

Notice: This CMS-approved document is subject to change based on the 2011 IPPS final rule when it is posted in the Federal Register. The requirements below are based on what is printed in the 2010 IPPS rule.

RHQDAPU Requirement

This information describes how acute-care hospitals paid for treating Medicare beneficiaries under the acute-care inpatient prospective payment system (IPPS), can receive their full Medicare Annual Payment Update in accordance with the Deficit Reduction Act of 2005. The payment update for FY 2007 and each subsequent fiscal year will be reduced by 2.0% for any IPPS hospital that does not meet the RHQDAPU requirements or chooses not to participate.

RHQDAPU Requirement List – For more details, click on the requirement.

- ✓ [Register with QualityNet](#)
- ✓ [Identify and maintain a QualityNet Security Administrator](#)
- ✓ [Submit Notice of Participation](#)
 - Medicare Accept Date of **10/15/2009** or after
 - Withdrawal from the RHQDAPU program
- ✓ [Collect and report clinical process measure data](#)
- ✓ [Submit aggregate population and sample size counts](#)
- ✓ [Continuously collect and submit HCAHPS data](#)
- ✓ [Report claims-based data](#)
- ✓ [Submit structural measures information](#)
- ✓ [Pass clinical process measures validation requirements](#)
- ✓ [Submit Data Accuracy and Completeness Acknowledgement \(DACA\)](#)
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RHQDAPU Data/Submission Quarters Included for FY2011

Clinical Measures - AMI, HF and PN - 4Q08, 1Q09, 2Q09 and 3Q09; **SCIP** – 4Q08, 2Q09, 3Q09 and 1Q10

Population and Sampling - 2Q09, 3Q09, 4Q09 and 1Q10

HCAHPS - 2Q09, 3Q09, 4Q09 and 1Q10

Structural Measures – 1Q09 and 2Q09

Validation – 4Q08 through 3Q09

DACA – FY 2011

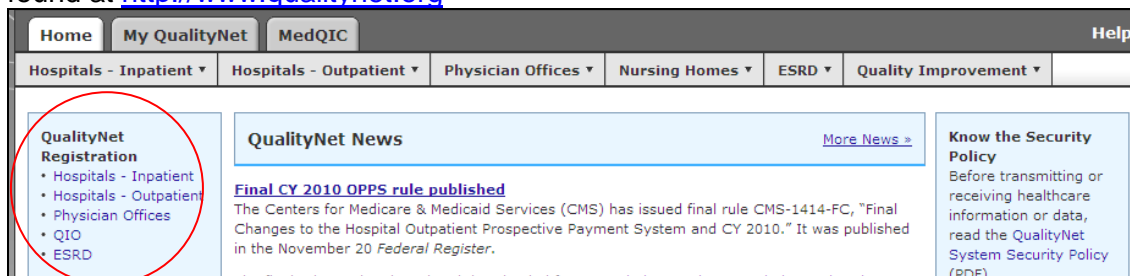
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RHQDAPU Requirement Overview

Acute-care hospitals that are paid for treating Medicare beneficiaries under the inpatient prospective payment system (IPPS), can receive their full Medicare Annual Payment Update in accordance with the Deficit Reduction Act of 2005. The Act reads “(CMS) established the RHQDAPU program in order to implement section 501(b) of Pub. L. 108-173 (MMA).” It states that “the payment update for FY2007 and each subsequent fiscal year will be reduced by **2.0 percentage points** for any ‘subsection (d) hospital’ that does not submit certain quality data in a form and manner, and at a time, specified by the Secretary.” It states, “The new section 1886(b)(3)(B)(viii)(VII) of the Act requires that we establish procedures for making quality data available to the public after ensuring that a hospital has the opportunity to review, in advance, its data that are to be made public. In addition, it requires that hospitals report quality measures of process, structure, outcome, and patients’ perspective on care, efficiency, and costs of care that relate to services furnished in inpatient settings...”

✓ **Register with QualityNet**

Hospitals must register with QualityNet before the participating hospital initially begins reporting data, regardless of the method used for submitting data. QualityNet Registration directions are found at <http://www.qualitynet.org>



✓ **Identify and maintain a QualityNet Security Administrator**

The QualityNet Security Administrator facilitates the registration process for other users at the organization. Hospitals should designate two Security Administrators—one, to serve as the primary Security Administrator, and the other, to serve as the backup. Hospitals submitting data via My QualityNet or using a vendor to submit data on their behalf are **required** to designate a Security Administrator. Hospitals are to maintain an active QualityNet Security Administrator at all times. QualityNet is the only CMS-approved website for secure healthcare quality data exchange and by logging into this site at least once a month, the hospital can maintain an active account.

