



Hospital Inpatient Quality Reporting (IQR) Program

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Specifications Manual for National Hospital Inpatient Quality Measures v5.5a Update

Presentation Transcript

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Candace Jackson: As a reminder, we do not recognize the raised-hand feature in the chat tool during webinars. Instead, you can submit any questions pertinent to the webinar topic to us via the chat tool. All questions received via the chat tool during this webinar that pertain to this webinar topic will be reviewed, and a Q&A summary will be made available at a later date. To maximize the usefulness of the Q&A summary, we will consolidate the questions received during this event and focus on the most important and frequently asked questions. These questions will be addressed in the questions-and-answers summary to be published at a later date. Any questions received that are not related to the topic of the webinar, will not be answered in the chat tool nor in the questions-and-answers summary for the webinar. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you go to the *QualityNet* Q&A tool. You can access the Q&A tool, using the link on this slide. There, you can search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your question to us via the Q&A tool, which again, you can access at the link on this slide.

Thank you, everyone, for joining today's presentation titled, *Specifications Manual for National Hospital Inpatient Quality Measures Version 5.5a Update*. I am Candace Jackson, the IQR Project Lead for the Hospital Inpatient Quality Reporting Program, with the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be the speaker for today's event. Before we begin, I would like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, www.QualityReportingCenter.com, and to the *QualityNet* site at a later date. If you are registered for this event, a reminder email, as well as the slides, were sent out about a few hours ago. If you did not receive that email, you can download the slides at our inpatient website. And again, that is www.QualityReportingCenter.com.

Today's presentation will provide information regarding updates from version 5.5 to version 5.5a of the *Specifications Manual for National*

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Hospital Inpatient Quality Measures, including which measures are collected by CMS and/or The Joint Commission, population and sampling requirements, updates to a couple of the measure-specific data elements, and general abstraction and data element guidelines.

By the end of this presentation, you will be able to determine which measures will be collected by CMS for the January 1 through the June 30, 2019 discharges. You'll be able to identify a few data element changes from version 5.5 to version 5.5a. And, you'll be better able to understand and interpret some of the general data elements and abstraction guidelines. Of note, we will not be addressing any version 5.5a measure-specific data elements, such as the sepsis data element changes during this presentation. Any measure-specific data element or abstraction questions should be submitted to the *QualityNet* Q&A tool. Also, there will be a webinar specific to the version 5.5a sepsis specifications that is tentatively scheduled for December. Registration information for that webinar will be sent out at a later date.

And this slide just lists the acronyms that will be referenced during today's presentation.

Version 5.5a of the *Specifications Manual for National Hospital Inpatient Quality Measures*, or specifications manual, was posted to *QualityNet* on October 25, 2018. This version of the manual covers discharges from January 1 through June 30 of 2019. The specifications manual can be accessed by the direct link provided on this slide or by going to Qualitynet.org and hovering over the Hospitals-Inpatient and the Specifications Manual link, and then selecting the Version 5.5a link in the table. Options are available to download the entire manual, download the Release Notes, or view the specific sections of the manual. If you have already downloaded the original 5.5 version of the specifications manual, you will want to make sure that you replace it with the updated version of 5.5a. A complete list of the addendum changes can be found in the version 5.5a Release Notes.

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In the Fiscal Year 2019 IPPS Final Rule, there were no changes related to the collection and submission of the sepsis measure, SEP-1, for the Inpatient Quality Reporting Program. So, SEP-1 will continue to be collected by CMS only.

As per the Fiscal Year 2019 IPPS Final Rule, VTE-6 will be removed from the IQR Program, beginning with January 1, 2019 discharges. However, this measure will still be collected by The Joint Commission and will be identified in the manual as being The Joint Commission only. We will not be going over The Joint Commission-specific requirements in this presentation. So, if you have questions related to The Joint Commission requirements, they can be submitted to The Joint Commission at manual.jointcommission.org.

