



# NEWSLETTER **QUALITY REPORTING CENTER**

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## **Important Dates**

### **January 2, 2020**

- ▶ 3Q 2019 HCAHPS Survey Data Due for ACHs and PCHs

### **February 3, 2020**

- ▶ 3Q 2019 Population & Sampling Due for ACHs

### **February 18, 2020**

- ▶ 3Q 2019 Clinical, PC-01, and HAI Data Due for ACHs
- ▶ 3Q 2019 HAI Data Due for PCHs

## FY 2020 Hospital VBP Program Payment Adjustment Factors Posted

CMS recently posted the Hospital VBP Program incentive payment adjustment factors for each participating hospital for FY 2020 in Table 16B at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Tables.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>. The incentive payment adjustment factors will be applied to the base operating DRG payment amount for each discharge occurring in the fiscal year, on a per-claim basis. FY 2020 begins October 1, 2019 and ends September 30, 2020.

This is the eighth year of the Hospital VBP Program, affecting payment for inpatient stays in approximately 2,700 hospitals across the country. Hospitals' payments will depend on the following:

- ▶ How well they performed—compared to their peers—on important healthcare quality and cost measures during a performance period
- ▶ How much they improved the quality of care provided to patients over time

### Interesting Stats in FY 2020



- ▶ More than 1,500 hospitals (over 55 percent) will receive higher Medicare payments.
- ▶ Almost 60 percent of hospitals will see a small change (between -0.5 and 0.5 percent) in their Medicare payments.
- ▶ The average net payment adjustment is 0.16 percent. The average net increase in payment adjustments is 0.60 percent, and the average net decrease in payment adjustments is -0.39 percent.
- ▶ The highest performing hospital in FY 2020 will receive a net increase in payments of 2.93 percent, and the lowest performing hospital will incur a net decrease in payments of -1.72 percent.



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(**over 55%**) will receive  
**higher** Medicare payments.

## Hospital IQR Program Measures for CY 2020 Reporting (FY 2022 Payment Determination)

CMS continues to remove unnecessary, redundant, and process-driven measures in its commitment to prioritizing patients and using a smaller set of more meaningful measures. CMS is focusing on measures that provide opportunities to reduce both paperwork and reporting burden on providers and on patient-centered outcome measures. CY 2020 Hospital IQR Program measures are below.

Measure Short Name	Measure Name
<b>Clinical Process of Care Measures (via Chart Abstraction)</b>	
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
PC-01	Elective Delivery
<b>Public Health Registry Measure</b>	
HCP	
<b>EHR-Based Clinical Quality Measures (eQMs)</b>	
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients
PC-05	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice
STK-02	Discharged on Antithrombotic Therapy
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05	Antithrombotic Therapy by the End of Hospital Day Two
STK-06	Discharged on Statin Medications
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
<b>Patient Experience of Care Survey Measures</b>	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey
<b>Claims-Based Coordination of Care Measures (Excess Days in Acute Care)</b>	
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
<b>Claims-Based Coordination of Care Measures (Readmission)</b>	
READM-30-HWR	Hospital-Wide All-Cause Unplanned Readmission Measure
<b>Claims-Based Mortality Outcome Measures</b>	
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke
<b>Claims-Based Patient Safety Measures</b>	
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
PSI 04	Death Rate Among Surgical Inpatients with Serious Treatable Complications
<b>Claims-Based Payment Measures</b>	
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction

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

### HAI Measures Removed from Hospital IQR Program

Beginning with the CY 2020 reporting period, HAI measures will be removed from the Hospital IQR Program but will be retained in the HAC Reduction and Hospital VBP Programs. HAI reporting requirements for hospitals will not change. Those requirements include the following:

- ▶ Reporting frequency
- ▶ Data submission deadlines
- ▶ Data collection system (CDC NHSN portal)
- ▶ Hospitals that do not have applicable HAI locations or procedures should submit the HAI Measure Exception Form to CMS, beginning January 1, 2020.
- ▶ Hospitals must submit the Measure Exception Forms annually.

The same quarterly feedback reports for hospitals, including facility-, state-, and national-level results, will be available through the *QualityNet Secure Portal*. Policies for the submission, review, and correction of CDC NHSN HAI data did not change. Hospitals can submit, review, and correct CDC NHSN HAI data for 4.5 months after the end of the reporting quarter. Immediately following the submission deadline, the CDC creates a snapshot of the data and sends it to CMS. CMS does not receive or use data entered into NHSN after the submission deadline. CMS strongly encourages hospitals to review and correct their data prior to the HAI submission deadlines. CMS will continue to publically report the HAI data.

### Looking Ahead: Hospital IQR Program Requirements for CY 2020 (FY 2022 Payment Determination)

With CY 2020 right around the corner, let’s look ahead and prepare. For CY 2020 reporting, there will continue to be quarterly and annual requirements:

Quarterly Requirements	Annual Requirements
<ul style="list-style-type: none"> <li>• HCAHPS Survey Data</li> <li>• Population and Sampling (SEP only)</li> <li>• Clinical Process of Care Measures (SEP only)</li> <li>• PC-01</li> <li>• Validation of medical records (if selected)</li> </ul>	<ul style="list-style-type: none"> <li>• One active <i>QualityNet</i> Security Administrator</li> <li>• DACA</li> <li>• Influenza Vaccination Coverage Among HCP</li> <li>• eQMs</li> </ul>

Watch for upcoming webinars with further details.

