into the *QualityNet Secure Portal* on a regular basis. *QualityNet* tracks account activity based on the last log-in and takes the following steps to prevent accounts from being deactivated:

1. If an account is inactive for 60 days, the user will receive an email reminder to log in and reset their password. **BEST PRACTICE:** Set a reminder to log into the portal at least every 60 days to ensure that you maintain an active SA status account. A *QualityNet Secure Portal* password reset is required every 60 days.
2. After 90 days, the user will receive a second email reminder.
3. Once an account is inactive for 120 days, the account will be disabled, and the user will receive an email confirming that the account is fully disabled.
4. Once an account is disabled, the user must contact the *QualityNet* Help Desk (866) 288-2912 to have the account reset.

Everything You Need to Know About CY 2017 (FY 2019) IQR Structural Measures and DACA

What Are Structural Measures?

Structural measures assess the environment in which providers care for patients. Structural measures also evaluate the capacity of the provider to deliver quality health care by looking at certain characteristics of the provider. CMS believes requesting structural measure information encourages facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Hospitals are required to complete the structural measure questions and submit the responses on an annual basis. The submission period is April 1 through May 15, with respect to January 1 through December 31 of the preceding year. The submission deadline is **May 15, 2018**, for the CY 2017 reporting period.

Hospitals **are not required** to administer a survey or use a checklist; instead, they are only required to answer the questions regarding administration and utilization. Hospitals will not be

penalized for not using a survey or a checklist. Hospitals will be penalized, however, if they fail to answer the structural measure questions.

What are the IQR CY 2017 (FY 2019) Structural Measures?

The two CY 2017 (FY 2019) structural measures are:

1. Hospital Survey on Patient Safety Culture
2. Safe Surgery Checklist Use

The following *QualityNet Secure Portal* images display the structural measure questions providers must answer for the CY 2017 reporting period (FY 2019 payment determination).

1. Hospital Survey on Patient Safety Culture

Hospital Survey on Patient Safety Culture

* Does your facility administer a detailed assessment of patient safety culture using a standardized collection protocol and structured instrument?

Yes
 No

PLEASE NOTE: If “Yes” is selected, you will be prompted to respond to the five questions listed below.

* What is the name of the survey that is administered?

* How frequently is the survey administered?

* Does your facility report survey results to a centralized location?
 Yes
 No, do not report the data outside the facility

* During the most recent assessment, how many staff members were requested to complete the survey?

* During the most recent assessment, how many completed surveys were received?

2. Safe Surgery Checklist Use

Safe Surgery Checklist Use

* Does your facility use a Safe Surgery Checklist?
 Yes
 No

What is the DACA?

The DACA is one of the annual Hospital IQR Program requirements. When providers sign the statement, they attest that, to the best of their knowledge, at the time of submission, all data or information were collected in accordance with all applicable requirements. By signing the DACA, providers also acknowledge this information is used as the basis for public reporting of quality care and patient assessment of care. This acknowledgement covers all Hospital IQR

Program information reported by the hospital or vendors submitting data on behalf of the hospital to CMS for a specific Calendar Year/Payment Year.

Providers sign the DACA electronically in the *QualityNet Secure Portal*. CMS recommends a hospital CEO, who is ultimately responsible, or an authorized representative with the proper role, complete this requirement. For the FY 2019 payment determination, providers are required to complete the DACA through the *QualityNet Secure Portal* from April 1, 2018 through May 15, 2018. The CY 2017 (FY 2019) DACA pertains to submissions from January 1 through December 31, 2017. The deadline for signing the DACA is **May 15, 2018**.

IMPORTANT: The DACA section of the Structural Measures/DACA data entry tool may not be visible immediately. To view the DACA section, slide the scroll bar (below the tool) to the right, as shown in the screenshots below. The DACA section will be located on the far right of your screen. It is highlighted in yellow in the bottom screenshot.

The screenshots illustrate the steps to access the DACA section in the QualityNet portal. The first screenshot shows the 'Inpatient Structural Measures/DACA' page with a scroll bar. A red arrow points to the right, and a callout box says "1. DACA Section is Not Initially Visible". The second screenshot shows the same page after scrolling, with a callout box saying "2. Move Scroll Bar to the Right" and another callout box saying "3. Complete the DACA Section" pointing to a yellow-highlighted "DACA" tab in the table header.

Provider ID	Safe Surgery Checklist Use	Hospital Survey on Patient Safety Culture	
	Incomplete	Incomplete	In

Provider ID	Safe Surgery Checklist Use	Hospital Survey on Patient Safety Culture	DACA
125	Incomplete	Incomplete	Incomplete

How are the Structural Measures and the DACA Submitted?

Providers should use *QualityNet Secure Portal* to electronically enter data. Complete the steps listed below for each structural measure question and the DACA:

1. Log in to the *QualityNet Secure Portal*. Under *Quality Programs*, select *Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR*.
2. Under *My Tasks* and *Manage Measures*, select **View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)**.
3. Select the **Inpatient Structural Measures/DACA** link.
4. Under *Payment Year*, select **2019** and then click **Continue**.
5. Select the hyperlink associated with each structural measure.
6. Answer each structural measure question appropriately and select **Submit**.
7. Select the DACA hyperlink.
8. Complete the DACA by clicking on **“Yes, I Acknowledge”** and entering your **Position**. Then, select **Submit**.

