Regulatory Reporting Tool (RRT) Webinar

June 2022

Content covered

- July 1, 2022: NHQM v5.12 Specification Updates
- July 1, 2022: TJC v2022 Specification Updates
- CMS Inpatient Proposed PPS Rule
- CMS Inpatient Psychiatric Proposed PPS Rule
- Chrome Browser Compatibility Update
- Updates & Deadlines

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Review of NHQM v5.12

Effective July 1, 2022 Discharges

Blood Culture Collection

New examples for selecting Value “1” when a blood culture is attempted but results in failure to collect.

Jan 2022 (Old)	July 2022 (New)
Select Value “1” if a blood culture was ordered and there was an attempt to collect it, but the attempt resulted in failure to collect the specimen (too dehydrated to get a vein) or the specimen was contaminated during or after the draw.	Select Value “1” if a blood culture was ordered and there was an attempt to collect it, but the attempt resulted in failure to collect the specimen (too dehydrated to get a vein) or the specimen was contaminated during or after the draw. Examples: • “Blood culture attempted” • “Blood culture x3 attempts” • “Unable to collect BC”

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Blood Culture Collection

Clarification that the blood culture collection should have a time directly associated with documentation, indicating that a blood culture was collected.

Jan 2022 (Old)	July 2022 (New)
Select Value “1” if there was documentation indicating that a blood culture was collected during the specified time frame (e.g., “BC sent to lab,” “blood culture received time”). Use the earliest mention of a blood culture..	Select Value “1” if there is a time directly associated with documentation indicating that a blood culture was collected during the specified time frame (e.g., “BC sent to lab,” “blood culture received time”). Use the earliest mention of a blood culture

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Blood Culture Acceptable Delay

- Example added for “An antibiotic for an infection started prior to a blood culture”

July 2022 (New)
Antibiotics were started in the hospital for an infection within 24 hours before severe sepsis was identified, and a blood culture was drawn sometime after the antibiotic dose was started. **Example:** ED Arrival Time: 1600 ED MD Note: “Ceftriaxone for UTI” MAR: Ceftriaxone 1g IV. Start time: 1700 Severe Sepsis Presentation Time: 1800 Blood Culture Collection Time: 1830 • Select Value “1” due to the antibiotic being administered in the hospital for an infection within the 24 hours before severe sepsis.

Blood Culture Acceptable Delay

Example added for:

- Antibiotic for an infection started **prior to arrival** and within 24 hours prior to severe sepsis

July 2022 (New)
Antibiotics were started prior to hospital arrival within 24 hours before severe sepsis was identified, and a blood culture was drawn after the prehospital antibiotics were started. Example: • Nursing Home MAR: Unasyn 1.5g IV. Start time: 0700 • ED Arrival Time: 0900 • Severe Sepsis Presentation Time: 1400 • Blood Culture Collection Time: 1300   ○ Select Value “1” due to the antibiotic being administered before arrival to the hospital and within the 24 hours prior to severe sepsis.

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Crystalloid Fluid Administration

- Example added for multiple orders, and to evaluate all crystalloid fluids within the time frame

July 2022 (New)
If crystalloid fluids are initiated via multiple physician/APN/PA orders, begin with abstracting the earliest crystalloid fluids ordered that are initiated within the specified time frame. Evaluate all crystalloid fluids ordered and include the fluids if they contribute to the target ordered volume and are initiated within the specified time frame.

Example:
• Time frame for acceptable crystalloid fluids 0800 through 1700.
• Target ordered volume 30 mL/kg = 3750 mL
• IV Fluid Orders:
  ○ 12:00: NaCl 0.9% IV volume 1,000 mL bolus wide-open
  ○ 13:00: NaCl 0.9% IV volume 3,750 mL, rate 999 mL/hr.
• MAR:
  ○ 12:00: new bag 1000 mL, stop time 12:30
  ○ 13:00: new bag 1000 mL at 999 mL/hr.
  ○ 14:00: new bag 1000 mL at 999 mL/hr.
  ○ 15:00: new bag 1000 mL at 999 mL/hr.
  ▪ Use the crystalloid fluid infusions beginning at 12:00.

