

**California and Florida
“In The Know”
Inpatient Data Collection,
Reporting, and Validation**

Module 1: Administrative Updates

July 2010

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QIO RHQDAPU Objectives

- To promote and support providers with abstraction, submission and reporting of inpatient quality data for two initiatives:
 - Annual Payment Update (APU)
 - The Hospital Quality Alliance (HQA) voluntary public reporting initiative
- To improve the accuracy, timeliness and completeness of data submitted to the QIO Clinical Warehouse

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Agenda

- Important Dates and Deadlines
- Structural Measures Submission
- DACA (Data Accuracy and Completeness Acknowledgement) Submission
- FY 2011 Proposed Rules Overview Highlights
- Miscellaneous Information

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Important Dates and Deadlines

| | |
|---|-------------------------|
| Notification of hospitals selected for new validation process * ** | July 2010 |
| Structural Measures and DACA Submission ** | 7/1/10 – 8/15/10 |
| 1 st Qtr 2010 Inpatient Population & Sampling deadline ** | 8/1/10 |
| 1 st Qtr 2010 Inpatient Clinical Data Submission deadline ** | 8/15/10 |
| Request for 1 st Qtr 2010 Validation Records * | Approximately 8/23/10 |
| CDAC Validation Records Submission Deadline * | 45 days after requested |
| Hospital Compare refresh ** | September 2010 |
| 2 nd Qtr 2010 HCAHPS deadline | 10/13/10 |

* Affects PPS (Prospective Payment System) hospitals only

** Resources available in Module 1 Helpful Handouts

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Structural Measures

- Many questions and unnecessary concerns regarding this RHQDAPU requirement
- The purpose of this data submission is simply to gather information on hospital participation in systematic database registries for:
 - Cardiac Surgery
 - Stroke Care
 - Nursing Sensitive Care

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Structural Measures

- There are NO requirements for hospitals to participate in a registry at this time; therefore
- There are NO penalties for *not* participating in one!
- You only have to answer the questions!

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Structural Measures

- “Data submission” will be the same as you did last summer for participation in a Cardiac Surgery Registry
- “Data entry” will be via QNet between July 1 and August 15, 2010
- Will cover hospital participation in any registries between January 1, 2010 through June 30, 2010

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Structural Measures

- How do you define “participation” in a registry?
 - The hospital submits standardized data elements applicable to at least two NQF-endorsed measures related to the topic measured by the registry, and
 - Reports on all patients eligible for these measures

[*FY 2010 Final Rule, Federal Register pages 43870-43873*](#)

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Structural Measures

- How do you define a “qualified” database registry?
 - The registry receives data from more than five hospitals, and
 - Provides calculated measures, results, benchmarks, and quality improvement information to the participants

[FY 2010 Final Rule, Federal Register pages 43870-43873](#)

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Structural Measures

- What are the measures under these three types of registries?
 - There are 8 proposed measures for both the stroke and nursing sensitive care registries
 - There are 15 proposed measures for the cardiac surgery registry

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Structural Measures Stroke Registry Measures

- Stk-1: Venous thromboembolism (VTE) prophylaxis for patients with ischemic or hemorrhagic stroke
- Stk-2: Ischemic stroke patients discharged on antithrombotic therapy
- Stk-3: Anticoagulation therapy for atrial fibrillation/flutter
- Stk-4: Thrombolytic therapy for acute ischemic stroke patients
- Stk-5: Antithrombotic therapy by the end of hospital day two
- Stk-6: Discharged on statin medication
- Stk-8: Stroke education

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Structural Measures Nursing Sensitive Care Measures

- Patient falls: All documented falls with or without injury, on an eligible unit in a calendar month
- Falls with injury: All documented falls with an injury level of minor or greater
- Pressure Ulcer Prevalence
- Restraint Prevalence (vest and limb)
- Skill Mix: Percentage of hours worked by: RN, LPN/LVN, UAP, Contract/Agency
- Hours per patient day worked by RN, LPN, and UAP
- Practice Environment Scale-Nursing Work Index
- 12 ▪ Voluntary turnover for RN, APN, LPN, UAP

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Structural Measures Cardiac Surgery Measures

- Post-operative renal failure
- Surgical re-exploration
- Anti-Platelet Medication at Discharge
- Beta Blockade at Discharge
- Anti-Lipid Treatment Discharge
- Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft CABG
- Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR)

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Structural Measures Cardiac Surgery Measures cont.