## Are you ready? Review Tips, Tools and Resources Available for CY 2019 eCQM Reporting!

CMS has announced that the Hospital Quality Reporting system, located within the *QualityNet Secure Portal*, is now accepting eCQMs for CY 2019 reporting through the March 2, 2020 submission deadline. Hospitals and vendors are now able to submit QRDA Category I test and production files utilizing CY 2019 requirements.

### What are the steps to meet the CY 2019 eCQM reporting requirements for the FY 2021 payment determination for hospitals?

- Select at least four of the 15 CY 2019 Available eCQMs to report.
- Choose discharge data from one of the following calendar quarters: 1Q 2019, 2Q 2019, 3Q 2019 or Q4 2019.
- Submit the data by March 2, 2019, 11:59 p.m. Pacific Time.

**\*\* Reminder\*\*** A successful submission meets eCQM requirements for the Hospital IQR Program and is one of the requirements for the Promoting Interoperability Program for eligible hospitals and critical access hospitals.

### How do I successfully submit?

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

- QRDA Category I Files – 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; and
- Case Threshold Exemptions – Used when a facility has five or fewer discharges for a specific eCQM during a reporting quarter; the facility may choose to submit the cases as QRDA I files.

**\*\* Reminder\*\*** Whether using the Zero Denominator Declarations or the Case Threshold Exemptions, the EHR must be certified to report the specific measure(s) in question.

**Are you using the PSVA tool?** It is beneficial to use the tool to catch and correct file format errors for your test and production QRDA I files prior to submission to CMS. The PSVA tool can also be used to submit file format error-free QRDA Category I files directly to the *QualityNet Secure Portal*. Download the PSVA tool from the Secure File Transfer in the *QualityNet Secure Portal*.

**Where do I find technical documentation – is there one place where all that information is maintained?** Visit the [eCQI Resource Center](#) – the one-stop shop for all things associated with eCQM reporting! This CMS website houses everything from a CY 2019 Implementation Checklist of the eCQM Annual Update, to eCQM Flow Charts, and more!

**I heard that CMS is updating the HQR system –I’m ready to learn about the new functionality for CY 2019 eCQM reporting. Will I still have access to the current system while the new functionality is rolling out?**

The Next Generation of CMS’s Hospital Quality Reporting system has new, enhanced features that continue to be phased-in over the next several months. During the phase-in period of the Next Generation updates, users can still access the *QualityNet Secure Portal* as you have done in the past by choosing the *Hospital Inpatient Quality Reporting* selection from the drop-down menu on the



Choose Your *QualityNet Destination* screen. To explain the new features, three navigation guides have been developed and posted under the [Training and Guides section](#) of the QualityNet website:

- *eCQM Next Generation of Hospital Quality Reporting Simple File Submission Navigation Guide*
- *eCQM Next Generation of Hospital Quality Reporting Navigation Guide*
- *Navigating QualityNet Secure Portal during the Implementation of HARP*

More tools and resources will be posted in the coming weeks, so please stay tuned for updates! CMS has also scheduled webinars this fall to assist data submitters to use the new features – visit the [Quality Reporting Center](#) website and register to join us for an upcoming webinar or to locate the archived webinar materials!

## PCHQR Program

The following [PCHQR Program resources and tools](#) have been updated:

- ▶ [2019 PCHQR Program Manual \(Fall update\)](#)
- ▶ [PCHQR Measure Crosswalk](#)
- ▶ [PCHQR Program Measure Submission Deadlines by Due Date](#)
- ▶ [PCHQR Program Relationship Matrix of Program Measures by Years and Quarters](#)
- ▶ [PCHQR Program Web-Based Data Collection Tool Guideline by Due Date](#)

## Tools and Resources for Quality Reporting

Check out the latest and greatest quality reporting tools and resources:

- ▶ [Q1 2019 Hospital IQR Program Checklist](#)
- ▶ [FY 2021 Hospital IQR Program Guide](#)
- ▶ [CMS Inpatient Value, Incentives, and Quality Reporting Programs Overview](#)

## Acronyms

Acronym	Term
ACH	Acute Care Hospital
AMI	Acute Myocardial Infarction
APU	annual payment update
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
COMP	complication
CY	calendar year
DACA	Data Accuracy and Completeness Acknowledgement
DRG	diagnosis-related group
eCQI	Electronic Clinical Quality Improvement
eCQM	electronic clinical quality measure
EHR	electronic health record
FY	fiscal year
HAC	Hospital-Acquired Condition
HAI	Healthcare-Associated Infection

<b>HBIPS</b>	Hospital-Based Inpatient Psychiatric Services
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Provider and Systems Survey
<b>HCP</b>	Healthcare Personnel
<b>HF</b>	Heart Failure
<b>HQR</b>	Hospital Quality Reporting
<b>HWR</b>	Hospital-wide Readmission
<b>IMM</b>	Immunization
<b>IQR</b>	Inpatient Quality Reporting
<b>MORT</b>	Mortality
<b>NHSN</b>	National Healthcare Safety Network
<b>PC</b>	Perinatal Care
<b>PCH</b>	PPS-Exempt Cancer Hospitals
<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>PN</b>	Pneumonia
<b>PPS</b>	prospective payment system
<b>PSI</b>	Patient Safety Indicators
<b>PSVA</b>	Pre-Submission Validation Application
<b>Q</b>	quarter
<b>QRC</b>	Quality Reporting Center
<b>QRDA</b>	Quality Reporting Document Architecture
<b>READM</b>	Readmission
<b>SEP</b>	Sepsis
<b>STK</b>	Stroke
<b>THA</b>	Total Hip Arthroplasty
<b>TKA</b>	Total Knee Arthroplasty
<b>VBP</b>	Value-Based Purchasing
<b>VTE</b>	Venous Thromboembolism