Crystalloid Fluid Administration

- Added that if colloids are given, that they need to be > 125 mL/hr.
  Note: Colloids are only acceptable if a physician/APN/PA documents in a single note the volume of fluids to be administered < 30 mL/kg (or 10% less), AND the reason for ordering the lesser volume

Source v5.12 Data Dictionary (Page 39)

Jan 2022 (Old)	July 2022 (New)
Only include crystalloid fluids given at a rate greater than 125 mL/hour towards the target ordered volume. Do not use crystalloid fluids given at 125 mL/hr. or less toward the target ordered volume.	Only include crystalloid fluids or colloids given at a rate greater than 125 mL/hour towards the target ordered volume. Do not use crystalloid fluids or colloids given at 125 mL/hr. or less toward the target ordered volume.
Acceptable fluids are crystalloid or balanced crystalloid solutions.	Acceptable fluids are crystalloid or balanced crystalloid solutions.
Crystalloid fluids or balanced crystalloid fluids that are given to dilute medications may be used toward the target ordered volume. If the volume infused without dilution fluids is the same as the target ordered volume, fluids used for diluting medications do not need to be counted.	Crystalloid fluids or balanced crystalloid fluids that are given to dilute medications may be used toward the target ordered volume. If the volume infused without dilution fluids is the same as the target ordered volume, fluids used for diluting medications do not need to be counted.

Discharge Disposition

- Select Value “1” (“Home”) if the medical record states the patient is being discharged to assisted living care or an assisted living facility (ALF) and the documentation also includes nursing home, intermediate care or skilled nursing facility.
- Select Value “8” (“UTD”) if the medical record states only that the patient is being “discharged” and does not address the place or setting to which the patient was discharged.

Initial Hypotension

- For Initial Hypotension criteria, use the table below.
  - Use the Non-Pregnant criteria if Value “2” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.
  - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.

Jan 2022 (Old)	July 2022 (New)	
Two hypotensive blood pressure readings from measurements taken at different times within the specified time frame. The hypotensive blood pressure readings do not need to be consecutive but need to be within three hours of each other. Acceptable readings are:	Two hypotensive blood pressure readings from measurements taken at different times within the specified time frame. The hypotensive blood pressure readings do not need to be consecutive but need to be within three hours of each other. Acceptable readings are:	
• Systolic blood pressures <90, or • Mean arterial pressures (MAP) <65 or • A decrease in systolic blood pressure by >40 mm/Hg.	**Non-Pregnant Criteria**	**Pregnant 20 weeks – Day 3 Post-Delivery**
	SBP < 90 or MAP < 65	SBP < 85 or MAP < 65
	SBP decrease of > 40	SBP decrease of > 40

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Initial Hypotension

- For Initial Hypotension criteria:
  - For documentation of a decrease in systolic blood pressure by more than 40 mm/Hg, physician/APN/PA documentation must be present in the medical record indicating a decrease of more than 40 mmHg in SBP has occurred and is related to infection or severe sepsis and not to other causes.
- Do not use hypotensive BPs obtained in the operating room (OR), in interventional radiology, during cardiopulmonary arrest (code), or during procedural/conscious sedation.
- If hypotension is due to the following, do not use it. Do not make inferences. The abnormal value or reference to the abnormal value must be in the same documentation (i.e., same sentence or paragraph).

Initial Hypotension & Persistent Hypotension

Jan 2022 (Old)	July 2022 (New)	
In the one hour following conclusion of administration of the target ordered volume of crystalloid fluids, two consecutive documented blood pressure readings of either:	In the one hour following conclusion of administration of the target ordered volume of crystalloid fluids, two consecutive documented blood pressure readings of either:	
• Systolic blood pressures <90, or • Mean arterial pressures (MAP) <65 or • A decrease in systolic blood pressure by >40 mm/Hg.	**Non-Pregnant Criteria**	**Pregnant 20 weeks – Day 3 Post-Delivery**
	SBP < 90 or MAP < 65	SBP < 85 or MAP < 65
	SBP decrease of > 40	SBP decrease of > 40

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Initial Lactate Level Result

- If the lactate >2 mmol/L (18.0 mg/dL) was obtained during active delivery, do not use it, select Value “1.”
    - For purposes of the measure, active delivery is determined by documentation of uterine contractions resulting in cervical change (dilation or effacement) through delivery or childbirth.
- If the elevated lactate is due to the following, do not use it, select value “1.” Do not make inferences. The abnormal value or reference to the abnormal value must be in the same documentation (i.e., same sentence or paragraph).
- If the elevated lactate is due to an acute condition that has a non-infectious source/process, do not use it, select value “1” (refer to Severe Sepsis Present criterion “a” to determine if the source of the acute condition is an infection).