- Risk-Adjusted Operative Mortality for Mitral Valve Replacement/Repair (MVR)
- Risk-Adjusted Operative Mortality MVR+CABG Surgery
- Risk-Adjusted Operative Mortality for AVR+CABG
- Pre-Operative Beta Blockade
- Duration of Prophylaxis for Cardiac Surgery Patients
- Prolonged Intubation (ventilation)
- Deep Sternal Wound Infection Rate
- Stroke/Cerebrovascular Accident

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Data Accuracy and Completeness Acknowledgement (DACA)

- Who is responsible to complete this "data submission" requirement?
 - CMS recommends that the CEO assign one person the authority to answer the question, *as the CEO/Administrator is ultimately responsible*
 - Must be a registered QNet user and have the "Measure Designation Update or Read" role in their QNet profile

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Data Accuracy and Completeness Acknowledgement (DACA)

I acknowledge that to the best of my ability all of the information reported for this hospital for the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program, as required for the annual Fiscal Year 2011 RHQDAPU program requirements, is accurate and complete. This information includes the following:

- Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN), and Surgical Care Improvement Project (SCIP) quality data;
- Initial patient population and sample counts;
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey;
- Participation in a Systematic Database for Cardiac Surgery;
- Participation in a Systematic Clinical Database Registry for Stroke Care;
- Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care;
- Current RHQDAPU Participation and QualityNet Security Administrator forms.

I understand that this acknowledgement covers all RHQDAPU information, including AMI, HF, PN, SCIP, HCAHPS and Structural Measure information, reported by this hospital (and any data or survey vendor(s) acting as agents on behalf of this hospital) to CMS and its contractors for the FY 2011 payment update is complete and accurate to the best of my ability.

To the best of my knowledge, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care and patient assessment of care.

I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2011 RHQDAPU program requirements.

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Data Accuracy and Completeness Acknowledgement (DACA)

- How can you feel more comfortable “signing” this statement?
 - Identify your initial patient populations as accurately as possible prior to the Population & Sampling data entry deadline
 - Use the Data Dictionary to abstract your data as accurately as possible
 - Monitor the accuracy and completeness of all data submissions – even those accomplished by your vendor
 - Use the QIO Tip Sheets and contact us whenever you have questions!

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Structural Measures and DACA Resources

- The Structural Measures and the DACA page is now available on www.QualityNet.org
 - Click on the “RHQDAPU” link in the drop-down window under the “Hospitals-Inpatient” tab
 - Click on the “Structural Measures/Data Acknowledgement” link in the menu on the left
- Resources at the bottom of the page include:
 - User’s Guide
 - Frequently Asked Questions
 - Recorded WebEx training with transcript

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FY 2011 PROPOSED RULE OVERVIEW

- Document is located on the Centers for Medicare & Medicaid Website
- PDF version can be accessed through this link:

<http://edocket.access.gpo.gov/2010/pdf/2010-9163.pdf>

- Begins on PDF file, page 106
- Begins on Federal Register Vol. 75, page 23956

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FY 2011 PROPOSED RULE OVERVIEW

The screenshot shows the QualityNet website interface. At the top, there is a "Sign in to My QualityNet (formerly QNet Exchange)" section with a "Sign In" button and a search box. Below this is a navigation menu with tabs for "Home", "My QualityNet", and "MedQIC". A secondary menu lists various categories: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Nursing Homes", "ESRD", and "Quality Improvement". The main content area features a news article titled "FY 2011 IPPS proposed rule posted, open for public comment" dated April 20, 2010. The article text states: "The proposed rule for changes to the hospital Inpatient Prospective Payment Systems (IPPS) for acute care hospitals and Fiscal Year 2011 rates is on display and is open for public comment through June 16. Included in the regulation are proposed changes to the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program." It further notes that the rule, CMS-1498-P, was posted on April 19 and published in the May 4 Federal Register, and provides a link to the "FY 2011 Proposed Rule page" on the CMS website. At the bottom of the article, it mentions that comments can be submitted electronically at www.Regulations.gov. The footer of the page includes links for "QualityNet Help Desk", "Accessibility Statement", "Privacy Policy", and "Terms of Use".