Make Sure to Download Your Hospital VBP Baseline Measures Report

The Hospital VBP Program FY 2020 Baseline Measures Reports are now available from CMS. This report allows hospitals to monitor their baseline period performance for all domains and measures required for the Hospital VBP Program. Hospitals can access their Baseline Measures Report through the *QualityNet Secure Portal*. Please see below for the Baseline and Performance Periods by Domain for FY 2020.

Baseline and Performance Periods For Fiscal Year 2020

Domain	Baseline Period	Performance Period
Clinical Care <ul style="list-style-type: none"> • Mortality (MORT-30–AMI, MORT-30–HF, MORT-30–PN) • THA/TKA 	July 1, 2010–June 30, 2013	July 1, 2015–June 30, 2018
Person and Community Engagement (HCAHPS)	January 1–December 31, 2016	January 1–December 31, 2018
Safety <ul style="list-style-type: none"> • PC-01 • HAI measures 	January 1–December 31, 2016	January 1–December 31, 2018
Efficiency and Cost Reduction (MSPB)	January 1–December 31, 2016	January 1–December 31, 2018

Reports will only be available to hospitals that:

- Are active.
- Registered on *QualityNet*.

AND

- Have users assigned to the following *QualityNet* roles:
 - **Hospital Reporting Feedback-Inpatient** role (required to receive the report)
 - **File Exchange and Search** role (required to download the report from the *QualityNet Secure Portal*)

Hospitals use the Hospital VBP Program Baseline Measures Reports to target opportunities for quality improvement activities.

Please refer to the [How to Read Your FY 2020 Baseline Measures Report](#) document on *QualityNet* for answers to questions related to the FY 2020 Baseline Measures Report. The document is under the “Hospitals - Inpatient” tab drop-down, the **Hospital Value-Based Purchasing (HVBP)** link, and then the **Resources** link on the left-hand side navigation pane.

New Instructional Guidance on the NHSN Re-Consent Process

The NHSN team has published new instructional guidance on its [website](#) to help users complete the updated NHSN Agreement to Participate and Consent (referred to here as Consent). On the website, you’ll find a five-minute video on the purpose of the new Consent with simple instructions for electronically accepting the Consent. A step-by-step [guidance document](#) is also available on the website. This document provides screenshots of the re-consent process in the NHSN application. Links to the video and the guidance document are on the [FAQs About NHSN Agreement to Participate and Consent](#) web page.

The deadline for accepting the updated Consent is **June 15, 2018**, for all components. If you have any questions about the re-consent process, please email the NHSN Help Desk at nhsn@cdc.gov.

Participating acute care facilities will need to re-consent for two components: Patient Safety and Healthcare Personnel Safety. Once you have successfully consented to one component, you will need to return to the NHSN landing page to **repeat the steps** and consent to the second component. Need more help? Check out the [Hospital IQR Program Quick Start Guide: Accepting the Updated NHSN Agreement to Participate and Consent](#).

ECE Request Form

CMS uses the [ECE Request form](#) as a way for hospitals to request an exception or extension (if applicable) from quality reporting requirements due to extraordinary circumstances. The circumstances may include natural disasters such as fire, flood, or hurricane; issues with CMS data collection systems that directly affect a facility’s ability to submit data; or issues that would prevent facilities from eCQM or EHR reporting. For all programs, except for eCQM reporting for the Hospital IQR Program, this form must be submitted within 90 calendar days of the extraordinary circumstance. The eCQM ECE request form must be submitted by April 1 following the end of the reporting period CY. For example, for data collected for CY 2017, hospitals would have to submit the ECE request form by April 1, 2018.

PLEASE NOTE: Non-submission of some quality data may affect the Hospital VBP Program, the HAC Reduction Program, and the Hospital Readmissions Reduction Program. For example, if CMS grants an ECE related to the Hospital VBP Program, the hospital will be excluded from the Hospital VBP Program for the Fiscal Year in which the disaster or extraordinary circumstance

occurred. Hospitals that are excluded from the Hospital VBP Program are not subject to the 2.0 percentage point withholding of their base operating DRG payment. However, they are also not eligible to receive bonus value-based incentive payments related to the Hospital VBP Program.

The ECE form may be submitted via the *QualityNet Secure Portal*; Secure File Transfer “WAIVER EXCEPTION WITHHOLDING” group; email to QRSupport@hcqis.org; secure fax to (877) 789-4443; or mail to 3000 Bayport Drive, Suite 300, Tampa, FL 33607.

Acronyms

Acronym	Term
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
DACA	Data Accuracy and Completeness Acknowledgement
DRG	Diagnosis-Related Group
ECE	Extraordinary Circumstances Exception
eCQM	Electronic Clinical Quality Measure
EHR	Electronic Health Record
FY	Fiscal Year
HAC	Hospital-Acquired Condition
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
HRRP	Hospital Readmission Reduction Program
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
LTCH	Long-Term Care Hospital
NHSN	National Healthcare Safety Network
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PPS	Prospective Payment System
SA	Security Administrator
VBP	Value-Based Purchasing Program