Initial Lactate Level Result

- Physician/APN/PA documentation of a term that is defined by an elevated lactate is acceptable in place of an abnormal value when the term is documented as normal for the patient, due to a chronic condition, a medication, acute condition, acute on chronic condition, or due to an acute condition that has a non-infectious source/process.
- Abstract based on the latest piece of documentation before the Severe Sepsis Presentation Time or within 24 hours after if there is conflicting information within two or more separate pieces of physician/APN/PA documentation indicating the elevated lactate is:
    - normal for the patient, due to a chronic condition or medication, or due to an acute condition with a non-infectious source
      And
    - due to or possibly due to an infection, severe sepsis, or septic shock

Persistent Hypotension

- In the one hour following conclusion of administration of the target ordered volume of crystalloid fluids, two consecutive documented blood pressure readings of either:
  - For Persistent Hypotension criteria, use the table below.
    - Use the Non-Pregnant criteria if Value “2” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.
    - Use the Pregnant 20 weeks through Post-delivery criteria if Value “1” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.

Jan 2022 (Old)	July 2022 (New)	
In the one hour following conclusion of administration of the target ordered volume of crystalloid fluids, two consecutive documented blood pressure readings of either:	In the one hour following conclusion of administration of the target ordered volume of crystalloid fluids, two consecutive documented blood pressure readings of either:	
• Systolic blood pressures <90, or • Mean arterial pressures (MAP) <65 or • A decrease in systolic blood pressure by >40 mm/Hg.	**Non-Pregnant Criteria**	**Pregnant 20 weeks – Day 3 Post-Delivery**
	SBP < 90 or MAP < 65	SBP < 85 or MAP < 65
	SBP decrease of > 40	SBP decrease of > 40

Persistent Hypotension

- For Persistent Hypotension criteria:
    - For documentation of a decrease in systolic blood pressure by more than 40 mm/Hg, physician/APN/PA documentation must be present in the medical record indicating a decrease of more than 40 mmHg in SBP has occurred and is related to infection, severe sepsis or septic shock and not to other causes.
- Do not use hypotensive BPs obtained in the operating room (OR), in interventional radiology, during cardiopulmonary arrest (code), or during procedural/conscious sedation.
    - Select Value “1” if the only blood pressure within the hour is low and a vasopressor was administered.
        - Example:
          One-hour time frame: 1300 to 1400
          Blood pressure (only one documented) at 1325 was 87/53
          MAR: Levophed started at 1500
          Select Value "1" because there is only one blood pressure reading and it is low, but a vasopressor was administered.
    - Select Value “1” if there is a low blood pressure followed by another low blood pressure.

Persistent Hypotension

- Select Value “1” if there is a normal blood pressure followed by a low blood pressure and a vasopressor was administered.
    - Example:
      One-hour time frame: 0800 to 0900
      Blood pressures documented at 0830 of 95/60 and at 0845 of 86/54
      MAR: Vasopressin started at 0930
      Select Value “1” because there is a normal blood pressure followed by a low blood pressure, but a vasopressor was administered.
- If hypotension is due to the following, do not use it. Do not make inferences. The abnormal value or reference to the abnormal value must be in the same documentation (i.e., same sentence or paragraph).

Pregnant 20 Weeks Through Day 3 Post-Delivery

New Data Element

Suggested Data Collection Question: Is there documentation that patient is at least 20 weeks pregnant or within three days after the delivery at the time severe sepsis is identified?

Allowable Values:

- 1/Yes: Documentation the patient is at least 20 weeks pregnant or within three days after delivery at the time of severe sepsis is identified
- 2/No: There is no documentation that the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis is identified, the patient is not pregnant, or unable to determine

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Pregnant 20 Weeks Through Day 3 Post-Delivery

This is a new data element starting July 2022 discharges.

