2021

CRITICAL ACCESS HOSPITAL

QUALITY REPORTING GUIDE

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INTRODUCTION

The Missouri Hospital Association's Critical Access Hospitals Quality Reporting Guide is intended to provide support to CAHs when reporting hospital quality measures through the various reporting programs. Quality measure reporting is a priority for several reasons. By measuring the success of quality initiatives, we can better ensure patients in Missouri communities are receiving the quality health care they deserve. Moreover, the Centers for Medicare & Medicaid Services and other health care partners use quality measures in their various quality initiatives that include quality improvement, pay-for-reporting and public reporting; therefore, proper quality reporting can affect a hospital's financial stability.

This guide will be updated as appropriate to represent measure changes and updates. Please be sure to use direct sources of information for detailed and up-to-date program and measure specifics. Direct links to helpful websites and resources are located in Appendix A.

GLOSSARY OF KEY TERMS

CART..... CMS Abstraction & Reporting Tool
CMS..... Centers for Medicare & Medicaid Services
CY..... Calendar Year: describes a typical calendar year. This represents Jan. 1. through Dec. 31 of the given year.
DNV..... DNV GL - Healthcare
eCQM..... Electronically-specified Clinical Quality Measures: refers to measures that are electronically submitted via the entity's certified electronic health record with the goal to improve quality and efficiency of patient care.
EDTC..... Emergency Department Transfer Communication
EHR..... Electronic Health Record
FFY..... Federal Fiscal Year: describes the Medicare fiscal year time period. This represents Oct. 1 through Sept. 30 of the given year.
Flex..... Medicare Rural Hospital Flexibility Grant Program
HAC..... Hospital-Acquired Conditions (Present on Admission Indicator) Program
HAI..... Healthcare-Acquired Infections
HCAHPS..... Hospital Consumer Assessment of Healthcare Providers and Systems
HIDI..... MHA Hospital Industry Data Institute
HIIN..... Hospital Improvement Innovation Network
HIQRP..... Hospital Inpatient Quality Reporting Program
HOQRP..... Hospital Outpatient Quality Reporting Program
HRRP..... Hospital Readmission Reduction Program
MACRA..... Medicare Access and CHIP Reauthorization Act of 2015
MBQIP..... Medicare Beneficiary Quality Improvement Project
MHIRS..... Missouri Health Care-Associated Infection Reporting System
NHSN..... National Healthcare Safety Network
QPP..... Quality Payment Program
PPS..... Prospective Payment System: payment method where Medicare reimbursement is allocated based on a fixed amount.
PY..... Payment Year: describes the year that a payment or reimbursement is received.
TJC..... The Joint Commission
VBP..... Hospital Value-Based Purchasing

REGULATORY PROGRAMS

- **Hospital-Acquired Conditions Reduction Program** — Medicare pay-for-performance program that supports the CMS effort to link Medicare payments to health care quality in the inpatient hospital setting to encourage eligible hospitals to reduce HACs; requires a reduction in payments to applicable hospitals in worst-performing quartile of risk-adjusted HAC quality measures.
- **Hospital Consumer Assessment of Healthcare Providers and Systems** — Survey program administered to a random sample of inpatients to give insight on their health care experience. Results are publicly reported on https://www.medicare.gov/hospitalcompare/search.html? for the purposes of comparison, value-based purchasing and consumer education for health care decisions.
- **Hospital Inpatient Quality Reporting Program** — Equips consumers with hospital inpatient quality data for informed decisions and encourages the improvement of quality by hospitals and clinicians. Includes inpatient measures collected and submitted by acute care hospitals paid under prospective payment system and claims-based inpatient measures calculated by CMS. Failure to submit data results in a 25% reduction to the annual marketbasket update for hospitals paid under inpatient PPS.
- **Hospital Outpatient Quality Reporting Program** — Equips consumers with hospital outpatient quality data for informed decisions and encourages the improvement of quality by hospitals and clinicians. Includes outpatient measures collected and submitted by acute care hospitals paid under PPS and claims-based outpatient measures calculated by CMS. Failure to meet data submission requirements results in a 2% reduction in a provider's annual payment update under the outpatient PPS.
- **Hospital Readmission Reduction Program** — Reduction in payments to applicable hospitals for greater than expected readmissions.
- **Medicare Beneficiary Quality Improvement Project** — Federal Office of Rural Health Policy voluntary project with the goal of improving the quality of care delivered at critical access hospitals. This project is offered to CAHs through participation in the Medicare Rural Hospital Flexibility Grant Program.
- **Missouri Healthcare-Associated Infection Reporting System** — Missouri Department of Health & Senior Services program that requires Missouri hospitals to report health care-associated infections. Based on 2019 legislation, hospitals no longer are required to report to MHIRS so long as CMS requires reporting. This applies to all hospitals except ambulatory surgical centers or abortion facilities.
- **Promoting Interoperability Program** — Previously known as Medicare and Medicaid EHR Incentive Program; encourages clinicians, eligible hospitals and CAHs to adopt, implement, upgrade and demonstrate meaningful use of certified EHR technology.
- **Quality Payment Program** — Rewards high value, high quality Medicare clinicians with payment increases while reducing payments to clinicians not meeting performance standards.
- **Hospital Value-Based Purchasing** — Effort to improve health care quality by linking Medicare's payment system to patient outcomes, patient satisfaction, patient safety and efficiency.

