

**California and Florida  
“In the Know”  
Inpatient Data Collection,  
Reporting, and Validation  
Module 1: Administrative Updates**

**April 2011**

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**Topics**

- Important Dates and Deadlines
- Validation Updates and Lessons Learned
- QualityNet Registration: Assuring accuracy, sufficient access, and security
- Pay for Performance Proposed Rule Highlights
- Miscellaneous Information

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## ***Important Dates and Deadlines***

Hospital Compare Refresh	March Refresh delayed until 4/21/11
Next Hospital Compare Preview Period	4/26/11 – 5/26/11
4 <sup>th</sup> Qtr 2010 Inpatient Population & Sampling deadline	5/1/2011
4 <sup>th</sup> Qtr 2010 Inpatient Clinical Data Submission deadline	5/15/2011
Request for 4 <sup>th</sup> Qtr 2010 Validation Records *	Approximately 5/31/2011
CDAC Validation Records Submission Deadline *	45 days after requested
DACA and Structural Measures for discharge period: 7/1/2010-12/31/2010	7/1/2011 through 8/15/2011
1 <sup>st</sup> Qtr 2011 HCAHPS Deadline	7/13/2011

\* Affects ONLY the 800 PPS (Prospective Payment System) hospitals that have been selected for validation for the 2<sup>nd</sup> cycle of the new validation process. The most current list of hospitals selected for validation is posted at <http://www.qualitynet.org>, under the “Hospitals-Inpatient” tab and the “Hospital Inpatient Quality Reporting Program” link.

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## ***Validation Updates and Lessons Learned***

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## Validation Updates

- Two out of three quarters have been validated for the first cycle of the new validation process.
- A total of 115 hospitals are in this first cycle:
  - 41 in Florida
  - 74 in California
- Despite two hospitals failing validation for 1<sup>st</sup> quarter 2010 and one for 2<sup>nd</sup> quarter 2010, all hospitals are currently passing validation with the two quarters combined.

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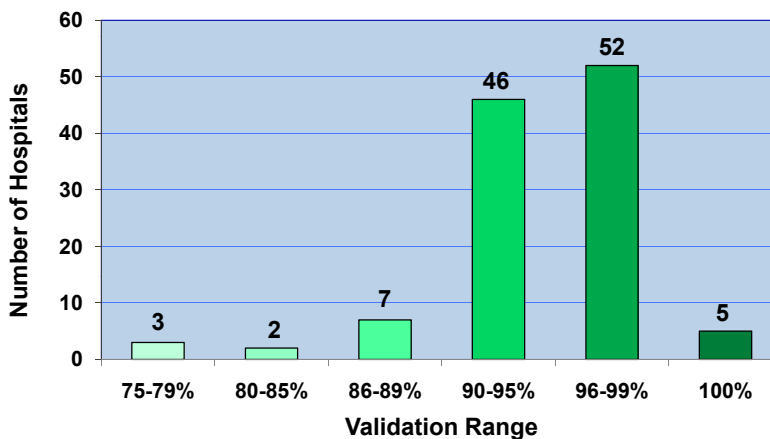


## Validation Updates

### Cumulative Validation Average

1st and 2nd Quarters 2010

115 CA & FL Hospitals



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## ***Validation Updates***

- The 800 hospitals that will be selected for the second validation cycle should be posted on QualityNet within the next several weeks.
- As soon as we are notified that the list is posted, we will inform hospitals via our HIQRP E-Mail List.
- Those hospitals selected for the second cycle will be validated on discharges from 4<sup>th</sup> quarter 2010 through 3<sup>rd</sup> quarter 2011 **a total of 4 quarters.**
- Within 4 years, all APU-eligible hospitals will have gone through the new validation process.

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## ***Validation Lessons Learned***

- Many hospitals still do not understand the concept of validating measure outcomes versus validating data elements.
- Many hospitals still think that it is best to turn off the skip logic and abstract all data elements.