Value 1 (Yes)	Value 2 (No)
Documentation the patient is at least 20 weeks pregnant or within three day after delivery at the time of severe sepsis presentation	There is no documentation that the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis is identified, the patient is not pregnant, or unable to determine.
• The day of delivery is day 0, the day after delivery counts as day 1 post-delivery, regardless of the time of delivery	• Male selected for the *Sex* data element • Patient had a partial or complete hysterectomy • Patient is not pregnant • Patient is < 20 weeks pregnant (i.e., Gestational Age) • Severe Sepsis is > 3 days after delivery (i.e., post-partum)
Example: • Delivery date: 7/1 • Severe Sepsis: 7/4	

Suggested Sources	
Any physician/APN/PA documentation	OB/Labor and delivery documentation
Entire ED record	Nurse Notes

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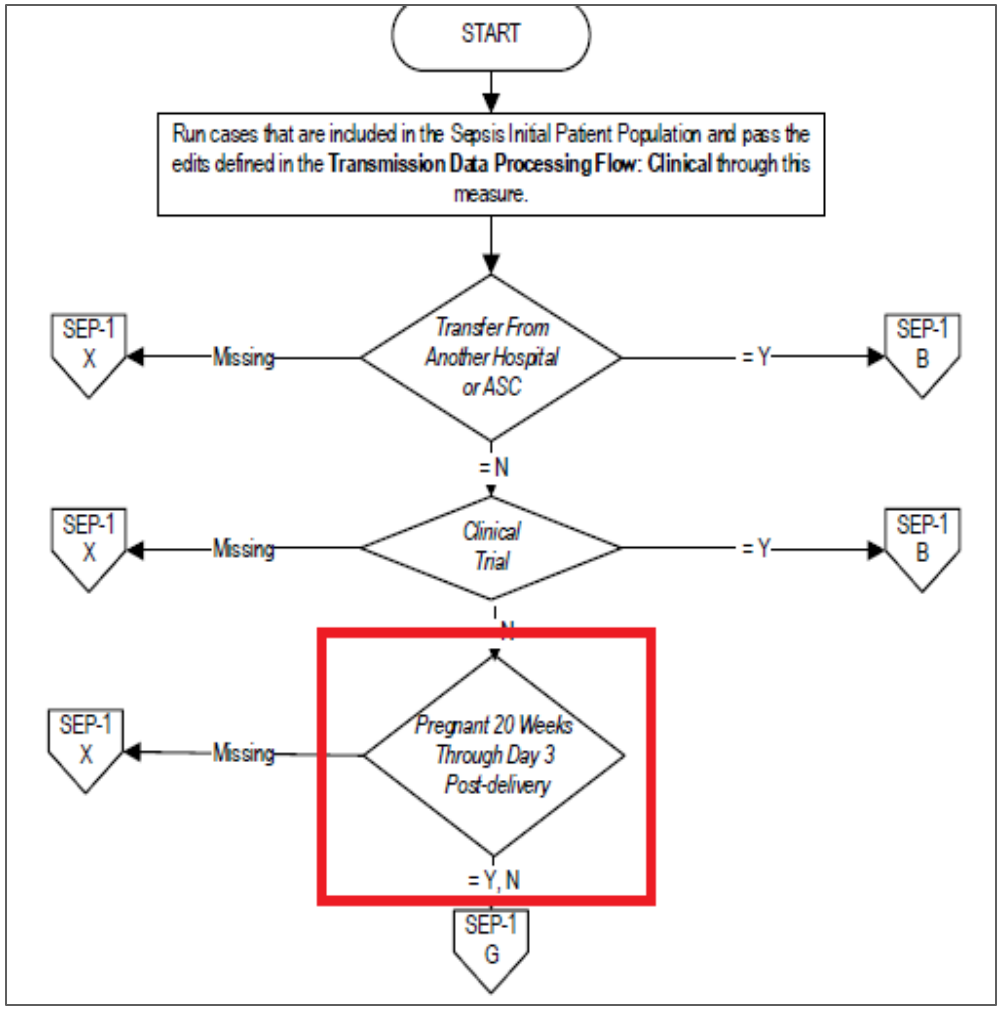
SEP-1 Flowchart