✓ **Submit Notice of Participation**

New ‘subsection (d) hospitals,’ and existing hospitals that wish to participate in RHQDAPU for the first time, must complete a “Reporting Hospital Quality Data for Annual Payment Update Notice of Participation” form that includes the name and address of each hospital campus that shares the same CMS Certification Number (CCN). Hospitals with a Notice of Participation on file indicating that they wish to participate will remain an active RHQDAPU participant until they submit in writing that they no longer wish to participate. “Active” is defined as a signed Notice of Participation indicating the hospital is participating and no withdrawal form has been submitted. A new Notice of Participation is NOT needed each year if one is on file.

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- **Medicare Accept Date of 10/15/2009 or after**
Hospitals that wish to participate in the Fiscal Year 2011 RHQDAPU program that have a Medicare Accept Date of 10/15/2009 *or after* need to submit a completed "Notice of Participation" form no later than 180 days from their Medicare Accept Date. These hospitals need to begin submitting RHQDAPU program data starting with the first day of the quarter following the date when the hospital registered to participate in the program.
- **Withdrawal from the RHQDAPU program**
Hospitals may withdraw from the RHQDAPU program any time on or before August 15, 2010 by completing the "Withdrawal of Participation" form found at <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900297530>.

- ✓ **Collect and report clinical process measure data**
Hospitals must collect and report clinical process measure data as required by the federal regulations found in the Federal Register, (<http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp?filterType=none&filterByDID=-99&sortByDID=4&sortOrder=descending&intNumPerPage=10>)

To meet this requirement hospitals must:

- Submit complete data for each required clinical process measure; Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN), and Surgical Care Improvement Project (SCIP). SCIP-Inf-9, Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2, and SCIP-Inf-10, Perioperative Temperature Management, are new measures that must be submitted beginning with 1Q10 discharges.
- Refer to the *Specifications Manual for National Hospital Inpatient Quality Measures* located on QualityNet for abstraction and sampling guidelines
- Hospitals that have five or fewer discharges (both Medicare and non-Medicare combined) within a measure set (AMI, HF and PN) and the combined SCIP strata in a quarter are not required to submit patient-level data for that quarter. However, the aggregate population and sample size counts must still be submitted.
- If a vendor is submitting data for the hospital, the hospital remains accountable for the submission.
- It is recommended that hospitals review their RHQDAPU Provider Participation Reports a few days prior to the submission deadline to allow time to correct any problems identified.

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✓ **Submit aggregate population and sample size counts**

Hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for AMI, HF, PN and SCIP via My QualityNet. This data must be entered quarterly. If a vendor is submitting the population and sample size counts for the hospital, the hospital remains accountable for the submission. Hospitals that do not have any AMI, HF, PN or SCIP discharges must enter a zero into the application or XML. Leaving the fields blank does not fulfill the requirement. It is recommended that hospitals review their RHQDAPU Provider Participation Reports a few days prior to the submission deadline to allow time to correct any problems identified.

✓ **Continuously collect and submit HCAHPS data**

Hospitals must continuously collect and submit HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey data in accordance with the current HCAHPS [Quality Assurance Guidelines](http://www.hcahpsonline.org), which can be found on the HCAHPS Web site, <http://www.hcahpsonline.org>.

- If a hospital has **zero** HCAHPS-eligible discharges the hospital must submit this information through the QIO Clinical Warehouse. The QIO Clinical Warehouse accepts zero HCAHPS-eligible discharges. Hospitals with zero HCAHPS-eligible discharges must submit their total number of HCAHPS-eligible cases to the QIO Clinical Warehouse for that month as part of their quarterly HCAHPS data submission.
 - If a hospital does not have any HCAHPS-eligible discharges in a given month, the hospital is still required to submit a zero for that month as part of its quarterly HCAHPS data submission.
- A hospital that has **five or fewer** HCAHPS-eligible discharges during a month is not required to submit HCAHPS surveys for that month. However, hospitals that meet this exception may voluntarily submit these data. Hospitals with five or fewer HCAHPS-eligible discharges must submit their total number of HCAHPS-eligible cases to the QIO Clinical Warehouse for that month as part of their quarterly HCAHPS data submission.
- Hospitals and survey vendors must participate in all oversight activities conducted by the HCAHPS Project Team.

✓ **Report claims-based data**

Hospitals must report measure information obtained through claims-based data. CMS uses enrollment data as well as Part A and Part B claims for Medicare fee-for-service patients to calculate these measures. No hospital data submission is required to calculate these measure rates.