For the ED measure set, per the Fiscal Year 2019 IPPS Final Rule, ED-1, which is the Median Time from ED Arrival to ED Departure for Admitted ED Patients, has been removed from the IQR Program, beginning with January 1, 2019 discharges. However, as this measure will continue to be collected by The Joint Commission, it will remain in the specifications manual as The Joint Commission only. ED-2, which is Admit Decision Time to ED Departure Time for Admitted ED Patients, will continue to be collected by both CMS for the IQR Program and by The Joint Commission. So, I'd like to just take a second here, and this is not in the specifications manual, but would just like to remind hospitals that do not have an emergency department, that you may opt out of reporting the ED measure for the Hospital IQR Program by submitting an IPPS Quality Reporting Program Measure Exception Form. The form can be accessed by the link on this slide, or by going to *QualityNet.org*, hovering over Hospitals-Inpatient and selecting Hospital Inpatient Quality Reporting Program, and then selecting the IPPS Measure Exception Form link. If your hospital does not have an ED, and you do not submit this form, then your hospital would be required to abstract and submit the ED files to CMS. So, in that case, in essence, if you do not have an ED, and you did not submit the measure exception form, you would have to abstract and submit the ED-2 measure. And, you would abstract all of the demographic

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and general data elements. And then, you would abstract the data element ED patient. As you do not have an ED, and they would not be an ED patient, you would abstract the Value “No” and the case would result in a measure outcome of “B” and would be excluded from the measure. But, you would still have to submit those files to the CMS Clinical Warehouse.

For IMM-2, per the Fiscal Year 2019 IPPS Final Rule, the immunization measure has been removed from the IQR Program, beginning with January 1, 2019 discharges. However, as the measure will continue to be collected by The Joint Commission, it will remain in the specifications manual as The Joint Commission only.

Although I’m not going to go into details, I did want to point out a few changes to the substance use and tobacco treatment measure sets that are selected by The Joint Commission only. For the substance use or SUB measure set, The Joint Commission has removed SUB-1. They will continue to collect SUB-2 and SUB-3.

For the tobacco treatment, or TOB, measure sets, The Joint Commission has also removed the TOB-1 measure. They will continue to collect TOB-2 and TOB-3. And again, if you have any questions related to the removal of these two measures, or questions related to the remaining SUB or TOB measures, please direct those questions to The Joint Commission.

Okay. And now, on this slide, it just summarizes the measures that are included in the version 5.5a specifications manual and each entity or entities the measure is collected by. So, as you can see, the only measure that will be collected by both CMS and The Joint Commission will be ED-2. CMS will collect SEP-1, and all the other measures will be collected by The Joint Commission only.

For the submission of the aggregate population and sampling, the only change for CMS for the Hospital IQR Program is that hospitals will no longer submit the population and sampling data for the VTE Other VTE Only sub-population. So, for CMS, hospitals will continue to submit the sepsis and the global initial patient population aggregate Medicare and

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Non-Medicare population and sampling count. There are no changes on how [these] data [are] submitted to CMS. The data can either be entered through the population and sampling application within the *QualityNet Secure Portal* or can be submitted to the CMS Clinical Warehouse by XML files, also through the secure portal. And, just as a reminder, when submitting the population and sampling data, the data fields cannot be left blank. If your hospital had no discharges for a particular data set, for example, sepsis or global, then a zero must be entered. And, I would just like to point out here that if your hospital does not have an ED, and you have submitted an IPPS measure exception form to opt out of submitting the ED measures data, you are still required to submit the quarterly global population and sampling count.

There really isn't any changes related to the transmission of data to the CMS Clinical Warehouse. As the ED-1, IMM-2, and VTE-6 measures have been removed from the Hospital IQR Program, those measures will no longer be accepted into the warehouse, beginning with January 1, 2019 discharges. As far as allowable measure set combinations, and what that means, is that you're able to abstract and submit the same medical record, patient, or episode of care for more than one measure set. So, you are able to submit the same case for both ED and sepsis if the patient is 18 years or older. So, if you are abstracting a case for ED, so that would be ED-2, and that case also meets the initial patient population criteria for sepsis, which is, the patient has an ICD-10 CM principle or other diagnosis code of sepsis as defined in Appendix A Table 4.01, and the patient's age is greater than or equal to 18 years, you can abstract and submit that case for both ED and sepsis.