Septic Shock Present

- Do not use hypotensive BPs obtained in the operating room (OR), in interventional radiology, during cardiopulmonary arrest (code), or during procedural/conscious sedation.
- If hypotension is due to the following, do not use it. Do not make inferences. The abnormal value or reference to the abnormal value must be in the same documentation (i.e., same sentence or paragraph).
- Abstract based on the latest piece of documentation before the Severe Sepsis Presentation Time or within 24 hours after if there is conflicting information within two or more separate pieces of physician/APN/PA documentation indicating hypotension is

Septic Shock Present

- Physician/APN/PA documentation of a term that is defined by a SBP <90 mmHg or MAP <65 mmHg is acceptable in place of an abnormal value when the term is documented as normal for the patient, due to a chronic condition, a medication, acute condition, acute on chronic condition, or due to an acute condition that has a non-infectious source/process.
- Use the Non-Pregnant Patients criteria if Value “2” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.
- Use the Pregnant 20 weeks through Day 3 Post-delivery Patients criteria if Value “1” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.

Example:

Non-Pregnant Patients	Pregnant 20 weeks through Day 3 Post-delivery Patients
Hypotension (Systolic blood pressure <90 mmHg)	Hypotension (Systolic blood pressure <85 mmHg)

Severe Sepsis Present

- Select Value “2” if there is physician/APN/PA documentation that coronavirus or COVID-19 is suspected or present. Documentation of COVID-19 or coronavirus qualified with a term synonymous with possible, probable, likely, or suspected is acceptable. Do not use the positive and negative qualifier table for COVID-19 documentation.

Severe Sepsis Present

- For SIRS criteria, use the table below.
  - Use the Non-Pregnant criteria if Value “2” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.
  - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.

Type	Non-Pregnant	Pregnant 20 Weeks Through Day 3 Post-Delivery
Temperature	>38.3 C or <36.0 C >100.9 F or <96.8 F)	≥38 C or <36.0 C ≥100.4 F or <96.8 F
Heart Rate (Pulse)	> 90	> 110
Respiration	>20	>24
White Blood Cell	< 4,000 > 10% bands > 12,000	< 4,000 >10% bands >15,000

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Severe Sepsis Present Organ Dysfunction

Type	Non-Pregnant	Pregnant 20 Weeks Through Day 3 Post-Delivery
Blood Pressure	SBP < 90 MAP < 65 SBP ↓ 40	SBP < 85 MAP < 65 SBP ↓ 40
Acute Respiratory Failure	New need for invasive or non-invasive mechanical ventilation	New need for invasive or non-invasive mechanical ventilation
Creatinine	>2.0	>1.2
Urine Output	<0.5 mL/kg/hour x 2 hours	<0.5 mL/kg/hour x 2 hours
Total Bilirubin	>2 mg/dL (34.2 mmol/L)	>2 mg/dL (34.2 mmol/L)
Platelet Count	<100,000	<100,000
INR or aPTT	>1.5 / > 60 sec	>1.5 / >60
Lactate	>2	>2 Do NOT use lactate obtained during active delivery

Severe Sepsis Present

- Example:
  - “Chronic A-fib with RVR”
    - Do not use the heart rate readings >90 since the chronic condition is in the same sentence.
      ED Note: History of A-fib, chronic anticoagulation
      Admit H&P: A-fib with tachycardia
    - Do not use the heart rate readings >90 due to the documentation indicating A-fib is a chronic condition and the documentation of the chronic condition and term defining the abnormal value are in the same sentence.
      “Postpartum 48 hours, bilirubin remains elevated at 2.5 r/t chronic liver disease.”
    - Do not use value since the bilirubin and the chronic condition are in the same documentation.
- Example:
  - MD Note: “39 weeks gestation, contractions every 4 minutes, HR 125” (contractions are the acute condition and 39 weeks gestation is the non-infectious source).
- Example:
  - Progress Note: “A-fib with heart rate 96”

Severe Sepsis Present

- Physician/APN/PA documentation of a term that is defined by a SIRS criteria or sign of organ dysfunction is acceptable in place of an abnormal value when the term is documented as normal for the patient, due to a chronic condition, a medication, acute condition, acute on chronic condition, or due to an acute condition that has a non-infectious source/process.
- Use the Non-Pregnant criteria if Value “2” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.
- Use the Pregnant 20 weeks through Day 3 Post-delivery Patients criteria if Value “1” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.