- 30-Day Risk-Standardized Mortality Measures (AMI, HF and PN)
- 30-Day Risk-Standardized Readmission Measures (AMI, HF and PN)
- Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI), Inpatient Quality Indicators (IQI) and Composite Measures
- AHRQ PSI and Nursing Sensitive Harmonized measure

✓ **Submit structural measures information**

Hospitals must report information needed to calculate three structural measures via My QualityNet. The Structural Measures include: Participation in a Systematic Database for Cardiac Surgery; Participation in a Systematic Clinical Database Registry for Stroke Care; and Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care. The submission for the structural measures with respect to the time period of January 1, 2010, through June 30, 2010 will be from

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July 1, 2010 through August 15, 2010. If a vendor is submitting measure information for the hospital, the hospital remains accountable for the submission. It is recommended that hospitals review their RHQDAPU Provider Participation Reports a few days prior to the submission deadline to allow time to correct any problems identified.

✓ **Pass clinical process measures validation requirements**

Hospitals must pass clinical process measures validation requirements by receiving a Confidence Interval of 80 or greater based on chart audit validation for 4Q08 through 3Q09 discharges. Note: the confidence interval cannot be determined by averaging the four quarter's validation rates. The Confidence Interval calculation is available on QualityNet

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>

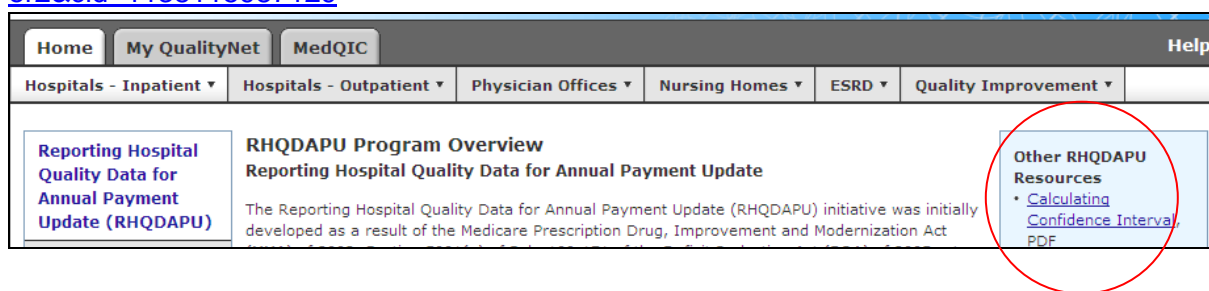


Chart audit validation will be applied to the following clinical process measures:

- AMI-1, AMI-2, AMI-3, AMI-4, AMI-5, AMI-7a, AMI-8a, HF-1, HF-2, HF-3, HF-4, PN-2, PN-3b, PN-4, PN-5c, PN-6, PN-7, SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-6, SCIP-VTE-1, SCIP-VTE-2
- SCIP-Card-2 will be validated for 2Q09 and 3Q09 discharges.

✓ **Submit Data Accuracy and Completeness Acknowledgement (DACA)**

Hospitals will acknowledge all information submitted as required by the RHQDAPU program for the FY 2011 payment determination is complete and accurate to the best of their knowledge. Hospitals will be able to submit through an online application on QualityNet from July 1, 2010 through August 15, 2010. If a vendor is submitting this information for the hospital, the hospital remains accountable for the submission. It is recommended that hospitals review their RHQDAPU Provider Participation Reports a few days prior to the submission deadline to allow time to correct any problems identified.

✓ **Display data on Hospital Compare**

The hospital quality measures on the Hospital Compare website reflect recommended treatments for some of the most common and costly conditions that hospitals treat. Research has shown that these treatments provide the best results for most patients and are an important part of the patients' overall care. RHQDAPU participating hospitals must display quality data on Hospital Compare (<http://www.hospitalcompare.hhs.gov>) for public viewing as required by the Deficit Reduction Act of 2005.

Clinical process measures and HCAHPS data are updated quarterly. Outcome Measures are updated annually in June. Structural Measures are updated annually in December and Medicare Payment and Volume data is updated annually in September.

In order to display data, the hospital characteristics information must be complete. If your hospital's Preview Report only displays the hospital's CCN, contact the state OSCAR/ASPEN coordinator to

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provide complete information. Required hospital characteristics are: address including city, state and ZIP, phone number, county name, type of facility, type of ownership (not publicly reported but available in the downloadable Access database on Hospital Compare), accreditation status (not reported on Hospital Compare or available in the Access database) and emergency service status.

A list of the OSCAR/ASPEN coordinators is located at the website/link provided.

http://www.hospitalcompare.hhs.gov/Hospital/Static/Contact_tabset.asp?activeTab=3&Language=English&version=default