In section 10 of the specifications manual, which is the CMS Outcome and Inpatient Web-Based Measure section, we removed the section related to the inpatient structural measures. Per the Fiscal Year 2019 IPPS Final Rule, for the two structural measures that we had in the IQR Program, and that would be the Hospital Survey on Patient Safety Culture measure and the Safe Surgery Checklist Use measure, hospitals will no longer have to collect or submit data for these measures. Actually, the last data-submission

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period was this past spring for the May 15, 2018 submission deadline, and data will not have to be submitted in 2019 or any year after that.

In the IPPS Final Rule, there were no changes to the submission of the PC-01 web-based measure. As a reminder, as with ED, I would just like to point out that if you do not deliver babies, that you do have the option of opting out of reporting the PC-01 measure data for the Hospital IQR Program by submitting an IPPS Quality Reporting Program Measure Exception Form. If you do not submit this form, then you are required to submit the PC-01 data quarterly by the submission deadline. So, in that case, if you do not deliver babies or do not have an OB unit, you must enter a zero for each of the PC-01 data-entry fields.

Here, I just wanted to point out that there were changes from version 5.5 to version 5.5a to the suggested data collection questions and Notes for Abstraction for the *Crystalloid Fluid Administration Date and Time* data elements in the Alphabetical Data Dictionary. And, this slide provides you with the updated suggested data collection questions.

And on this slide, it provides the changes that were made to the Notes for Abstraction for these two data elements. As stated earlier, if you have any sepsis or measure-specific data elements or abstraction questions, they should be submitted to the *QualityNet* Q&A tool. That website will be provided in an upcoming slide. And, I would also like to tell you to be on the lookout for registration information for the December version 5.5a sepsis updates webinar. Then, I'd also just like to reiterate that a complete list of the addendum changes can be found in the version 5.5a Release Notes.

Now, for these next few slides, I just wanted to take some time and go over some of the frequently asked questions that we receive related to the general abstraction guidelines and data elements. There were no changes to the general abstraction guidelines, and these guidelines can be found in the Introduction to the Data Dictionary section of the specifications manual. So, on this slide, what I'd really like to point out is the second bullet, that the medical records should be abstracted as it was billed. And then, also, the third bullet, which states as there are two or more ED visits

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for the same episode of care, that the ED visit that resulted in the admission of the patient should be utilized for purposes of abstraction. And, we'll go over a few scenarios related to this in the next few slides.

The two things that I would like to point out on this slide is that late entries or addendums to the medical record can be used in abstraction as long as they were added within 30 days of discharge. This guideline is consistent with the Medicare conditions of participation for medical records that states that the medical record must be completed promptly after discharge in accordance with state law and hospital policy but no later than 30 days after discharge. As we don't know what every hospital's policy is, or what each state law is, we are using the broader guideline of the 30 days. And then, when abstracting, the entire medical record should be reviewed and utilized. If there's previous history, testing, or whatever that is included in the medical record being abstracted, then that documentation can be used for purposes of abstraction. So, let's look at a few scenarios or examples.

In this first scenario, the patient presented to the ED on "10/1," is discharged, and returns to the ED on "10/2," and is subsequently admitted. Both ED visits are included in the inpatient claim or bill. The episode of care would be from "10/1" through "10/5." The *Admission Date* would be "10/2." For the abstraction of ED-2, the *Arrival Date and Time* would be "10/2" at "10 a.m.," since that is the ED visit that resulted in the inpatient admission. However, since the first ED visit is part of the episode of care, you would be able to use that documentation for purposes of abstraction, if applicable.