***It is important to understand the measure algorithms to understand how abstraction affects measure outcomes and validation rates.***

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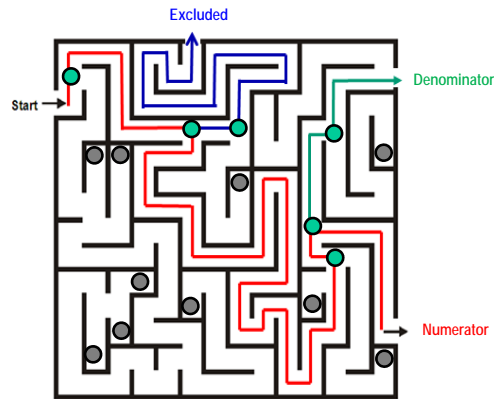


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## Validation Lessons Learned

- Remember: The algorithm is the route through “the maze” that determines one of three possible
- The data elements **on the main paths** (●) are the only possible data elements that will influence the outcome.
- The other data elements **that aren’t on the path** (●) don’t influence the outcome.



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## Validation Lessons Learned

- The former process of validation only looked at how correctly you abstracted **individual data elements**.
  - (Neither matching outcomes nor the measure rates mattered with the former process.)
- The current process of validation of measure outcomes looks to see if both the hospital abstraction and the CDAC abstraction result in the case “**exiting the maze**” through the same door.
  - (Matching outcomes **does** matter, but the actual rate **doesn’t matter yet**.)

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## ***Validation Lessons Learned***

- Turning off your skip logic is no longer beneficial to getting a higher validation score.
  - If your skip logic is turned off and a data element isn’t on one of the main “routes” through the maze, **that data element won’t be looked at** in validation.
  - If you have your skip logic **turned off**, you will have to abstract more data elements than is necessary.
  - If your skip logic is **turned on**, you will notice when certain data elements are “grayed out,” which can help prompt you to double-check any parent data elements that cause this to happen.

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## ***Validation Lessons Learned***

- Hospitals that are **passing** the new validation process continue to have individual data element mismatches.
  - Sometimes these mismatches result in outcome mismatches.
  - Many times, these mismatches **do not** result in an outcome mismatch.
- Even if they don’t result in an outcome mismatch in one case, **they easily could in another case.**
- **Learn** from **every** mismatch you have.

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## ***Validation Lessons Learned***

- Not in the current validation cycle?
  - Review your data element mismatches from the last validations in which your hospital participated (3<sup>rd</sup> quarter 2009 discharges and earlier).
  - Run the “Hospital Data Validation: National Mismatch Frequency Report” to see which data elements are having a higher mismatch frequency.
  - Make sure abstractors are **using the Data Dictionary** and **checking the Quest Q&As** whenever they are uncertain about any abstraction.
  - **Listen to the quarterly “In the Know” webinars** to stay on top of problem areas.
  - **E-mail us if you are still uncertain.**

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## ***#1 Validation Lesson Learned***

The current validation process of comparing outcomes is one step away from using your rates for the upcoming Pay-for-Performance (Value-Based Purchasing) initiative.

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## **QualityNet Registration** **Assuring Accuracy, Sufficient Access,** **and Security**

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## **QualityNet Registrations** **Accuracy, Access, and Security**

### **Why is this so important?**

- Patient-level data and other sensitive information are transferred via QualityNet.
- The secure side of QualityNet is covered by HIPAA.

*And, if that isn't enough...*

- **Payment of your full Annual Payment Update (APU) is at stake.**

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## ***QualityNet Registrations Accuracy, Access, and Security***

- Two current requirements for PPS hospitals to receive their full Annual Payment Update (APU) include:
  - Register with QualityNet
  - Identify and maintain a QualityNet Security Administrator. Hospitals are required to maintain an active QualityNet Security Administrator **at all times**.  
–(At least two are strongly recommended to provide backup for this critical APU requirement.)

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## ***QualityNet Registrations Accuracy, Access, and Security***

- Problems we are seeing include:
  - Hospitals do not know who is registered for QualityNet or in what capacity.
  - Individuals are registered and sometimes still active but are no longer employed by the hospital.
  - The one and only QualityNet Security Administrator is unavailable or locked out (therefore, the hospital doesn't have at least one “active” QualityNet Security Administrator).
  - Users (Security Administrators and Basic Users) are being locked out due to security violations.

