Inpatient Quality Reporting Program

Updates from the Centers for Medicare & Medicaid Services

Presentation A.M. Questions and Answers

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Question 1:	What is "RightNow"?
Answer 1:	RightNow refers to the QualityNet Q&A tool.
Question 1:	Is it still the same web address?
Answer 1:	Yes, it is the same.
Question 2:	When will QualityNet or its replacement be able to respond to queries again? Thank you!
Answer 2:	Questions & Answers are again being answered at this time. The measure developers are working on a process to answer the backlog questions in the tool in the following weeks. We thank you for your patience in this matter.

Question 3:   Many of our users are getting messages that they have not logged in for 60 days and must login within 60 days. These users have logged in during that time. Not sure why they are getting this warning?

Answer 3:   Please have your users who are getting this message contact the QualityNet Help Desk to work on this issue.

Question 4:   How do we edit our notifications? I am not getting all needed email notifications when deadlines are approaching.

Answer 4:   You can go on the Home Page of QualityNet and select the Join ListServes to edit the ListServes for which you are registered.

Question 5:   Thanks, Chris! I shall start submitting queries. I sure missed this very valuable resource. Great to hear it's back up and running. Do we need to resubmit prior queries? Thanks again, and have a great day!

Answer 5:   If your question has not been answered and it is still relevant, it would be appropriate to resubmit the question.

Question 6:   Is there a reason we have to wait 90 days after Discharge to enter the PC-01 data? (e.g., Oct 1st to enter AprMayJune)

Answer 6:   This was a decision by CMS to align with the data submission deadlines for other web-based and structural measures.

Question 7:   If a facility is having a readmission reduction payment, will this exclude the facility from the HVBP? If so, for what time period?

Answer 7:   Thank you for your inquiry. A reduction through the Hospital Readmission Reduction Program (HRRP) does not exclude a hospital from the Hospital VBP Program. The HRRP and Hospital VBP Program are separate CMS quality initiatives.

Question 8:   We don't collect for AMI 7a, as we do PCI, not thrombolytics…is this then just excluded in figuring that portion of the VBP?

Answer 8:   If your hospital does not provide the minimum amount of services required for the quality measurement, for example, 10 cases during the performance period for the AMI-7a measure, a measure score will not be awarded for the measure. In order to receive a Total Performance Score, a hospital must receive domain scores in at least three of the four domains. In order to receive a domain score for each of the domains, a minimum amount of scored measures is required. The Clinical Process of Care subdomain requires a minimum of 1 measure receiving a measure score to receive a

subdomain score. If your hospital does not submit the minimum required cases for the AMI-7a measure, a score may still be calculated if the hospital met the minimum cases in either the PC-01 or the IMM-2 measure.

Question 9: How do you know when reports are available through the "Run Reports" section of QualityNet or when they are being sent via the Secure File process?

Answer 9: Reports that are ready to view will display a green check mark in the status screen of the "Search Reports" section of the Secure Portal.

Question 10: Wondering when the FY 2015 Final Rule Tables will be updated out on the CMS website? This will give us the final adjustment factors for our facilities for our FY 2015 payments effective October 1, 2014.

Answer 10: It is anticipated that FY 2015 Hospital VBP Program payment adjustment factors will be posted to Table 16B of the FY 2015 IPPS Final Rule tables in October. You may also view your hospital's payment adjustment factors on the Percentage Payment Summary Report through the Secure Portal.

Question 11: Who should we contact for validation questions? We sent our 4Q13 charts way before they were due and still have not received our results, and the 1Q14 charts are due October 15, 2014. Also, there was no global notification sent out that charts were requested.

Answer 11: For validation questions, send an email to validation@hcqis.org.

Question 12: Will there be any provisions/waiver for hospitals that missed the August APU reporting deadline, due to lack of response from the QualityNet Help Desk?

Answer 12: If your hospital were to fail the Annual Payment Update, you will have the opportunity to file an appeal and/or reconsideration. The APU determinations normally occur during March through May.

Question 13: When will the public see the FY 2015 scores by measure and the multiplier and TPS by CMS Provider #?

Answer 13: Thank you for your inquiry. It is anticipated that the FY 2015 Hospital VBP Program payment adjustment factors will be posted to Table 16B of the FY 2015 IPPS Final Rule tables in October.

Question 14: Is there a PowerPoint available to end users from what is being discussed/stated? The comments are important for end users to understand the work flow on the different programs.

Answer 14: If you would like a copy of today's presentation, please contact HSAG/FMQAI by calling (844) 472-4477 or through the Inpatient Q&A tool: https://cms-ip.custhelp.com/.

Question 15: Why must we select a destination in the secure portal prior to logging in? No matter what we select, we arrive at the same page after logging in and essentially must re-select our destination.

Answer 15: Thank you for your inquiry. It is our understanding that both log-in processes provide the same resources.

Question 16: At our facility; we share computers; can more than one VIP access program be on one computer to be able to access the new secure QualityNet portal?