Examples include but are not limited to:

Non-Pregnant Patients	Pregnant 20 weeks through Day 3 Post-delivery Patients
Tachypnea (Respiration >20 per minutes)	Tachypnea (Respiration >24 per minutes)
Tachycardia, RVR (Heart rate >90)	Tachycardia, RVR (Heart rate >110)
Leukopenia (White blood cell count <4,000)	Leukopenia (White blood cell count <4,000)
Leukocytosis (White blood cell count >12,000)	Leukocytosis (White blood cell count >15,000)
Thrombocytopenia (Platelet count <100,000)	Thrombocytopenia (Platelet count <100,000)
Hypotension (Systolic blood pressure <90 mmHg)	Hypotension (Systolic blood pressure <85 mmHg)

Severe Sepsis Present

- Abstract based on the latest piece of documentation before the Severe Sepsis Presentation Time or within 24 hours after if there is conflicting information within two or more separate pieces of physician/APN/PA documentation indicating SIRS criteria or sign of organ dysfunction is:
- Do not use SIRS criteria or a sign of organ dysfunction obtained in the operating room (OR), in interventional radiology, during cardiopulmonary arrest (code), or during procedural/conscious sedation.
- Inclusion Guidelines for Abstraction Add:
  - Septic Shock
  - Severe sepsis with shock

Review of TJC v2022B

Effective July 1, 2022 Discharges

CSTK-02

- The measure was updated to reflect changes to the performance measure requirements for thrombectomy-capable stroke centers (TSC).
- SUSPENDED for Thrombectomy-Capable Stroke Centers, Effective July 1, 202

PC-02

- Improvement for the measure has been updated from: decrease in rate to: within optimal range.
- The Joint Commission does not want to encourage inappropriately low Cesarean rates that may be unsafe for patients. Acceptable PC-02 rates of 30% or lower, however, there is not an established threshold for what rate may be too low.

STK-VOL-1 New Measure

Measure: Eligible Ischemic Stroke Patients Who Receive Mechanical Endovascular Reperfusion Therapy (MT)

Improvement Noted As: Increase in the Rate

Numerator: Ischemic stroke patients who receive mechanical endovascular reperfusion therapy

Denominator: Ischemic Stroke Patients

Included Populations: Patients with documented mechanical endovascular reperfusion therapy (ICD-10-PCS Principal or Other Procedure Codes as defined in Appendix A, Table 8.1b for ICD-10 codes).

Excluded Populations:

- Patients less than 18 years of age
- Patients who have a Length of Stay > 120 days

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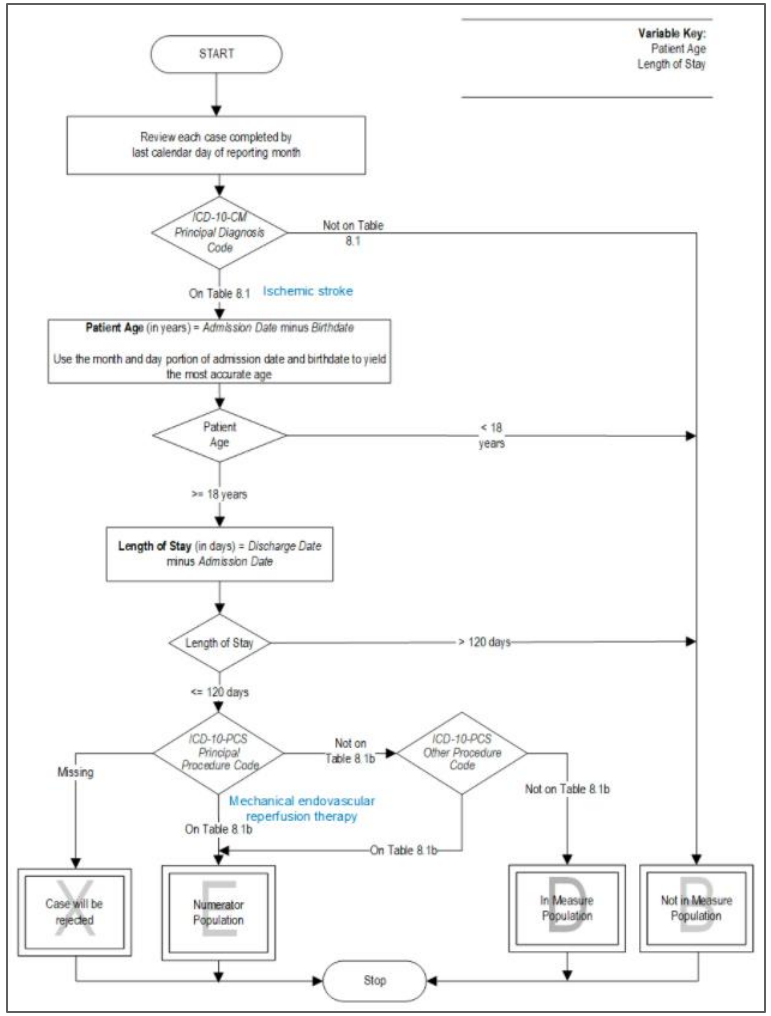
PSC Requirements Update