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## ***QualityNet Registrations Accuracy, Access, and Security***

- QualityNet Users locked out due to “Inactivity.”
  - All users **MUST** log in to QualityNet on a regular basis.
  - No log in for 60 days: The user will receive an automated e-mail reminder.
  - No log in for 90 days: The user will receive a second automated email reminder.
  - **No log in for 120 days: The account will be locked.**
  - The QualityNet Security Administrator will need to contact the QualityNet Help Desk and request that the user’s account be reactivated.
- Can check date of last log in by running the Registration Report category, User Status Report.

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## ***QualityNet Registrations Accuracy, Access, and Security***

- One example of a security violation:
  - One QualityNet user called the Help Desk saying that he was one of two QualityNet Security Administrators for his hospital. He stated that he needed to get the other person’s account unlocked because he needed to get into the account and send files.
  - The QualityNet Help Desk claimed that the user told the Help Desk that his own account had been revoked, so they had decided to share the account, which he sometimes used.
  - The user denied saying this, but the hospital was without a Security Administrator until the issue was resolved.

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## **QualityNet Registrations** **Accuracy, Access, and Security**

- Another example of a security violation:
  - Another user called the QualityNet Help Desk to request that her account password be reset “due to sharing it with her IT department.”
- When a security violation occurs, the QualityNet Help Desk sends an e-mail to the person who committed the security violation as well as to the QIO QualityNet Security Administrator.
- The email informs them that the account has been locked and the specific details of the security violation as described in the examples above. It also states:

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## **QNet Registrations** **Accuracy, Access, and Security**

***“This is in violation of CMS and QualityNet Security Policies. Sharing your login credentials to a federal government information system is not allowed, and as a result, your account has been temporarily locked.”***

***“If you still need access to QualityNet, you will be required to contact a QNet Security Administrator concerning your account, explain that your account was involved in a security violation, and ask that they submit a request to the QNet Help Desk to have your account reactivated. The QNet Help Desk will forward your request to SDPS/QNet Security Services for review and any further action.”***

***“The QNet Help Desk does not have the ability to reactivate your account.”***

***“Depending on the circumstances involved, the CMS QNet Information System Security Officer may also review your request for account reactivation. This review process may take several days. If your request is approved, your account will be reactivated and monitored for a period of time to ensure compliance with CMS QNet Security Policies, and in the event the QNet Security Team becomes aware of further violations, your account will be terminated with no further notice.”***

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## ***QNet Registrations*** ***How do you fix these problems?***

- Terminate those users who are no longer a hospital employee or who no longer need access to QualityNet.
- Identify if the remaining individuals are registered as a QualityNet Security Administrator or a QualityNet Basic User.
- Add additional roles to individual profiles as needed.
- Review security concerns with all registered users.
- Develop a hospital protocol for monitoring QualityNet registration status and security issues.

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## ***QualityNet Registrations*** ***Terminate Users***

- Terminate users who are no longer a hospital employee or who no longer need QualityNet access.
  - Have the hospital QualityNet Security Administrator log in.
  - Click on the “Edit Users” link in the “Manage Measures” box.
  - Double-click the hospital name and then the “View Users at...” link.
  - Registered users will be listed on the right.
  - Click on the name and then on “Add Selected User.”
  - Click on the “Terminate Selected User” link.
  - Follow on-screen directions and enter your password to complete the termination.

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## **QualityNet Registrations**

### **Identify the Status of Each Registered User**

- Click on a name and then on “Add Selected User.”
- Click on “View Selected User Summary.”
- QualityNet Security Administrators will **always** have the following three roles at the **bottom** of their QualityNet profile:
  - User Registration USER ADMIN OARS **Approve Users**
  - User Registration USER ADMIN OARS **Create/Edit Users**
  - User Registration USER ADMIN OARS **Final Approval**

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## **QualityNet Registrations**

### **Add Additional Roles to Profiles as Needed**

- Click on a name and then on “Add Selected User.”
- Click on “View Selected User Summary.”
- Review the assigned roles. If more are needed, close this window and click on the “Edit Selected User” link.
- Follow the instructions in the window until you see a list of all the available roles. Click in the open boxes for any roles you want to add.
- Enter your QualityNet password to finalize the changes.

