



HOSPITAL QUALITY REPORTING

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Important Dates:

February 15

- 3Q 2017 Clinical, PC-01, and HAI Data Due for IQR Acute Care Hospitals
- 4Q 2016 Adjuvant Hormonal Therapy, 2Q 2017 Colon Cancer and Breast Cancer, and 3Q 2017 HAI Data Due for PCHs

February 28

- 1Q 2017, 2Q 2017, 3Q 2017, or 4Q 2017 eCQM Data Due for IQR Acute Care Hospitals
- CY 2017 EHR Incentive Program Attestation Due

March 1

- CY 2017 NHSN Patient Safety Annual Survey Due for Inpatient Acute Care Hospitals

April 1

- Deadline to Submit eCQM ECE for CY 2017

April 14

- Deadline to Accept Updated NHSN Consent

Are You Ready? Tools and Resources for the February 28 eCQM Reporting Deadline

With the due date for reporting eCQMs for the Hospital IQR Program right around the corner, we wanted to make sure you have everything you need to successfully meet the February 28, 2018 deadline.

Hospitals and vendors will want to submit Production Files **now** for the Hospital IQR and Medicare EHR Incentive Programs. Submissions should be in the QRDA Category I file format and uploaded through the Secure File Transfer in the *QualityNet Secure Portal*.

To assist with Production File submissions, check out our handy [CY 2017 Hospital IQR – Medicare EHR Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Production File\(s\) Instructions](#).

Hospitals and vendors can also continue to submit Test Files through the February 28, 2018 deadline. But remember: Test data submissions are just for practice and **cannot** be used to fulfill Hospital IQR or EHR Incentive Program requirements.

Are you using the PSVA tool before submitting test and production files? It's easy and provides a way for submitters to catch and correct errors prior to their CMS data submission and gives validation feedback of submitted files. This allows submitters to separate out the files without format problems and submit those while they identify errors on the ones that still have trouble getting through. Download the PSVA tool from the Secure File Transfer in the *QualityNet Secure Portal*.

What are the CY 2017 reporting requirements for the FY 2019 payment determination for IQR-eligible hospitals?

- Self-select at least four of the 15 [CY 2017 \(FY 2019\) Available eCQMs](#) from which to report.
- Choose one calendar quarter of discharge data from 1Q 2017, 2Q 2017, 3Q 2017, or 4Q 2017.
- Submit by February 28, 2018, at 11:59 p.m. PT.

Bonus: A successful submission meets the eCQM requirements for the Hospital IQR Program and the CQM requirements for the Medicare EHR Incentive Program (additional requirements apply).

How Do I Successfully Submit?

Data must be submitted through the *QualityNet Secure Portal* in any combination of the three reporting formats:

- **QRDA Category I Files** – used with patients meeting the Initial Patient Population of the applicable measure(s)
- **Zero Denominator Declarations** – used when a facility does not have patients who meet the denominator criteria for a specific eCQM. EHR must be certified to report the specific measure(s) in question.
- **Case Threshold Exemptions** – used when a facility has five or fewer discharges for a specific eCQM during a reporting quarter. This exemption is optional. The facility may choose to submit these cases as QRDA Category I files. EHR must be certified to report the specific measures(s) in question.

Zero Denominator Declarations and/or **Case Threshold Exemptions** are entered in the *QualityNet Secure Portal*. Navigate to the “My Tasks” screen. Locate the box labeled “EHR Incentive Program Hospital eCQM Reporting.” Select **Denominator Declaration/QRDA File Deletion**. Click **Denominator Declaration** to navigate to the screen, “Denominator Declaration for eCQMs.”

Need more information? Check out the [CY 2017 eCQM Overview](#) document.

When Is the Deadline to Submit an eCQM ECE?

April 1, 2018, is the deadline for hospitals to submit an [ECE Request Form](#) for data collected for CY 2017. Hospitals may request an exception from reporting eCQMs for the Hospital IQR Program requirements for the applicable program year due to extraordinary circumstances beyond a hospital’s control. 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 a facility from eCQM or EHR reporting.