CRITICAL ACCESS HOSPITAL
QUALITY REPORTING PROGRAM SUMMARY

Quality Reporting Program	Data Steward	Data Collection System	Reporting Frequency	Notes (For Hospital Use)
REQUIRED*				
MHIRS	Missouri Department of Health and Senior Services	MHIRS Website Application	Monthly	
eCQM Program – Required for Promoting Interoperability Program	CMS	QualityNet, Vendor	Quarterly	
Missouri Quality Transparency Measures	MHA HIDI	HIDI, NHSN	Quarterly	
STRONGLY ENCOURAGED*				
Flex MBQIP	Health Resources and Services Administration	CART Tool and/or Chart-abstracted Measure Vendor, HCAHPS Vendor, NHSN, Excel	Quarterly	
ACCREDITATION*				
TJC National Quality Acute Care Hospital Accreditation Program – Required if accredited	TJC	TJC Direct Data Submission Platform	Quarterly	
DNV – Required if accredited	DNV			

*Based on facility's services and licensures. Please research your hospital's eligibility for each listed quality reporting program.

MISSOURI HEALTHCARE-ASSOCIATED INFECTION REPORTING SYSTEM

The Missouri Healthcare-Associated Infection Reporting System has been developed to provide information to health care providers on the Missouri Department of Health & Senior Services reporting requirements for health care-associated infections. With the passage of the Missouri Nosocomial Infection Control Act of 2004, hospitals are required to report health care-associated infections to DHSS.

Any hospital that fails to comply with reporting requirements may have their license suspended or revoked and may have all or a portion of their state payments suspended.

Measure	CAH
Central Line-Associated Bloodstream Infection	Select ICUs
Surgical Site Infection	Hips, abdominal hysterectomy

MEDICARE PROMOTING INTEROPERABILITY PROGRAM

Electronic clinical quality measures are tools that help measure and track the quality of health care services that eligible professionals, eligible hospitals and critical access hospitals provide, as generated by a provider's electronic health record. Measuring and reporting eCQMs helps to ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable and timely care. eCQMs measure many aspects of patient care, including patient and family engagement, patient safety, care coordination, population/public health, efficient use of health care resources and clinical process/effectiveness.

Health care providers are required to electronically report eCQMs, which use data from EHRs and/or health information technology systems to measure health care quality. To report eCQMs successfully, health care providers must adhere to the requirements identified by the CMS quality program in which they intend to participate.

Each year, CMS makes updates to the eCQMs approved for CMS programs to reflect changes in evidence-based medicine, code sets and measure logic.

To successfully participate in the Medicare and Medicaid Promoting Interoperability Programs, CMS requires EPs, eligible hospitals, CAHs, and dual-eligible hospitals to report on eCQMs. These eCQMs are determined by CMS and require the use of 2015 Edition of certified electronic health record technology (CEHRT). For more information on 2015 Edition CEHRT, review this fact sheet.

CY 2021 Reporting Criteria

Eligible hospitals and CAHs that report CQMs electronically for the Promoting Interoperability Program or participate in both the Promoting Interoperability Program and the IQR Program are required to report on at least four of the eight available CQMs from two self-selected quarters of CY 2021. The submission period will be the two months following the close of CY 2021, ending Feb. 28, 2022. Information on CQM specifications are available on the eCQI Information Resource Center.

Short Name	Measure Name
ED-2	Admit decision time to ED departure time for admitted patients
PC-05	Exclusive breast milk feeding
STK-02	Discharged on antithrombotic therapy
STK-03	Anticoagulation therapy for atrial fibrillation/flutter
STK-05	Antithrombotic therapy by the end of hospital day 2
STK-06	Discharged on statin medication
VTE-1	Venous thromboembolism prophylaxis
VTE-2	Intensive care unit venous thromboembolism prophylaxis

QUALITY PAYMENT PROGRAM

The Quality Payment Program is authorized under the Medicare Access and CHIP Reauthorization Act of 2015 Provisions of the QPP rewards high value, high quality Medicare clinicians with payment increases while at the same time reducing payments to those clinicians who aren't meeting performance standards.