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## **QualityNet Registrations**

### **Review Security Concerns with All QualityNet Users**

- **Never** give your QualityNet User ID and password to another person to log in and use QualityNet.
  - *This includes giving this information to the QualityNet Help Desk or to any QIO staff.*
  - *This includes temporary passwords as well as passwords you have created.*
- **Never** use someone else’s User ID and password.
- **Never** log in to QualityNet and then let someone else run reports and use it – even if you are sitting right next to him/her at the time.

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## **QualityNet Registrations**

### **Review Security Concerns with all QualityNet Users**

- **Remember** that the secure side of QualityNet is HIPAA compliant.
- If you are found to have violated any of these security requirements, **your QualityNet account will be locked and your hospital may be put in jeopardy of losing access to QualityNet and possibly of not receiving its full Annual Payment Update.**

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## **QualityNet Registrations**

### ***Develop a Hospital QualityNet Monitoring Protocol***

- A designated person or hospital department should **always know** who is registered for QualityNet and in what capacity (Security Administrator or Basic User).
- Someone should assure that QualityNet registrations are **immediately terminated** for those employees who are no longer employed at the hospital or who no longer need access.
- Someone should be responsible for seeing that **all** registered users are **briefed on security issues**.
- This could possibly be an appropriate role for your Human Resources Department.

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## **HOSPITAL INPATIENT VALUE-BASED PURCHASING (VBP) PROGRAM HIGHLIGHTS PROPOSED RULE FEDERAL REGISTER / VOL 76, No. 9**

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- The Proposed Rule was published in the *Federal Register* on January 13, 2011, and can be read online at:  
<http://www.gpo.gov/fdsys/pkg/FR-2011-01-13/pdf/2011-454.pdf>
- Comment period ended March 8, 2011
- Awaiting the publishing of the Final Rule

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- The information presented here includes the **proposals**, which are **subject to change** in the **Final Rule**.
- When the Final Rule comes out it is important to review it for any changes that may have been made from the proposals.

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Measures selected from Hospital IQR program.
- Measure has to be included on Hospital Compare for at least one year prior to the performance period.
- Measure “shall not apply to a hospital if the hospital does not furnish services appropriate to the measure.”

Source: *Federal Register* / 76, No. 9, page 2458

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- “Proposing to add additional measures to Hospital VBP in the future in such a way that their performance period will begin immediately after display on Hospital Compare for at least one year, but without the necessity of notice or comment rulemaking.”
- “...seeks to move as quickly as possible to the use of primarily outcome and patient experience measures.”

Source: *Federal Register* / 76, No. 9, page 2459

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Currently there are 45 measures required in the Hospital IQR program for FY 2011 payment determination.
- All the IQR program measures are viewed as “candidate measures” (with the exception of the readmission measures).

Source: *Federal Register* / 76, No. 9, page 2459

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- At the present, SCIP Inf-9, SCIP Inf-10, and the nine Agency for Healthcare Research and Quality (AHRQ) measures do not meet the requirement for a Hospital VBP measure.
- Intent is to add these measures to the Hospital VBP program as soon as the requirement is met.

Source: *Federal Register* / 76, No. 9, page 2459

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Analyzed measures for “topped out” performance.
- 7 “topped out” measures were identified and not adopted.
- AMI-1, AMI-3, AMI-4, AMI-5, HF-4, PN-4, SCIP-6

Source: *Federal Register* / 76, No. 9, page 2460-2461

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Examined Outcome Measures for FY 2013 Hospital VBP program
  1. AHRQ patient safety indicators (PSIs), inpatient quality indicators (IQIs), and composite measures
  2. ARHQ PSI and nursing-sensitive measures
  3. AMI, HF, and PN Mortality Measures
- Currently not yet eligible for FY 2013 because they have not been included on Hospital Compare for 1 year
- Plan to adopt them into FY 2014 VBP program

Source: *Federal Register* / 76, No. 9, page 2461

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Propose to retire PN-5c measure; believe it is not appropriate due to the possibility of inappropriate use of antibiotics
- Also proposing to retire several other measures that are not being proposed for adoption into the VBP program
- Implementing a subregulatory process to retire Hospital VBP measures

Source: *Federal Register* / 76, No. 9, page 2462-2463

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Required to select measures for FY 2013 VBP program that cover healthcare associated infections (HAI)
- Believe that SCIP Inf-1, 2, 3, and 4 meet this requirement and are proposed to be categorized under a HAI condition topic instead of SCIP

Source: *Federal Register* / 76, No. 9, page 2461

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- 17 clinical process of care measures and the HCAHPS measure have been selected from the Hospital Inpatient Quality Reporting (IQR) Program and proposed for the FY 2013 VBP program.

