



Hospital IQR Program Requirements 2018



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**Report Quarterly Data on Six
Chart-Abstracted Measures**

1. Report Quarterly Data on Six Chart-Abstracted Measures



REQUIREMENT:

Hospitals must report on all six chart-abstracted measures.



SUBMISSION METHOD:

QualityNet Secure Portal (Third party vendor authorization required.)



DEADLINE:

Quarterly Submission Deadlines

Chart-Abstracted Measures

- | |
|---|
| 1. ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients |
| 2. ED-2: Admit Decision Time to ED Departure Time for Admitted Patients |
| 3. IMM-2: Influenza Immunization (The IMM-2 measure is collected for all four quarters; however, only discharges included in the first and fourth quarters will be included in the measure calculation.) |
| 4. PC-01: Elective Delivery |
| 5. SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock |
| 6. VTE-6: Incidence of Potentially Preventable Venous Thromboembolism |

Hospitals With Five or Fewer Discharges

Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) per measure in a quarter are not required to submit patient-level data.

PC-01 Measure Submission

Hospitals are required to enter PC-01 measure data through the web-based tool on a quarterly basis. These data are manually entered. They cannot be transmitted via xml file. If you do not deliver babies at your organization, you must enter zeros for the PC-01 measure each quarter or you can submit an IPPS Measure Exception Form.



**Submit Population and Sample Size
Counts Quarterly to QualityNet**

2. Submit Population and Sample Size Counts Quarterly to QualityNet



REQUIREMENT:

Hospitals must submit population and sampling numbers for all chart-abstracted measures.



SUBMISSION METHOD:

QualityNet Secure Portal (Third party vendor authorization required.)



DEADLINE:

Quarterly Submission Deadlines

Hospitals must submit aggregate population and sample size counts for each chart-abstracted measure. This requirement only applies to populations for the chart-abstracted measures. It must be completed quarterly through the QualityNet Secure Portal.

Hospitals With Five or Fewer Discharges

If you have five or fewer discharges per measure (Medicare and non-Medicare combined) in a quarter you are **not required to submit patient-level data** for that measure for that quarter. However, **you must submit the aggregate population and sample size counts** even if the population is zero. Leaving a field blank does not fulfill the requirement.



**Select Four Out of 15 eCQMs and
Report One Quarter's Worth of Data**

3. Select Four Out of 15 eCQMs and Report One Quarter's Worth of Data



REQUIREMENT:

Hospitals must report on at least four of the available 15 eCQMs.



SUBMISSION METHOD:

QualityNet Secure Portal (Third party vendor authorization required.)



DEADLINE:

Annual Submission Deadline of February 28, 2019

Electronic Clinical Quality Measures (eCQMs)

- | |
|--|
| 1. AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival |
| 2. CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver |
| 3. ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients |
| 4. ED-2: Admit Decision Time to ED Departure Time for Admitted Patients |
| 5. EHDI-1A: Hearing Screening Prior to Hospital Discharge |
| 6. PC-01: Elective Delivery |
| 7. PC-05: Exclusive Breast Milk Feeding |
| 8. STK-2: Discharged on Antithrombotic Therapy |
| 9. STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter |
| 10. STK-5: Antithrombotic Therapy by the End of Hospital Day Two |
| 11. STK-6: Discharged on Statin Medication |
| 12. STK-8: Stroke Education |
| 13. STK-10: Assessed for Rehabilitation |
| 14. VTE-1: Venous Thromboembolism Prophylaxis |
| 15. VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis |

Additional eCQM Requirements

1

Your EHR must be certified to either the 2014 or 2015 Edition of Certified EHR Technology (CEHRT) or a combination of both.

2

All data must be submitted using the QRDA (Quality Reporting Document Architecture) Category 1 file format. File submission must include one QRDA 1 file per patient, per quarter that includes all episodes of care and the measures associated with the patient file.