Clinicians have two tracks to choose from in the Quality Payment Program based on their practice size, specialty, location, or patient population:

- Merit-based Incentive Payment System or
- Advanced Alternative Payment Models

Detailed information about QPP is available on the CMS website.

INITIATIVES

MISSOURI QUALITY TRANSPARENCY MEASURES

The Missouri Quality Transparency Measure Initiative was launched in February 2015. The goal is to communicate the quality outcomes of both individual hospitals and Missouri hospitals as an aggregate. Throughout 2015, state-aggregate quality outcomes were publicly reported on www.focusonhospitals.com. By sharing this information, MHA's goal is to decrease variation among hospitals and identify best practices throughout the state. Beginning in February 2016, hospitals voluntarily reported their facility-specific quality measure data on www.focusonhospitals.com. If a hospital chooses to participate, its quarterly hospital-specific measure data is displayed.

Quality transparency measures for the initiative were selected using a standardized review that assessed each measure for criteria such as financial implications, regulatory effects and state-aggregate current performance. All measures follow national definitions and their conventional reporting rates. Categories include:

- managing chronic diseases
- preventing infections
- preventing harm
- managing readmissions

Detailed information on the measures is available on the MHA website, including:

- Missouri Price Quality Measure Technical Manual — provides specifications for Missouri price and quality measures that are included in the transparency initiative
- glossary — a snapshot of the measures that includes technical specifications, risk adjustment, rate explanation and importance

MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT

The Federal Office of Rural Health Policy created the Medicare Beneficiary Quality Improvement Project with the goal of improving the quality of care delivered at CAHs. This voluntary project is offered to CAHs through participation in the Medicare Rural Hospital Flexibility Grant Program and focuses on quality measures and encourages CAHs to engage in improvement projects to benefit the patients in their communities. Data is aggregated and shared as state and national benchmarks. Hospitals also receive their own data, which is submitted for public reporting on Care Compare.

<table>
<tr><th colspan="4">Core MBQIP Measures</th></tr>
<tr><th>Patient Safety/ Inpatient</th><th>Patient Engagement</th><th>Care Transitions</th><th>Outpatient</th></tr>
<tr>
<td>HCP (formerly OP-27): Influenza vaccination coverage among health care personnel

Antibiotic Stewardship: Measured via Centers for Disease Control National Healthcare Safety Network (CDC NHSN) annual facility survey</td>
<td>HCAHPS: The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:
• communication with doctors
• communication with nurses
• responsiveness of hospital staff
• communication about medicines
• discharge information
• cleanliness of the hospital environment
• quietness of the hospital environment
• transition of care

The survey also includes four screener questions and several demographic items. The survey is 32 questions in length.</td>
<td>EDTC: eight data elements; one composite
• home medications
• allergies and/or reactions
• medications administered in ED
• ED provider note
• mental status/ orientation assessment
• reason for transfer and/or plan of care
• tests and/or procedures performed
• tests and/or procedures results
• all-EDTC: composite of all eight data elements</td>
<td>Chest Pain/AMI:
• OP-2: fibrinolytic therapy received within 30 minutes
• OP-3: median time to transfer to another facility for acute coronary intervention

ED Throughput:
• OP-18: median time from ED arrival to ED departure for discharged ED patients
• OP-22: patient left without being seen</td>
</tr>
</table>

Additional MBQIP Measures			
Patient Safety/ Inpatient	**Patient Engagement**	**Care Transitions**	**Outpatient**
HAI CLABSI: central line-associated bloodstream infection CAUTI: catheter-associated urinary tract infection CDI: *clostridioides difficile* (*C. diff*) infection MRSA: methicillin-resistant staphylococcus aureau SSIs: surgical site infections colon or hysterectomy	**Emergency Department Patient Experience Survey±**	**Discharge Planning±** **Medication Reconciliation±** **Swing Bed Care±** **Claims-Based Measures**: measures are automatically calculated for hospitals using Medicare administrative claims data • reducing readmissions • complications • hospital return days	**Chest Pain/AMI** • Aspirin at arrival± (formerly OP-4) • Median time to ECG± (formerly OP-5) **ED Throughput** Door to diagnostic evaluation by a qualified medical professional± (formerly OP-20)
Perinatal Care PC-01: elective delivery			
Falls: potential measurement around: • falls with injury • patient fall rate • screening for future fall risk			
Adverse Drug Events±: potential measurement around: • falls with injury • opioids • glycemic control • anticoagulant therapy			
Patient Safety Culture Survey			
Inpatient Influenza Vaccination±: (formerly IMM-2)			

±No nationally standardized or standardly reported measure currently available. However, Flex programs can propose work on these measures if there is a data collection mechanism in place.