New Measure added for PSCs that perform Mechanical Endovascular Reperfusion Therapy

- PSCs that perform MT will be required to submit monthly CMIP data for the following measures:
  - STK-1-6, 8, 10
  - STK-VOL-1 - new
  - CSTK-01
  - CSTK-02 – new
  - CSTK-05 - new
  - CSTK-08 - new
  - CSTK-09 - new
  - STK-OP-1
- PSCs that do not perform MT will continue with their current measure requirements
- Please reach out to support@q-centrix.com if you need to add these new measures to your collection in RRT

STK-VOL-1 Flowchart



PSC Resources

- RRT will be creating a new report that will provide the counts for CMIP entry
  - Release in June 2022
- Click here to access TJC's Standardized Performance Measures for PSC's
- Click here to access STK-VOL-1 from TJC's Measure Specifications Manual

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Prior Uterine Surgery

- In order to select “yes”. the current episode of care must contain documentation of one of the included surgeries below. An inverted T or J incision would be acceptable only if there is also documentation that the incision extended into the upper uterine segment or include descriptors, “high” or “vertical” or “mid” or “active segment” or “classical”.

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CMS Inpatient Proposed PPS Rule

IPPS Proposed Rule

- Open for comment through June 17, 2022
- Available by searching for CMS-1771-P on www.cms.gov
- Final rule anticipated in August/September

IPPS Proposed Rule

IPPS Market Basket Update

- Estimated FY2023 IPF PPS payment rate update 3.2 percent.
- Overall economic impact estimated $1.6 billion in increased payments in FY2023

Hospital Commitment to Health Equity Measure

- **NEW** Structural Measure
- Intent to encourage hospitals to analyze data to deliver equitable care to Medicare beneficiaries and minority groups.
- Hospitals to attest to five health equity domains:
  - Equity is a Strategic Priority
  - Data Collection
  - Data Analysis
  - Quality Improvement
  - Leadership Engagement
- Specifications available here
- Submit via CMS Web-based Collection Tool beginning with CY2023 discharges

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Social Drivers of Health

- **Screening for Social Drivers of Health (SDOH-1):** number of patients that are >=18 years old and were screened for food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety.
- **Screen Positive Rate for Social Drivers of Health (SDOH-2):** number of patients >=18 years old who screened positive for at least one of the following: food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety.
- Data sources for these tools could include administrative claims data, electronic clinical data, patient assessments, patient-reported data and surveys, and EMRs.
- Refer to the SIREN website for a listing of acceptable screening tools.
- Proposed voluntary reporting period of January 1 - December 31, 2023.
- Proposed mandatory reporting period would be January 1 - December 31, 2024.