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FY 2011 PROPOSED RULE OVERVIEW

Section 1: Background

- Discusses the purpose of the program, its beginning, and its progression to the current set of reportable measures for FY 2011 payment determination

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FY 2011 PROPOSED RULE OVERVIEW

Section 2: Retirement of RHQDAPU Program Measures

- Reviews what is considered in the retirement of a measure
- Proposed retirement of AHRQ Mortality for Selected Surgical Procedures
 - Not suitable for comparative reporting
 - Planned not to calculate for 2011 payment determination
 - Will not be displayed on Hospital Compare

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.a: Proposed Expansion Plan for Quality Measures for the FY 2012, FY 2013, and FY 2014 Payment Determination

- Discusses goals in expanding the RHQDAPU program measure set while minimizing the burden
 - Structural Measures
 - Claims-based Measures
 - Explore submission using EHRs and registries

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.a: Proposed Expansion Plan for Quality Measures for the FY 2012, FY 2013, and FY 2014 Payment Determination

- Discusses priority quality measures in their expansion
 - Conditions with greatest mortality and morbidity in Medicare population
 - Conditions that are high volume/high cost for the Medicare program
 - Conditions with wide cost and treatment variations have been reported

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.a: Proposed Expansion Plan for Quality Measures for the FY 2012, FY 2013, and FY 2014 Payment Determination

- Expanding RHQDAPU program measures that will take place over 3 payment years
 - Not only adding measures for FY 2012 payment determination, also adding measures for FY 2013, and FY 2014, payment determinations

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.a: Proposed Expansion Plan for Quality Measures for the FY 2012, FY 2013, and FY 2014 Payment Determination

- IF ***some*** or ***all*** rules are finalized it is felt that this information about future reporting requirements will allow hospitals to implement related QI efforts to meet these reporting requirements

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.a: Proposed Expansion Plan for Quality Measures for the FY 2012, FY 2013, and FY 2014 Payment Determination

- Proposing to use consecutive calendar year of data for payment determination starting with Jan 1, 2011 discharges (affects payment determination starting FY 2013)

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.b: Proposed RHQDAPU Quality Measures for FY 2012 Payment Determination

- Proposed retention of the existing 45 RHQDAPU quality measures
- Proposed retirement of 11 RHQDAPU chart abstracted measures recommended by commenter's
 - 7 "topped out"
 - 4 "other reasons"

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.b: Proposed RHQDAPU Quality Measures for FY 2012 Payment Determination

- Proposed New Claims-Based Measures
 - 2 AHRQ Patient Safety Indicators
 - PSI-11, Post Operative Respiratory Failure
 - PSI-12, Post Operative Pulmonary Embolism or Deep Vein Thrombosis

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.b: Proposed RHQDAPU Quality Measures for FY 2012 Payment Determination

- Proposed New Claims-Based Measures, cont.
 - 8 Hospital Acquired Conditions (HAC)
 - Foreign Object Retained After Surgery
 - Air Embolism
 - Blood Incompatibility
 - Pressure Ulcers Stages III & IV

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.b: Proposed RHQDAPU Quality Measures for FY 2012 Payment Determination

- 8 Hospital Acquired Conditions (HAC), cont.
 - Falls and Trauma
 - Vascular Catheter-Associated Infection
 - Catheter-Associated Urinary Tract Infection
 - Manifestations of Poor Glycemic Control

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.b: Proposed RHQDAPU Quality Measures for FY 2012 Payment Determination

- Proposed All-Patient Volume Data for Selected MS-DRG's
 - Currently volume data reported on Hospital Compare for claims based outcome measures are from Medicare claims only
 - Volume data from chart abstracted process measures on Hospital Compare are from all payers
 - The proposal is to have the chart abstracted and claims based measures volume data bases aligned by having the claims based measures be from all payers

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.b: Proposed RHQDAPU Quality Measures for FY 2012 Payment Determination