ACCREDITATION

THE JOINT COMMISSION

Beginning July 1, 2002, hospitals accredited by TJC began collecting quality data related to core measurement areas. In November 2003, CMS and TJC worked together to align those common measures so that they were identical. The result was the creation of one common set of measure specifications known as the *Specifications Manual for National Hospital Inpatient Quality Measures*, to be used by both organizations.

TJC no longer has contracts with ORYX chart-based vendors. All chart-based measure submitting hospitals collect and report monthly aggregate data for chart-abstracted measures as well as certification programs on a quarterly basis via the Direct Data Submission Platform.

Information regarding measures collected by TJC effective Jan. 1, 2021, can be found on the TJC website.

DNV GL HEALTHCARE

On Sept. 26, 2008, CMS approved DNV GL Healthcare by granting it deeming authority for hospitals. Hospitals accredited by DNV GL Healthcare after that date are deemed to be in compliance with the Medicare conditions of participation. Participating hospitals can seek certification and credentialing in numerous programs, including acute stroke ready, infection prevention, comprehensive stroke center, primary stroke center and several surgery programs.

APPENDIX A — WEBSITE RESOURCES

QualityNet (https://qualitynet.cms.gov/) is a site developed by CMS to provide health care quality improvement information and resources. It is the only CMS-approved web source for secure health care communications and data exchange between quality improvement organizations, hospitals, physician offices, nursing homes, end-stage renal disease facilities and data vendors. The site includes information on the following programs.

- Inpatient Quality Reporting — https://qualitynet.cms.gov/inpatient
- Outpatient Quality Reporting — https://qualitynet.cms.gov/outpatient
- Inpatient Psychiatric Facility Quality Reporting — https://qualitynet.cms.gov/ipf
- PPS-Exempt Cancer Hospital Quality Reporting — https://qualitynet.cms.gov/pch
- Value-Based Purchasing — https://qualitynet.cms.gov/inpatient/hvbp
- Hospital Readmissions Reduction — https://qualitynet.cms.gov/inpatient/hrrp
- Hospital-Acquired Condition Reduction — https://qualitynet.cms.gov/inpatient/hac

Additional web resources include:

Resource	Website Address
CMS Hospital Inpatient Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU
CMS Hospital Outpatient Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram
CMS Consumer Assessment of Healthcare Providers and Systems	https://www.cms.gov/research-statistics-data-and-systems/research/cahps
CMS Hospital Value-Based Purchasing Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing
CMS Inpatient Quality Improvement Program Measures for Acute Care Hospitals – Fiscal Year 2022 Payment Update	https://www.qualityreportingcenter.com/globalassets/iqr_resources/iqr-resources-for-fy-2022-pymt-determination/cms_qualityprogram_measures_comparison_fy2022_hqr_vfinal508.pdf
Quality Reporting Center — Resources to assist hospital, inpatient psychiatric facilities, PPS-exempt cancer hospitals and ambulatory surgical centers with quality data reporting	https://www.qualityreportingcenter.com
Hospital Consumer Assessment of Healthcare Providers and Systems — Tools and analysis of the patient experience surveys	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS

Agency for Healthcare Research and Quality — Agency charged with improving the safety and quality of America's health care system AHRQ provides information and tools regarding:	https://www.ahrq.gov/
• Patient Safety Indicators	https://psnet.ahrq.gov/issue/patient-safety-indicators-overview
• Inpatient Quality Indicators	https://psnet.ahrq.gov/issue/inpatient-quality-indicators
• Prevention Quality Indicators	https://psnet.ahrq.gov/issue/prevention-quality-indicators-overview
• Pediatric Quality Indicators	https://psnet.ahrq.gov/issue/pediatric-quality-indicators-overview
Missouri Healthcare-Associated Infection Reporting System	https://health.mo.gov/data/mhirs/
Institute for Healthcare Improvement — Organization whose mission is to improve health and health care worldwide	http://www.ihi.org/
National Academies of Sciences, Engineering, Medicine Vital Signs Report	https://www.nap.edu/catalog/19402/vital-signs-core-metrics-for-health-and-health-care-progress
Medicare Beneficiary Quality Improvement Program	https://www.ruralcenter.org/tasc/mbqip