Questions? Check out the [eCQM ECE Policy Clarification Questions and Answers](#).

What eCQM Reporting Resources Are Available?

eCQM Specifications

Please see the following for information on eCQM specifications:

- <http://ecqi.healthit.gov/eh>
- https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

Value Sets (Code Lists) for eCQMs Available at VSAC

Visit the VSAC at <https://vsac.nlm.nih.gov/>. To access the value sets, you must first obtain a free Unified Medical Language System® License to use the website at <https://uts.nlm.nih.gov/license.html>.

eCQM Questions

- Submit questions about eCQM data element definitions, intent of measures, and measure logic at <https://oncprojecttracking.healthit.gov/>.

Go to “Create an Issue Ticket” to submit your question. Be sure to include the CMS eCQM ID when you create your issue.

Here is a link to the instructions for the ONC Issue Tracking System/JIRA: <https://www.healthit.gov/sites/default/files/Jira-CQMFS-Instructions.pdf>.

- Submit questions about the Hospital IQR Program eCQM reporting requirements at <https://cms-ip.custhelp.com/>.

Click on **Ask a Question**. After logging in, select the “Product” **Inpatient Quality Reporting (IQR)**, and then select the “Topic” **eCQMs** from the drop-down list.

And, last but not least, make sure you are signed up to receive the [EHR ListServes](#) regarding all things eCQM!

Attest to 2017 EHR Incentive Program Requirements by February 28

Providers participating in the Medicare EHR Incentive Program must attest to the [2017 program requirements](#) by **February 28, 2018**, to avoid a 2018 payment adjustment.

NOTE: The EHR Incentive Program, also referred to as Meaningful Use (MU), is a program **unrelated** to the eCQM requirement for the Hospital IQR Program.

REMINDER: Medicare attestation for the CMS EHR Incentive Program for eligible hospitals and CAHs has transitioned to a new platform. As of January 2, 2018, eligible hospitals and CAHs attesting to CMS for the EHR Incentive Program must now submit their CY 2017 attestations through the [QualityNet Secure Portal](#).

- **Medicaid-eligible hospitals** should contact their [state Medicaid agencies](#) for specific information on how to attest.
- **Dually-eligible hospitals and CAHs** will register and attest for Medicare through the [QualityNet Secure Portal](#) and update and submit registration information in the [Registration and Attestation System](#). The attestation deadline for providers participating in the Medicare EHR Incentive Program is **Wednesday, February 28, 2018**.

For More Information

As of January 2, 2018, please **contact the QualityNet Help Desk** rather than the EHR Incentive Program Information Center (EHRIC) if you need help with the registration and attestation process. The [QualityNet Help Desk](#) is available 8 a.m. – 8 p.m. ET, Monday through Friday: email qnetsupport@hcqis.org; phone (866) 288-8912; TTY (877) 715-6222; fax (888) 329-7377.

Remember These Important NHSN Deadlines

Submit 2017 Patient Safety Component – Annual Hospital Survey by March 1, 2018

ATTENTION! The 2017 Patient Safety Component – Annual Hospital Survey is now available within NHSN. All enrolled inpatient acute care hospitals using the Patient Safety Component must complete and submit the survey by **March 1, 2018**. Facilities that don't complete and submit the 2017 annual survey before **March 1, 2018**, will not be able to enter their monthly reporting plans. Additionally, NHSN reports that use elements taken from the annual survey will reference the most recently completed survey for 2017 data that uses CDC risk-adjustment models. This is important to consider for the upcoming submission of 3Q 2017 data, due on February 15, 2018. Facilities that do not successfully complete the 2017 annual survey prior to February 15, 2018, will have their NHSN data risk adjusted using the 2016 survey. Therefore, the CDC strongly encourages facilities to submit the 2017 Patient Safety Component – Annual Hospital Survey before the 3Q 2017 HAI submission deadline.