In this scenario, the patient had two inpatient admissions that were billed as one entire episode of care. As both admissions were billed as one, this would be abstracted and submitted as one case.

Now, we do receive questions asking what to do when two cases are billed as one, but each case has their own account number in the hospital system. For purposes of abstraction, it really isn't relevant what the account numbers are for each of the cases in your system. What is relevant is the *Patient Identifier* that is submitted in the files to the CMS Clinical

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Warehouse. So, just as a refresher, the *Patient Identifier* is the number that is used by the hospital to identify the patient's stay in the CMS Clinical Warehouse. This number can be the medical record number, the account number, or any other unique identifiable number as determined by the hospital. So, if you do have a case where there are two admissions with separate account numbers that were billed as one entire episode of care, and you used the account number as the *Patient Identifier*, you would abstract it as one entire episode of care, and you would need to use just one of the account numbers to submit the case to the warehouse.

We also receive numerous questions as to what to do if the patient was admitted to a psych unit or maybe a rehab unit within your hospital, and then, was transferred to a medical unit, also within your hospital. How you abstract the situation is, again, dependent upon how the case was billed. For the selection and abstraction of the Hospital Inpatient Quality Reporting Program measures, all units or areas of the hospital licensed under the hospital's acute CMS Certification Number, and/or billed under the acute CCN, are included. The acute CCN is identified by a third digit of zero. So, if your psych or rehab unit is under your acute CCN, then patients or cases would be included in any of the applicable inpatient measures.

A similar situation would be if the patient was admitted to an acute inpatient status and then changed to hospice. If the hospice stay was included on the inpatient claim, then it would be included in the abstraction. If it was billed separately, for example, it was billed to the hospice agency, then it would not be included in any of the inpatient abstractions.

Of the general data elements, the one we receive the most questions on is the *Admission Date*. So, just a couple of things that I would like to point out in regards to the abstraction of this element. The physician order is the priority source and should be used to abstract this element. If there is no physician order to admit, then you would be able to use either the Face Sheet, or the UB-04, or the claim. The *Admission Date* is the date that the patient was admitted to acute inpatient care. If the patient was first placed into observation and then admitted to acute inpatient care, you would abstract the date that they were admitted as inpatient and not the date that

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they were placed into observation. And lastly, if there are multiple physician orders, use the order that most accurately reflects the date that the patient was admitted. So, a few examples related to this guidance.

In this first scenario, the *Admission Date* would be abstracted as October 1, even though the order was not released until October 2, since October 1 was when the physician actually wrote the order. For the second scenario, the *Admission Date* would be September 28, since that is when the physician order was written. The reference to admitting the patient in the progress notes does not constitute a physician order for purposes of abstraction.

On this slide, in the first scenario, there were two inpatient orders in the medical record. The second order, written on October 5, would be used to abstract the *Admission Date*, since the documentation reflects that the patient was not in the hospital prior to that date. And then, in the second scenario, the *Admission Date* would be October 3, even though the physician wrote to make the admission date effective to October 2, since the patient was in observation until the third, and the actual order was not written until October 3.

And lastly, this slide just provides the direct link to the inpatient Q&A tool on *QualityNet*. If you have questions related to the IQR Program or the general abstraction and general data elements, you will want to submit those questions to the Hospital IQR Program topic. And, if you have measure-specific data elements or guideline questions, you'll want to submit those under the Hospital Inpatient Measures and Data Element Abstraction topic.

And that concludes our webinar for today. We do have time to address a few questions. And again, all questions that were submitted that are relevant to this topic will be posted at a later date to the *QualityReportingCenter.com* website and also later, on the *QualityNet* website.