3

Hospitals must use the most recent version of the eCQM specifications.

4

Hospitals must use a combination of factors to successfully complete their eCQM requirements. If you have at least five cases in the Initial Patient Population and have no zeros in your denominators for the measures you are submitting, you have successfully met the requirements for submission. If, however, you do not have at least five cases in the Initial Patient Population field, you must submit a Case Threshold Exemption. If your measure has zero in the denominator you must submit a Zero Denominator Declaration.

When and How

Just as in 2017, you can choose to report data from any one quarter of 2018. The submission window opens this summer, so we suggest that you submit your measures as soon as possible instead of rushing to get it done at the last minute. However, you do have until February 28, 2019 to get your data submitted to CMS.

Other Considerations for eCQM Submission

By submitting your eCQMs to the IQR program, you will also successfully meet your CQM requirement for the Meaningful Use (EHR Incentive/Promoting Interoperability) program.

If you choose to submit ED-1 and/or ED-2 and/or PC-01 as an eCQM you **still must** submit the chart-abstracted data as well.



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**Report Quarterly Data
on Six HAI Measures**

4. Report Quarterly Data on Six HAI Measures



REQUIREMENT:

Hospitals must report on six HAI measures.



SUBMISSION METHOD:

National Healthcare Safety Network (NHSN) Portal



DEADLINE:

Quarterly Submission Deadlines (Exception: HCP measure)

HAI Measures

CAUTI: NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure

CDI: NHSN Facility-Wide Inpatient Hospital-Onset Clostridium Difficile Infection (CDI) Outcome Measure

CLABSI: NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure

Colon & Abdominal Hysterectomy SSI: American College of Surgeons – Centers for Disease Control and Prevention (ACS- CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure

HCP: Influenza Vaccination Coverage Among Healthcare Personnel

MRSA Bacteremia: NHSN Facility-Wide Inpatient Hospital-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure

Healthcare Personnel Influenza Vaccination Measure Requirements

All HAI measures, with the exception of the HCP measure, are submitted quarterly to the CDC through the NHSN Portal. For the HCP measure, only data from October 1, 2018 – March 31, 2019 must be submitted by the annual submission deadline of May 15, 2019.



**Report Quarterly Data on the Patient
Experience of Care Survey**

5. Report Quarterly Data on the Patient Experience of Care Survey



REQUIREMENT:

Hospitals must report Patient Experience of Care Survey measures data.



SUBMISSION METHOD:

QualityNet Secure Portal



DEADLINE:

Quarterly Submission Deadlines

Patient Experience of Care Survey Measures

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

CTM-3: 3-Item Care Transition Measure

Other Considerations for the HCAHPS Survey

Hospitals with six or more HCAHPS-eligible discharges in a month must submit the total number of HCAHPS-eligible cases for the month as part of the quarterly survey data submission.

Hospitals with five or fewer HCAHPS-eligible discharges in a month are not required to submit the HCAHPS survey for that month.

If you have no HCAHPS-eligible discharges in a month, you must submit a zero for that month as a part of the quarterly data submission.



6

**Complete the Information for
Two Structural Measures
on an Annual Basis**

6. Complete the Information for Two Structural Measures on an Annual Basis



REQUIREMENT:

Hospitals must report two Structural measures.



SUBMISSION METHOD:

QualityNet Secure Portal



DEADLINE:

Annual Submission Deadline between April 1 – May 15, 2019

Structural Measures

Patient Safety Culture: Hospital Survey on Patient Safety Culture

Safe Surgery Checklist: Safe Surgery Checklist Use

Data can be entered through the QualityNet Secure Portal from April 1 – May 15, 2019.



7

**Complete the DACA
on an Annual Basis**

7. Complete the DACA on an Annual Basis



REQUIREMENT:

Hospitals must complete the Data Accuracy and Completeness Acknowledgment (DACA).