Source: *Federal Register* / 76, No. 9, page 2462

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- **AMI Measures:**
  - AMI-2 Aspirin Prescribed at Discharge
  - AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
  - AMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival

Source: *Federal Register* / 76, No. 9, page 2462

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

#### ■ **HF Measures:**

- HF-1 Discharge Instructions
- HF-2 Evaluation of LVS Function
- HF-3 ACE or ARB for LSVD

Source: *Federal Register* / 76, No. 9, page 2462

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

#### ■ **Pneumonia Measures:**

- PN-2 Pneumococcal Vaccination
- PN-3b Blood Cultures Performed in the ED Prior to Antibiotic Received in Hospital
- PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
- PN-7 Influenza Vaccination

Source: *Federal Register* / 76, No. 9, page 2462

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- **Healthcare-associated infections:**
  - SCIP Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
  - SCIP Inf-2 Prophylactic Antibiotics Selection for Surgical Patients
  - SCIP Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
  - SCIP Inf-4 Cardiac Surgery Patients With Controlled 6 a.m. Postoperative Serum Glucose

Source: *Federal Register* / 76, No. 9, page 2462

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- **Surgeries:**
  - SCIP Card-2 Surgery Patients on a Beta Blocker Prior to Arrival Who Received a Beta Blocker During the Perioperative Period
  - SCIP VTE-1 Surgery Patients With Recommended Venous Thromboembolism Prophylaxis Ordered
  - SCIP VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Source: *Federal Register* / 76, No. 9, page 2462

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- **HCAHPS—Hospital Consumer Assessment of Healthcare Providers and Systems Survey:**
  - Communication with Nurses
  - Communication with Doctors
  - Responsiveness of Hospital Staff
  - Pain Management

Source: *Federal Register* / 76, No. 9, page 2462-2463

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- **HCAHPS—Hospital Consumer Assessment of Healthcare Providers and Systems Survey:**
  - Communication about Medications
  - Cleanliness and Quietness of Environment
  - Discharge Information
  - Overall Rating of Hospital

Source: *Federal Register* / 76, No. 9, page 2462-2463

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Proposed performance period for **Clinical Process-of-Care Measures** and **HCAHPS** for **FY 2013** payment:
  - Three-quarter **performance period** from July 1, 2011, through March 31, 2012
  - Three-quarter **baseline** period from July 1, 2009, through March 31, 2010
- Anticipate proposing to use a full year for future performance periods for clinical process-of-care measures and HCAHPS

Source: *Federal Register* / 76, No. 9, page 2458

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Adoption of three **Mortality Outcome Measures** for **FY 2014** Hospital VBP program payment determination
  - Proposed **performance period** of July 1, 2011, through December 31, 2012 (18-month period)
  - Proposed **baseline period** of July 1, 2008, through December 31, 2009

Source: *Federal Register* / 76, No. 9, page 2457-2458

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

#### **Proposed Performance Standards**

- Must include levels of achievement and improvement
- Will be established and announced no later than 60 days prior to beginning of the performance period for the fiscal year involved
- Focus on levels that challenge hospitals to continue to improve or maintain high levels of performance

Source: *Federal Register* / 76, No. 9, page 2463

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

#### **Proposed Performance Standards**

- **Achievement Performance Standard**  
(achievement threshold):
  - Will be the median of hospital performance (50<sup>th</sup> percentile) during the baseline period of July 1, 2009, to March 31, 2010 for each measure
- **Improvement Performance Standard**  
(improvement threshold):
  - Based on each specific hospital’s performance on the measure during the baseline period

Source: *Federal Register* / 76, No. 9, page 2463-2464

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

#### **Proposed Performance Standards**

- The precise achievement threshold values for the performance standards were not available at the time of the proposed rule.
- Threshold values will be specified in the Final Rule.
- **Example** table of achievement performance standards found on page 2464.