Looking at the chat questions that have come in, it appears that there are quite a few of them in relation to The Joint Commission, and what measures are required for The Joint Commission accreditation. So, just to

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give kind of an overview for this manual, for version 5.5a, there are several measures that are listed as Joint Commission only. And, those have been retained in the manual and labeled as that, at the direction of The Joint Commission. So, that would include the ED-1, IMM-2, VTE-6, and the TOB and SUB measures. Now, what is actually required for the accreditation for The Joint Commission is not being discussed on today's webinar, and we do not have The Joint Commission on this webinar to provide any of those requirements. So again, if you have questions as to what measures are actually required for The Joint Commission accreditation, I would recommend that you submit those questions to them at The Joint Commission site that we have addressed earlier.

So, next question. Is this only comparing 5.5 to 5.5a, or is it a comparison of 5.4 to 5.5a? This webinar specifically addressed the changes from the original 5.5 to the addendum 5.5a. And, the majority of the changes from that manual to the 5.5a was in relation to the guidance that came out in the Fiscal Year 2019 IPPS Final Rule. So, in the final rule, it was stated that CMS would be removing several measures from the Hospital Inpatient Quality Reporting Program for the 2019 discharges. And, those measures that are removed from the IQR Program are ED-1, IMM-2, and VTE-6. But they are kept in the manual as being collected by The Joint Commission. And again, I can't address whether they are required or if they're optional. So, you'll need to confer with The Joint Commission on that. But yes, this is mainly changes from 5.5 to 5.5a.

Our next question. So, SUB and TOB will no longer be required by CMS for IPPS? SUB and TOB have never been required for the Hospital Inpatient Quality Reporting, or the IQR, Program. So, in the manual, they have always been identified as being collected by The Joint Commission. Now, that doesn't mean that they may not be required for other CMS programs, specifically, maybe, for the Inpatient Psychiatric Facility Reporting Program. We're not going into those requirements for the IPF[QR] Program. So, if you do have questions as to what measures are required for the IPF[QR] Program, I would submit your questions to the

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question-and answer-tool that is located on *QualityNet*. And, you can get a response from them.

Our next question is, do we abstract January through March 2019 IMM cases? For CMS submission, for the Hospital IQR Program, no, you would not be abstracting any IMM cases for CMS. So, the last IMM cases that you will abstract and submit to the CMS Clinical Data Warehouse would be cases with a discharge date of December 31, 2018. Starting January 1, 2019, any IMM cases would not be accepted into the CMS Clinical Data Warehouse.

Our next question. When will the structural measures be removed from *Hospital Compare*? I don't have that information right off the top of my head. So, we will address that question when we do the Q&A summaries.

And there's a question asking, what is the date for the sepsis update presentation? At this time, we do not have an actual date. We are planning that webinar in December. I think we're trying to do mid-December. So, you'll just need to watch the ListServes for the information as to when that presentation will be and the registration information.

And our next question is for slide 28. So, if we could go to slide 28.

If both admissions are included—if both admissions included an ED visit, which ED visit would you use to abstract ED-2? For ED-2, for any of the IMM or—ED—measures, you're going to abstract the ED admission that resulted in the admission to the hospital. So, in this case, if this patient came to the—was admitted on “10/1”—and also was admitted then on “10/8,” they both resulted in to an inpatient admission. And, our recommendation would be that you would abstract the first ED admission; and then, you would basically ignore the second ED admission.

And, our next question. How do we exclude a case where Hospice is the payer? That depends on how you determine your population and the medical records that you abstract. If you are using a vendor, then you will need to work with your vendor to exclude those cases. If you are not using a vendor and you're using CART, you would simply just not

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include those cases in your population size; and then, you would not abstract or submit them.

And, we have time for one more question here. ED-2 will continue now, but is it still possible that it will be removed in 2019 or 2020? At this time, CMS has indicated in the Fiscal Year 2019 IPPS Final Rule that ED-2 will remain for 2019 discharges and then, will be removed from the IQR Program, beginning with January 1, 2020 discharges.

And again, that concludes our webinar for today. If we did not get to your question today, again, if it was relevant to this topic, we will be summarizing those Q&As and posting them to the *Quality Reporting Center* website at a later date. And, we thank you for joining our webinar today.