- Proposed All-Patient Volume Data for Selected MS-DRG's
 - Further information can be found in section V.A.5. of this proposal (page 23990)
 - MS-DRG codes can be found in the proposed RHQDAPU measures for FY 2012 and FY 2013 payment determinations of this proposed rule (pages 23970, and 23978 respectively)

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.c: Proposed RHQDAPU Quality Measures for FY 2013 Payment Determination

- Proposed to retain all of the proposed measures for FY 2012 payment determination, if finalized, for FY 2013 payment determination
- Proposed New Chart-Abstracted Measure for FY 2013 payment determination: **AMI-10 Statin at Discharge**
 - Propose to start the collection of data beginning with Jan 1, 2011 discharges for RHQDAPU 2013 payment determination

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.c: Proposed RHQDAPU Quality Measures for FY 2013 Payment Determination

- Proposed New Healthcare Associated Infection (HAI) Measures for FY 2013 payment determination
 - Central Line Associated Blood Stream Infection
 - Surgical Site Infection
- Both are currently collected by the CDC via National Healthcare Safety Network (NHS)

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.c: Proposed RHQDAPU Quality Measures for FY 2013 Payment Determination

- Proposing that hospitals be required to choose and submit their data to a “qualified registry” on at least one of four registry based measure topics
 - ICD Complications
 - Stroke
 - Nursing Sensitive Care
 - Cardiac Surgery

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FY 2011 PROPOSED RULE OVERVIEW

Section 13: Qualification of Registries for RHQDAPU Data Submission

- What are the acceptable registries that can submit hospital data?
- CMS currently has a self nomination process for registries' to submit FY 2013 measures on behalf of hospitals.
- QualityNet web site will post a list of qualified registries by no later than **December 31, 2010**
- For further information on Qualification of Registries for RHQDAPU Submission: *Federal Register Vol. 75, page 23997*

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FY 2011 PROPOSED RULE OVERVIEW

Section 3.d: Proposed RHQDAPU Quality Measures for FY 2014 Payment Determination

- Propose to retain all of the measures adopted for FY 2013 payment determination for FY 2014 payment determination
- Proposed New Chart-Abstracted Measures for FY 2014 payment determination
 - Emergency Department (ED) Throughput Measures
 - Global Immunization Measures

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FY 2011 PROPOSED RULE OVERVIEW

Section 4: Possible New Quality Measures for Future Years

- An invitation to comment on the quality measures that are being considered for future years
- Request for suggestions of other measures not listed for consideration

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FY 2011 PROPOSED RULE OVERVIEW

Section 5: Form, Manner, and Timing of Quality Data Submission

- 5.a.(1): Procedural Requirements for FY 2012, 2013, and 2014
 - Register with QualityNet
 - Identify a QualityNet Administrator
 - Not signed up for RHQDAPU? Complete a Notice of Participation
- 5.a.(2): Synchronization of measure reporting quarters: all measures will be reported from the same 4 quarters of the calendar year for the FY determination

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FY 2011 Proposed Rule, Federal Register page 23985-23991

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FY 2011 PROPOSED RULE OVERVIEW

Section 5: Form, Manner, and Timing of Quality Data Submission

- 5.a.(3): Proposed HCAHPS Requirements for FY 2012, 2013, and 2014 Payment Determinations
 - Requirements are the same as for FY 2011
 - Except:
 - FY 2012: Based upon discharges from April 1, 2010 through December 31, 2010
 - FY 2013: Based upon discharges from January 1, 2011 through December 31, 2011
 - FY 2014: Based upon discharges from January 1, 2013 through December 31, 2013

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FY 2011 PROPOSED RULE OVERVIEW

Section 5: Form, Manner, and Timing of Quality Data Submission

- 5.b.(1): Additional Proposed RHQDAPU Program Procedural Requirements
 - FY 2012
 - Topics: AMI, HF, PN, SCIP
 - CY discharge quarters: 4Q CY 2009, 1Q CY 2010 (AMI, HF, PN only), 2Q CY 2010, 3Q CY 2010, 4Q CY 2010
 - Population and Sampling: 2Q CY 2010, 3Q CY 2010, 4Q CY 2010