Accept Updated NHSN Agreement to Participate and Consent by April 14, 2018

NHSN is updating its Agreement to Participate and Consent (“Consent”), which is a signed agreement between CDC and healthcare facilities that participate in NHSN. The Consent includes a list of the NHSN purposes and the CDC Assurance of Confidentiality for the data that healthcare facilities report to the system. All facilities participating in NHSN should review and accept the updated Consent by **April 14, 2018**, or access to the NHSN application will be suspended. For more information, please see [Guidance for Reviewing and Accepting NHSN’s Updated Agreement to Participate and Consent](#).

Tips for Reporting HCP Influenza Vaccination Data

Surely, we don't have to tell you that the 2017/2018 influenza season is upon us. Although the deadline for reporting HCP Influenza Vaccination measure data is not until **May 15, 2018**, we have provided some helpful information and reminders to help you get started:

- The submission period corresponds to the flu season (October 1 through March 31).

- Hospitals are encouraged to submit data well before the deadline in order to allow for the CDC to transmit the data to CMS and be reflected in a timely manner on data-submission reports.
- HCP must be physically present in the facility for at least one working day from October 1 through March 31.
- HCP Influenza Vaccination reporting is done through the NHSN HPS Component. The HPS Component must be activated by the NHSN Facility Administrator before the facility can report any data.
- The Monthly Reporting Plan must be created in the HPS Component.
- HCP influenza vaccination summary data are entered for the entire influenza season.
- Each time a user enters updated data for an influenza season, all previously entered data for that season are overwritten.

For questions related to HCP influenza vaccination summary data reporting, please email NHSN@cdc.gov and specify “HPS Flu Summary” in the subject line.

For more details, please see the following pages.

New to HCP Influenza Vaccination Reporting? Activate the HPS Component

The HCP Influenza Vaccination reporting is entered via the HPS Component in NHSN. The NHSN Facility Administrator must activate the HPS Component before a facility can report influenza data.

1. On the Home page, select **Facility** and then **Add/Edit Component**.
2. Under Components Followed, check the box next to “Healthcare Personnel Safety.”
3. Add the HPS Component Primary Contact by entering the contact type, name, phone, and email address for the primary contact.

The Facility Administrator must ensure that *at least* one HPS Component user has administrative rights.

NOTE: IPF units located within acute care/critical access facilities *must* be added as a unit within the already enrolled acute care/critical access hospital. Instructions for this may be found at the following link: <https://www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf>.

Create a Monthly Reporting Plan in the HPS Component

The CDC will only send data to CMS that have been included in the HPS Component monthly reporting plan. To enter a monthly reporting plan, on the HPS Component Home page:

1. Click **Reporting Plan** and then **Add** in navigation bar on the left-hand side.
2. Select the correct month and year from the drop-down menus.
3. Under “Healthcare Personnel Vaccination Module,” check the appropriate box [“Influenza Vaccination Summary for the Hospital,” “Influenza Vaccination Summary for the Inpatient Psychiatric Facility Unit(s),” or “Influenza Vaccination Summary”].
4. Click **Save** when finished.

You only need to enter a single monthly reporting plan for the entire influenza season for each reporting program. When one month is selected on the reporting plan, the information is auto-filled on all the reporting plans for the entire influenza season.

Enter HCP Influenza Vaccination Summary Data for the Entire Influenza Season

The HCP Influenza Vaccination Summary Form must be completed by each season’s reporting deadline, which is **May 15, 2018**, for the Hospital IQR, PCHQR, and IPFQR Programs. **Each time a user enters updated data for an influenza season, all previously entered data for that season are overwritten.**

Collect data for the 2017/2018 influenza season according to the HCP Influenza Vaccination Summary Protocol. Report HCP influenza vaccination summary data by selecting **Flu Summary** and then **Add** in the navigation bar on the left-hand side; then, click **Continue**. Select **2017/2018** in the “Flu Season” drop-down box when the summary form appears. Hospitals with IPF units only will be required to select **IPF Unit(s)** in the “Locations” drop-down box. All other facilities will choose **Hospital**. Enter your data on the data entry screen; then click **Save**. Make sure to report data to NHSN on or before **May 15, 2017**.