Answer 16: Only one Symantec VIP token may be downloaded per computer. Every user of the computer can enroll using the same VIP Access token installed on the computer.

Question 17: Re-state what time frame FY 2016 covers.

Answer 17: Payment adjustments for the Hospital VBP Program for FY 2016 will become effective October 1, 2015, and will end September 30, 2015. The baseline and performance periods for the FY 2016 Hospital VBP Program are displayed in the table below.

Domain	Baseline Period	Performance Period
Clinical Process of Care	Jan. 1, 2012 – Dec. 31, 2012	Jan. 1, 2014 – Dec. 31, 2014
Patient Experience of Care	Jan. 1, 2012 – Dec. 31, 2012	Jan. 1, 2014 – Dec. 31, 2014
Outcome: Mortality	Oct. 1, 2010 – June 30, 2011	Oct. 1, 2012 – June 30, 2014
Outcome: AHRQ PSI-90	Oct. 15, 2010 – June 30, 2011	Oct. 15, 2012 –June 30, 2014
Outcome: CAUTI/CLABSI/SSI	Jan. 1, 2012 – Dec. 31, 2012	Jan. 1, 2014 – Dec. 31, 2014
Efficiency	Jan. 1, 2012 – Dec. 31, 2012	Jan. 1, 2014 – Dec. 31, 2014

Question 18: Who do you call regarding the IP Rehab quality program? I'm trying to get info on the new Influenza measure.

Answer 18: For questions related to the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program, please contact the following organizations:

- For questions about IRF-PAI data coding or IRF-PAI data submission, phone 1-800-339-9313 or e-mail help@qtso.com;
- For questions about CAUTI data or submission or NHSN registration, email NHSN@cdc.gov; and
- For questions about Quality measure calculation, data submission deadlines, the new pressure ulcer items: e-mail: IRF.questions@cms.hhs.gov.

Question 19: Can you please address the extended length of time it takes for QualityNet Q&A to respond to a Question posed on the Q&A site?

Answer 19: Questions and Answers are again being answered at this time. The measure developers are working on a process to answer the backlog questions in the tool in the following weeks. We thank you for your patience in this matter.

Question 20: Any down side from accessing OQR when logged in under IQR Program & vice versa? Both reporting program seems to be available regardless of which logged on under.

Answer 20: Thank you for your inquiry. It is our understanding that both log-in processes provide the same resources.

Question 21: What is the purpose and what do I, as the security administrator, do to verify the Claims Detail Report that is sent in the secure portal?

Answer 21: The Claims Detail Report, which can be run under the Reports Feedback category, provides the user with the ability to monitor claims submitted in the final action status. If you are under-submitted in a particular measure set, this allows you to determine what cases have and have not been submitted.

Question 22: What payment reduction will count as exclusion for same fiscal year for HVBP?

Answer 22: If a hospital is subject to payment reductions through the Hospital Inpatient Quality Reporting (IQR) Program by not successfully meeting the requirements of the program or by choosing not to participate in the program, the hospital will be excluded from the Hospital VBP Program in the same fiscal year. For example, if a hospital is subject to payment reductions under the Hospital IQR Program in FY 2015, the hospital will be excluded from the Hospital VBP Program in FY 2015 as well.

Question 23: We don't collect for AMI-7a, as we do PCI, not thrombolytics…is this then just excluded in figuring that portion of the VBP? NOT ANSWERED YET; THANK YOU!

Answer 23: If your hospital does not provide the minimum amount of services required for the quality measurement, for example, 10 cases during the performance period for the AMI-7a measure, a measure score will not be awarded for the measure. In order to receive a Total Performance Score, a hospital must receive domain scores in at least three of the four domains. In order to receive a domain core for each of the domains, a minimum amount of scored measures is required. The Clinical Process of Care subdomain requires a minimum of 1 measure receiving a measure score to receive a subdomain score. If your hospital does not submit the minimum required cases for the AMI-7a measure, a score may still be calculated if the hospital met the minimum cases in either the PC-01 or the IMM-2 measure.

Question 24: Included Populations: ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for one or more of the following:

- Medical induction of labor as defined in Appendix A, Table 11.05
- Cesarean section as defined in Appendix A, Table 11.06 l
- not in Labor
- not experiencing Spontaneous Rupture of Membranes
- no history of a Prior Uterine Surgery

Answer 24: Prior Uterine Surgery is still a data element that is used in the PC-01 algorithm. However, this element has been moved to the end of the algorithm and no longer results in a measure outcome of "B" or excluded from the denominator.

Question 25: What is the link that the first presenter mentioned...?

Answer 25: Dr. Jane Brock referenced the http://qioprogram.org/ website.

Question 26: Please spell out the link....

Answer 26: Dr. Jane Brock referenced the http://qioprogram.org/ website.

Question 27: Who should I contact about measure definitions? I called the Florida QIN-QIO. Contract is not signed. When will contract be signed????

Answer 27: Please contact HSAG/FMQAI by calling (844) 472-4477 or through the Inpatient Q&A tool: https://cms-ip.custhelp.com/.

END