SUBMISSION METHOD:

QualityNet Secure Portal



DEADLINE:

Annual Submission Deadline between April 1 – May 15, 2019

The Data Accuracy and Completeness Acknowledgment (DACA) is a requirement for hospitals participating in the IQR program. The DACA is a method of electronically attesting that the data they submitted to the program is accurate and complete to the best of their knowledge. You can attest anytime between April 1 – May 15, 2019. Hospitals may complete the DACA within the QualityNet Secure Portal.



**Review your
Claims-Based Data**

8. Review your Claims-Based Data



REQUIREMENT:

Hospitals are evaluated for their performance on 20 Claims-Based Outcome measures and 11 Claims-Based Payment measures.



SUBMISSION METHOD:

No additional submission is required.



DEADLINE

No submission deadline.

Claims-Based Payment Measures

AMI Payment: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)

HF Payment: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)

PN Payment: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia

THA/TKA Payment: Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty

MSPB: Payment-Standardized Medicare Spending Per Beneficiary (MSPB)

Cellulitis Payment: Cellulitis Clinical Episode-Based Payment

GI Payment: Gastrointestinal Hemorrhage Clinical Episode-Based Payment

Kidney/UTI Payment: Kidney/Urinary Tract Infection Clinical Episode-Based Payment

AA Payment: Aortic Aneurysm Procedure Clinical Episode-Based Payment

Chole and CDE Payment: Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment

SFusion Payment: Spinal Fusion Clinical Episode-Based Payment

Claims-Based Outcome Measures

MORT-30-AMI: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization

MORT-30- CABG: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery

MORT-30-COPD: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization

MORT-30-HF: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization

MORT-30-PN: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization

MORT-30-STK: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke

READM-30-AMI: Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization

READM-30-CABG: Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery

READM-30-COPD: Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization

READM-30-HF: Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization

READM-30-HWR: Hospital-Wide All-Cause Unplanned Readmission (HWR)

READM-30-PN: Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization

READM-30-STK: 30-Day Risk Standardized Readmission Rate Following Stroke Hospitalization

READM-30-THA/TKA: Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

AMI Excess Days: Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction

HF Excess Days: Excess Days in Acute Care after Hospitalization for Heart Failure

PN Excess Days: Excess Days in Acute Care after Hospitalization for Pneumonia

Hip/Knee Complications: Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

PSI 04: Death Rate Among Surgical Patients with Serious Treatable Complications

PSI 90: Patient Safety and Adverse Events Composite

Hospitals will receive a score for their performance on 20 Claims-Based Outcome measures and 11 Claims-Based Payment measures. No additional data submission is required to calculate the claims measure rates. CMS uses enrollment data as well as Part A and Part B claims data to calculate the measure rates.

You will receive Hospital-Specific Reports (HSRs) from CMS for these Claims-Based measures in the QualityNet Secure Portal. These reports contain discharge-level data, hospital-specific results and state and national results for comparison.



**Check Submission
Deadlines**

Submission Deadlines for the IQR Program

Quarter	Submission Deadline			
	Chart-Abstracted Measures (Patient-Level Clinical Files)	Population & Sampling (Chart-Abstracted Measures)	HAI Measures	HCAHPS Survey Measures
Q1 2018 (Jan 1 – Mar 31)	Aug. 15, 2018	Aug. 1, 2018	Aug. 15, 2018	July 5, 2018
Q2 2018 (Apr 1 – Jun 30)	Nov. 15, 2018	Nov. 1, 2018	Nov. 15, 2018	Oct. 3, 2018
Q3 2018 (Jul 1 – Sep 30)	Feb. 15, 2019	Feb. 1, 2019	Feb. 15, 2019	Jan. 3, 2019
Q4 2018 (Oct 1 – Dec 31)	May 15, 2019	May 1, 2019	May 15, 2019	April, 2019

EXCEPTION: HCP Measure

Reference period data (Oct 1, 2018 – Mar 31, 2019) is due May 15, 2019.