What's New for IQR for CY 2018?

- **eCQM Validation:** Validation of reported CY 2017 eCQM data begins spring 2018 for the FY 2020 payment determination. Need more info? Check out the [eCQM Data Validation Overview](#) page on *QualityNet*.
- **HCAHPS Survey Pain Questions:** The name of the composite measure was updated from “Pain Management” to “Communication About Pain.” Three of the pain questions were refined to focus more directly on communication with patients about their pain during the hospital stay.
- **Voluntary Reporting on Hybrid Measure:** CMS adopted the Hybrid Hospital-Wide 30-Day Readmission (HWR) measure as a voluntary measure for the CY 2018 reporting period. The measure is to be reported utilizing QRDA Category I files via the *QualityNet Secure Portal*. For more information, please reference the [Voluntary Hybrid Hospital-Wide Readmission \(HWR\) Measure Overview](#) page on *QualityNet*.
- **Chart-Abstracted Validation:** CMS formalized the educational review process for chart-abstracted measures. Hospitals can request an educational review on a quarterly basis for the first three quarters of validation. If an educational review yields incorrect CMS validation results for chart-abstracted measures, CMS would use the corrected quarterly score, as recalculated during the educational review process, to compute the final confidence interval. CMS will use the revised score identified through an educational review when determining whether or not a hospital failed validation. Further, corrected scores identified through the educational review would only be used if they indicate that the hospital performed more favorably than previously determined. Further details may be found on the [Chart-Abstracted Data Validation – Educational Reviews](#) page on *QualityNet*.

New Tools for Quality Reporting

Check out the latest Quality Reporting tools:

- Inpatient Acute Care Hospitals [NHSN Survival Guide](#) – Updated for CY 2017
- IQR [3Q 2017 Checklist](#) – Updated for 3Q 2017
- IQR [3Q 2017 HAI Checklist](#) – New for 3Q 2017
- IQR [FY 2019 Structural Measures/DACA Quick Reference Guide](#) – Updated for CY 2017
- Hospital VBP [FY 2019 Value-Based Purchasing Domain Weighting Version 2](#) – Updated for FY 2019
- IPFQR [Data Submission Checklist: IPF NHSN Enrollment and Influenza Vaccination Coverage Among HCP Measure Data – FY 2019](#) – Updated for FY 2019
- IPFQR [Verification Checklist: IPF Reporting of Influenza Vaccination Coverage Among HCP Measure Data – FY 2019](#) – Updated for FY 2019

Acronyms

Acronym	Term
CAH	Critical Access Hospital
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
CQM	Clinical Quality Measure
CY	Calendar Year
DACA	Data Accuracy and Completeness Acknowledgement
ECE	Extraordinary Circumstances Exception
eCQM	Electronic Clinical Quality Measure
EHR	Electronic Health Record
ET	Eastern Time
FY	Fiscal Year
HAI	Healthcare-Associated Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
HPS	Healthcare Personnel Safety
ID	Identification
IPF	Inpatient Psychiatric Facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IQR	[Hospital] Inpatient Quality Reporting
NHSN	National Healthcare Safety Network
ONC	Office of the National Coordinator for Health Information Technology
PC	Perinatal Care
PCH	PPS-Exempt Cancer Hospital
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PPS	Prospective Payment System
PSVA	Pre-Submission Validation Application
PT	Pacific Time
Q	Quarter
QRDA	Quality Reporting Document Architecture
TTY	Teletype/Text Telephone
VBP	[Hospital] Value-Based Purchasing Program
VSAC	Value Set Authority Center