Source: *Federal Register* / 76, No. 9, page 2464

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- **Section E:** Proposed Methodology for Calculating the Total Performance Score
  - Statutory provisions for calculating total score
  - Additional factors for consideration in calculating scores
  - Background in scoring methodology selection
  - Proposed scoring methodology
  - Scoring examples
  - Alternative models considered

Source: *Federal Register* / 76, No. 9, page 2464-2479

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- **Section F:** Applicability of the Value-Based Purchasing Program to Hospitals
- Simpler terms:  
Which hospitals are a part of this program?

Source: *Federal Register* / 76, No. 9, page 2479

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- What is the definition of a hospital for the purposes of the VBP program?
- Section 1886(d)(1)(B) of the Act defines a “subsection (d) hospital” as “a hospital located in one of the fifty States or the District of Columbia...”

Source: *Federal Register* / 76, No. 9, page 2479

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Subsection (d) defined hospital does not apply to hospitals and hospital units excluded from IPPS under section 1886(d)(1)(B).
- Additional exclusions under section 1886 (o)(1)(C)(ii):
  - Hospitals that did not receive their full APU will be excluded from the Hospital VBP program for the fiscal year.

Source: *Federal Register* / 76, No. 9, page 2480

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Hospitals with measure data from the performance period but not the baseline period:
  - Proposed to be included in the Hospital VBP program but scored based on achievement only.
- A hospital will be excluded if it has been cited for deficiencies by the Secretary for the performance period.

Source: *Federal Register* / 76, No. 9, page 2480

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Hospitals reporting insufficient data to be scored on either the clinical process-of-care or HCAHPS domain will not receive a total performance score, thereby excluding them for the FY.
  - Hospitals have to have four or more of the measures applying to them.
  - The minimum number of cases needed for a measure is 10.
- For HCAHPS hospitals, need to have a minimum of 100 surveys for the performance period.

Source: *Federal Register* / 76, No. 9, page 2480-2481

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## **Hospital Inpatient Value-Based Purchasing Program**

### **PROPOSED RULE**

- Validation process adopted in the FY 2011 IPPS Final Rule (75 FR 50227 through 50229) will also apply to the FY 2013 Hospital VBP program.
- This will be beneficial because no further burden will be placed on hospitals to separately send requested records to the Hospital VBP program for validation.

Source: *Federal Register* / 76, No. 9, page 2484

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## ***Helpful Documents***

- Hospital Inpatient Quality Reporting Calendar, Q2 2011
- Tip Sheet – Monitoring Submission of Inpatient Population & Sampling & Clinical Data
- FY 2012 APU Checklist
- HIQRP Changes for FY 2012 and 2013
- HIQRP Deadlines, Q2 2010 – Q1 2012
- Measure Comparison CY 2011, revised
- *The ABCs of Measurement* (National Quality Forum)

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## ***Helpful Documents***

- HAC Factsheet
- Additional NHSN CLABSI Tips
- CLABSI Monthly Report Tips
- CLABSI Measures Users' Guide
- CLABSI – No ICU Beds Procedure and Form
- FL & CA Hospital Inpatient Quality Reporting Program Resources (Revised 11/30/10)

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California and Florida “In the Know”  
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### ***Stay “In the Know”...***

- Recorded webinars will be posted no later than the fourth week of:
  - January
  - April
  - July
  - Oct

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### ***Stay “In the Know”...***

- **Subscribe to:**
- FL & CA Hospital Inpatient Quality Reporting Program E-Mail List
  - <http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>
- SHHEO E-Mail List
  - <http://lists.flqio.org/mailman/listinfo/shheo-fl-ca>
- National SCIP ListServe
  - <http://www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079>

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# ***Questions?***

- E-Mail questions to Becky or Lawanna no later than Friday, May 13, 2011.
- Questions and answers will be distributed back to you in a Post-Presentation Q&A Fact Sheet via the FL & CA Hospital Inpatient Quality Reporting Program E-Mail List no later than May 23, 2011.

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## ***Stay “In the Know”...***

**Contact your FL & CA Hospital Inpatient  
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### **Pneumonia/SCIP**

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