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FY 2011 PROPOSED RULE OVERVIEW

Section 5: Form, Manner, and Timing of Quality Data Submission

- 5.b.(1): Additional Proposed RHQDAPU Program Procedural Requirements (cont.)
 - FY 2013
 - Topics: AMI, HF, PN, SCIP
 - CY discharge quarters: 1Q CY 2011, 2Q CY 2011, 3Q CY 2011, 4Q CY 2011
 - Population and Sampling: 1Q CY 2011, 2Q CY 2011, 3Q CY 2011, 4Q CY 2011

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FY 2011 PROPOSED RULE OVERVIEW

Section 5: Form, Manner, and Timing of Quality Data Submission

- 5.b.(1): Additional Proposed RHQDAPU Program Procedural Requirements (cont.)
 - FY 2014
 - Topics: AMI, HF, PN, SCIP, Emergency Department Throughput (EDT), and Global Immunization (GIM)
 - CY discharge quarters: 1Q CY 2012, 2Q CY 2012, 3Q CY 2012, 4Q CY 2012
 - Population and Sampling:
 - 1Q CY 2012, 2Q CY 2012, 3Q CY 2012, 4Q CY 2012

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FY 2011 PROPOSED RULE OVERVIEW

5.b.(1): Additional Proposed RHQDAPU Program Procedural Requirements for FY 2012, 2013, and 2014 Payment Determinations (cont.)

- Complete data submission for chart abstracted measures must be in accordance with CMS/The Joint Commission sampling requirements
- 5 or fewer rule still applies for Population and Sampling
- Section 5.b.(2): HCAHPS submission requirements unchanged

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FY 2011 PROPOSED RULE OVERVIEW

Section 5: Form, Manner, and Timing of Quality Data Submission

- 5.b.(3): Claims-based measures using Medicare fee-for-service claims (see chart Proposed Rule Federal Register Vol. 75, page 23989)
 - FY 2012 payment determination: CMS will use up to 3 years of discharges prior to Jan,1 2011
 - FY 2013 and 2014 payment determination: CMS will use up to 3 years of discharges prior to Jan 1, 2012, and Jan 1, 2013 respectively

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FY 2011 PROPOSED RULE OVERVIEW

Section 5: Form, Manner, and Timing of Quality Data Submission

- 5.b.(5): Data submission of All-Patient Volume Data for selected MS-DRGs
 - Data elements will be defined in the *Specifications Manual* (Manual version was not given)
 - Data submission will begin on a quarterly basis via QualityNet beginning with Jan 1, 2011 discharges

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FY 2011 PROPOSED RULE OVERVIEW

Section 5: Form, Manner, and Timing of Quality Data Submission

- 5.b.(6): Proposed data submission and reporting requirements for HAI measures reported via NHSN
 - Hospitals submit data for measures to CDC's NHSN on a monthly basis for discharges occurring on or after Jan 1, 2011
 - FY 2013 payment determination: 1Q CY 2011, 2Q CY 2011, 3Q CY 2011, 4Q CY 2011
 - FY 2014 payment determination: 1Q CY 2012, 2Q CY 2012, 3Q CY 2012, 4Q CY 2012

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FY 2011 PROPOSED RULE OVERVIEW

Section 5: Form, Manner, and Timing of Quality Data Submission

- 5.b.(7): Data submission requirements for registry-based measures
 - Hospitals will choose at least 1 of the 4 registry-based measure topic
 - Hospital will submit to registry maintaining HIPPA compliance
 - Registry will calculate measures and submit results to QIO Clinical Warehouse
 - Review slide 34 and section V.A.13 of the proposed rule (Federal Register Vol. 75, page 23997)

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FY 2011 PROPOSED RULE OVERVIEW

Section 6: RHQDAPU Program Disaster Extensions and Waivers

- Goal is not to penalize hospitals for extraordinary circumstances that keep them from submitting required data by deadline
- Process is in place to request consideration for an extension or waiver
- In event of natural disaster CMS may make a determination to extend or waive all hospitals within a region without having the individual hospitals make a request. In these cases hospitals will be notified through routine CMS communication channels

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FY 2011 PROPOSED RULE OVERVIEW