eCQMs

Choose one quarter of data and submit that by the February 28, 2019 deadline

DACA Form

Complete by April 1 - May 15, 2019

Structural Measures

Full year of data (Jan 1 – Dec 31) is due by April 1 – May 15, 2019

Claims Data

No additional submission is required

Validation/Audits

There are two types of audits that CMS will perform in 2018. The chart-abstracted measure audits will continue as they have in the past. For eCQM audits, CMS will audit eCQMs from data submitted for the 2017 performance year starting in 2018. They will continue this eCQM audit with the 2018 performance data.

Chart-Abstracted Audits

CMS performs random and targeted provider audits of hospitals participating in the IQR program. To successfully pass the audit, hospitals must receive a 75% score or better.

CMS will validate up to eight cases for clinical process of care measures (STK, ED, IMM, VTE or SEP) and up to 10 candidate HAI cases (up to four candidate HAI per template and up to two candidate SSI cases) per quarter for each hospital.

Hospitals are also required to submit either:
MRSA & CDI Validation Templates **OR** CLABSI & CAUTI Validation Templates

Each quarter the CDAC will send hospitals a request to submit a patient medical record for each case and candidate case that CMS selected to be audited.

eCQM Audits

CMS will select 200 hospitals to audit via random sample. Eight cases (individual patient-level reports) will be selected from the QRDA 1 files that were submitted. The hospital must then submit at least 75% of sample eCQM medical records within 30 days of the request. The eCQM data submitted must contain sufficient patient-level information including arrival date and time, inpatient admission date and discharge data from the inpatient episode of care.

Hospitals selected for chart-abstracted audits or hospitals granted an extraordinary circumstances exception will be excluded from the eCQM audit.

Consequences for Inaction

If you do not successfully complete each of these requirements, you risk losing up to 2% of your Medicare reimbursements in 2020. Similarly, if you don't successfully complete all elements of the IQR program in 2019, you could lose 2% of your Medicare reimbursement in 2021. Hospitals are facing a significant decrease in funding over time if they don't fully participate each year.

RISK LOSING



IN 2020.

[AND]



IN 2021.

What to do Now

Since much of this burden often falls to IT and Quality, each department should review and become familiar with all of their data, especially eCQM data since it's so new. Get Quality and IT together to start creating a plan for next year. Look at the list of requirements and decide on the resources you have (tech and human) to complete the program. Figure out what you need to be successful and incorporate that into your planning sessions.



A Word about eCQMs

Unlike the other measure results of the IQR program, CMS has decided NOT to publish the 2018 or 2019 eCQM data on Hospital Compare. However, given the history of quality reporting, it will only be a matter of time until results will be posted there. So, start prepping.

If you have not already implemented eCQMs in your hospital, there's no time to lose. It takes time to properly implement. Not to mention how long it can take to educate and improve compliance with workflow changes.

If you have implemented the eCQMs already, we suggest that you review your results and identify any gaps in performance. Then create a plan for addressing these gaps before or during 2018.

Why Medisolv?

TRUSTED LEADER

Medisolv is a trusted leader in quality management and reporting. We have a long history of helping hospitals and clinicians to successfully fulfill their regulatory reporting requirements and improve their quality of care.

EASY-TO-USE SOFTWARE

We know that the quality reporting process can be frustrating and overwhelming. That's why our software makes it easy for medical professionals to report on a wide range of quality data, including eQCM, abstracted and registry measures, to government organizations such as CMS and The Joint Commission.

CLINICAL EXPERTS

And we don't just help with reporting. Our software comes with an entire group of clinical experts who guide your organization throughout the quality journey—from start to finish. We'll help with implementation, provide ongoing technical support throughout the year, consult your team on the best way to improve clinical workflows and take care of all your submissions.

Get rid of your quality reporting headache. **Let us be your quality partner.**

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