2019
Hospital IQR Program Requirements

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1

Report Quarterly Data On These Three Chart-Abstracted Measures

1. Report Quarterly Data On These Three Chart-Abstracted Measures

REQUIREMENT:
Hospitals must report on three chart-abstracted measures.

(The following clinical process of care measures have been removed: ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients, IMM-2: Influenza Immunization and VTE-6: Incidence of Potentially Preventable Venous Thromboembolism.)

SUBMISSION METHOD:
QualityNet Secure Portal (Third party vendor authorization required.)

DEADLINE:
Quarterly Submission Deadlines

Chart-Abstracted Measures
ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients
PC-01: Elective Delivery
SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock

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.

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**Submit Population And
Sample Size Counts Quarterly**

2. Submit Population and Sample Size Counts Quarterly

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 specific measure and 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.

3

**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:
March 2, 2020

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

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Additional eCQM Requirements

1 Unlike 2018, your EHR must be certified to the 2015 Edition of Certified EHR Technology (CEHRT) for reporting in 2019. You will no longer be able to use the 2014 Edition of CEHRT.

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 contains 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 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.

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Other Considerations for eCQM Submission

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

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

4

**Report Quarterly Data On
These Six HAI Measures**

4. Report Quarterly Data on these 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 2018–March 2019 must be submitted by the annual submission deadline of May 15, 2019.

5

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

On an Annual Basis, Complete the DACA

6. On an Annual Basis, Complete the DACA

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, 2020

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, 2020. Hospitals may complete the DACA within the QualityNet Secure Portal.

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**Review your
Claims-Based Data**

7. Review your Claims-Based Data

REQUIREMENT:
Hospitals are evaluated for their performance on 8 Claims-Based Outcome measures and 4 Claims-Based Payment measures.

(The following measures have been removed: PSI 90, READM-30-AMI, READM-30-COPD, READM-30-CABG, READM-30-HF, READM-30-PN, READM-30-STK, READM-30-THA/ TKA, MORT-30-AMI, MORT-30-HF, Medicare Spending Per Beneficiary (MSPB), Cellulitis Payment, GI Payment, Kidney/UTI, Payment, AA Payment, Chole and CDE Payment, SFusion Payment, Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization and Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization.)

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

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Claims-Based Outcome Measures
MORT-30- CABG: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery
MORT-30-STK: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic
READM-30-HWR: Hospital-Wide All-Cause Unplanned Readmission (HWR)
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

Hospitals will receive a score for their performance on 8 Claims-Based Outcome measures and 4 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 a 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.

Validation/Audits

CMS will continue conducting audits for both chart-abstracted measures and eCQMs next year.

Chart-Abstracted Audits

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

If you are audited for your 2019 chart-abstracted submission, it will contain data from Q3 2018, Q4 2018, Q1 2019 and Q2 2019. CMS will validate up to eight cases for clinical process of care measures and up to 10 candidate HAI cases (up to four candidate HAI per template and up to two candidate SSI cases) per quarter per 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 who were selected for chart-abstracted audits or hospitals granted an extraordinary circumstances exception will be excluded from the eCQM audit.

IQR Program
Measure
Removal Guide

IQR Program Measure Removal Guide

Electronic Clinical Quality Measures (eCQMs)				
Short Name	**Measure Name**	**2019**	**2020**	**2021**
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	✓		
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver	✓		
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	✓		
ED-2*	Admit Decision Time to ED Departure Time for Admitted Patients	✓	✓	✓
EHDI-1a	Hearing Screening Prior to Hospital Discharge	✓		
PC-01*	Elective Delivery	✓		
PC-05	Exclusive Breast Milk Feeding	✓	✓	✓
STK-2	Discharged on Antithrombotic Therapy	✓	✓	✓
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	✓	✓	✓
STK-5	Antithrombotic Therapy by the End of Hospital Day Two	✓	✓	✓
STK-6	Discharged on Statin Medication	✓	✓	✓
STK-8	Stroke Education	✓		
STK-10	Assessed for Rehabilitation	✓		
VTE-1	Venous Thromboembolism Prophylaxis	✓	✓	✓
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	✓	✓	✓

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

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IQR Program Measure Removal Guide

Chart-Abstracted Clinical Process of Care

Short Name	Measure Name	2019	2020	2021
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients			
ED-2*	Admit Decision Time to ED Departure Time for Admitted Patients	✅		
IMM-2	Influenza Immunization			
PC-01*	Elective Delivery	✅	✅	✅
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	✅	✅	✅
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism			

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

NHSN (Healthcare-Associated Infection)

Short Name	Measure Name	2019	2020	2021
CAUTI	National Healthcare Safety Network (NHSN) Catheter- Associated Urinary Tract Infection (CAUTI) Outcome Measure	✅		
CDI	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure	✅		
CLABSI	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	✅		
Colon and 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	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	✅		

IQR Program Measure Removal Guide

Patient Experience of Care Survey

Short Name	Measure Name	2019	2020	2021
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems (including Care Transition Measure [CTM-3] and Communication About Pain composite measure)	✅	✅	✅

Structural Patient Safety

Short Name	Measure Name	2019	2020	2021
Patient Safety Culture	Hospital Survey on Patient Safety Culture			
Safe Surgery Checklist	Safe Surgery Checklist Use			

Claims-Based Patient Safety

Short Name	Measure Name	2019	2020	2021
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 for Selected Indicators Composite Measure, Modified PSI 90			

IQR Program Measure Removal Guide

Claims-Based Mortality Outcome

Short Name	Measure Name	2019	2020	2021
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	✅	✅	✅

Claims-Based Coordination of Care

Short Name	Measure Name	2019	2020	2021
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	✅	✅	✅

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IQR Program Measure Removal Guide

Claims-Based Payment				
Short Name	**Measure Name**	**2019**	**2020**	**2021**
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			

Consequences for Inaction

A word of caution to you. 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.

RISK LOSING

-2%

IN 2021

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What to do Now

Much of this burden often falls to Quality. And while the Quality department should review and become familiar with all of their data, both Quality and IT will benefit from working together to start creating a plan for next year. Familiarize your team with the list of requirements and decide on the resources you have (tech and human) to complete the program. Figure out what you will 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 2019 eCQM data on Hospital Compare. However, if we look at the history of quality reporting, it will only be a matter of time until results will be posted there. So, it's prep time.

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 2019.

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Getting eCQM help

Medisolv has worked with many hospitals from the very beginning of their quality improvement process. We've felt their frustration and understood their concerns. But we can assure you that we can get you through this process and provide long-term support as the regulations and requirements change.

Medisolv's ENCOR Quality Reporting and Management software solution provides hospitals with the tools they need to meet all the CMS IQR reporting requirements.

In addition to the software, our solution provides your hospital with expert clinical consultants that will guide your hospital through implementation, validation and submission. Unlike other companies, we do the heavy lifting for you when it comes to submission.

Medisolv Metrics

2012

Medisolv has been submitting electronic quality data since the pilot programs began in 2012.

Medisolv was ranked #1 for Quality Management in the 2019 Best in KLAS report.

KLAS
CATEGORY LEADER
QUALITY MANAGEMENT
2019

95%

client retention rate.

100%

of Medisolv clients have avoided a CMS penalty.

15+

average number of years Medisolv clinical experts have worked in a hospital setting.

"We submitted our first eCQMs accurately, three months early, and under budget … It gives me comfort that as we move forward and the landscape changes, Medisolv will be right there with us."

Jill Bradford Shuemaker, Senior Clinical Informaticist
Virginia Commonwealth University Health System

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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 eCQM, 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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