Section 7: Proposed Chart Validation Requirements for Chart-Abstracted Measures

- **FY 2012** payment determination:
 - Randomly select 800 hospitals on annual basis
 - Hospitals must meet "100 case threshold" to be eligible for selection
 - Record validation will be done on a quarterly basis
 - Each quarter sample will include 12 cases with at least 1 but no more than 3 cases per topic
 - Validate 1st Q 2010 through 3rd Q 2010 records

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FY 2011 PROPOSED RULE OVERVIEW

Section 7: Proposed Chart Validation Requirements for Chart-Abstracted Measures

- **FY 2012** payment determination (cont.):
 - Will continue to follow timeline for CDAC medical record request
 - Hospitals will have 45 days from date given on record request letter to submit copied records
 - If not submitted by 30 days a second certified letter will be sent

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FY 2011 PROPOSED RULE OVERVIEW

Section 7: Proposed Chart Validation Requirements for Chart-Abstracted Measures

- **FY 2012** payment determination (cont):
 - Certified letter for record request is sent to the medical record staff the hospital identified to their QIO
 - Abstraction accuracy will be based on the percentage of matching measure numerators and denominators for each measure for the record

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FY 2011 PROPOSED RULE OVERVIEW

Section 8: Data Accuracy and Completeness Acknowledgment Requirements for the FY 2011 Payment Determination and Subsequent Years

Section 9: Proposed Public Display Requirements for the FY 2012 Payment Determination and Subsequent Years

- Hospital Compare

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FY 2011 PROPOSED RULE OVERVIEW

Section 10: Proposed Reconsideration and Appeal Procedures for the FY 2011 Payment Determination

- Section provides information in requesting an appeal if APU is not obtained

******Reminder******

- You cannot file an appeal for reconsideration until the final determination for APU is made. (Approximately Sept)

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FY 2011 PROPOSED RULE OVERVIEW

Section 11: Proposed RHQDAPU Program Withdrawal Deadlines

Section 12: Electronic Health Records (EHRs)

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FY 2011 PROPOSED RULE OVERVIEW

Section 13: Qualifications of Registries for RHQDAPU Data Submission

- Gives a description of what qualifies a registry
- List of qualified registries will be posted on the QualityNet website under the RHQDAPU program section no later than **December 31, 2010** for the FY 2013 payment determination

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Miscellaneous Information

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APU Dashboard Info

- 4th quarter 2009 “Validation Sample” section on the APU Dashboard is incorrectly displaying “not satisfied” for all RHQDAPU hospitals
- This will be corrected to display as “not applicable” with the next Dashboard release expected in early summer 2010

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QUEST Updates

- A new ED Measures topic will soon be added to QUEST for related questions
- Global Vaccination measures are informational only and will not be added to QUEST at this time
 - Questions on the Global Vaccination measures can be submitted under the PN topic if needed
- Questions about the new AMI-10 measure should be submitted under the AMI topic (some Q&As are already posted)

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Helpful Documents

- RHQDAPU Calendar July – Sept 2010
- Hospital Compare September 2010 Overview
- Tip Sheet Monitor Submission of Inpatient Population & Sampling
- Tip Sheet Preparation of CDAC Validation Records
- Structural Measures FY 2011 Fact Sheet

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Helpful Documents cont.

- DACA FY 2011 Fact Sheet
- Structural Measures and DACA User Guide
- Validation Fact Sheet
- FY 2010 Final Rule Outline
- FY 2010 Final Rule
- FY 2011 Proposed Rule Outline
- FY 2011 Proposed Rule

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Stay “In the Know”...

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

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Stay “In the Know”...

- Subscribe to the FL & CA RHQDAPU Email List (formerly the HQA Email List)
<http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>
- Subscribe to the National SCIP Listserve
www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079

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Questions?



- Email questions to Becky, Cassie, or Lawanna no later than **Friday, August 6, 2010**
- Questions and answers will be distributed back to you in a Post-Presentation Q&A Fact Sheet via the FL & CA RHQDAPU Email List no later than August 13

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Stay "In the Know"...

Contact your QIO Project Coordinator:

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California and Florida "In the Know" Module 1
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