New eCQMs

- ePC-02: Cesarean Birth
  - Available for self-selection beginning CY2023 discharges
  - Proposed as a mandatory eCQM with CY2024 discharges
- ePC-07: Severe Obstetric Complications
  - Available for self-selection beginning CY2023 discharges
  - Proposed as a mandatory eCQM with CY2024 discharges
- GMCS: Malnutrition: Global Malnutrition Composite Score
  - Available for self-selection beginning with CY2024 discharges
- HH-ORAE: Hospital-Harm Opioid Related Adverse Event
  - Available for self-selection beginning with CY2024 discharges

Changes to eCQM Requirements

- CY2024/FY2026 eCQM submission reporting requirements from:
  - 4 eCQMs (1 mandatory eCQMs + 3 self-selected eCQMs) to:
  - 6 eCQMs (3 mandatory eCQMs + 3 self-selected eCQMs)

Hospital-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty

- Patient-reported outcome measure (THA/TKA PRO-PM)
- Intent to assess the number of patients that experienced a substantial improvement following surgery.
- Four data sources used for the calculation of the measure:
  1. PRO Data
  2. Claims Data
  3. Medicare Enrollment and Beneficiary Data
  4. US Census Bureau Survey Data
- Two proposed submission approaches:
  1. Send hospital data to CMS for measure calculation or
  2. Utilize a vendor or registry to submit data on behalf of the hospital

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Hospital-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty

- Specifications can be found here
- CMS proposed two voluntary reporting performance periods: January 1 - June 30, 2023 or July 1, 2023 - June 30, 2024.
- CMS proposed mandatory reporting period of July 1, 2024 - June 30, 2025.

Claims-Based Measures

- **Hospital-Level Risk Standardized Complication Rate (RSCR) Following Elective Primary THA and/or TKA**
  - Reporting to begin with the FY2024 APU
- **Medicare Spending Per Beneficiary (MSPB)**
  - Reporting to begin with the FY2024 APU

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CMS Inpatient Psychiatric Facility Proposed PPS Rule

IPF PPS Proposed Rule

- Open for comment through May 31, 2022
- Available by searching for CMS-1769-P on www.cms.gov
- Final rule anticipated in August/September

IPF PPS Proposed Rule

IPF Market Basket Update

- Estimated FY2023 IPF PPS payment rate update 2.7 percent.
- Overall economic impact estimated $50 million in increased payments to IPFs during FY2023

IPF Quality Reporting (IPFQR) Program Update

- No changes proposed

Health Inequalities RFI

- Overarching Principles for Measuring Healthcare Quality Disparities
- Address disparities in healthcare equity

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RRT & Chrome Browser Compatibility

RRT in Chrome

- RRT is fully compatible in the Chrome Browser!
- Internet Explorer will be reaching end-of-life on June 15, 2022
- Please transition from Internet Explorer to Chrome prior to June 15, 2022
- RRT no longer requires the installation of the MSXML Patch!

Microsoft Edge Users

- If your facility's IT department made updates to the **Enterprise Mode Site List** then request the removal of q-centrix.com from the list.

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Updates & Deadlines

Q-Centrix Lock Dates (Non-Partner)

Time Period	Lock Date
2022Q1	June 22, 2022
2022Q2	September 22, 2022
2022Q3	January 2, 2023
2022Q4	March 22, 2023

CMS Submission Deadlines

Time Period	CMS OQR ICD Pop/Sampling & Clinical File Deadline	CMS IQR ICD Pop/Sampling Deadline	CMS IQR Clinical File Deadline	CMS PC-01 Data Entry Deadline
2022 Q1	August 1, 2022	August 1, 2022	August 15, 2022	August 15, 2022
2022 Q2	November 1, 2022	November 1, 2022	November 15, 2022	November 15, 2022
2022 Q3	February 1, 2023	February 1, 2023	February 15, 2023	February 15, 2023
2022 Q4	May 1, 2023	May 1, 2023	May 15, 2023	May 15, 2023

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CMS IPF Submission Deadlines

Time Period	CMS Data Entry Window
CY2021	July 1 – August 15, 2022

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CY2021 IPF Measure Requirements

CMS IPFQR Program Measures and Non-Measure Data for the FY 2023 Payment Update

Measure and Non-Measure Data Required to Meet IPFQR Program APU Requirements

National Healthcare Safety Network Measure				
Name	**Reporting Period**	**Submission Period**	**Data Source**	**Publicly Reported?**
HCP COVID-19 Vaccination: COVID-19 Vaccination Coverage Among Health Care Personnel	Q4 2021	Oct 1, 2021 – May 16, 2022	NHSN	Yes

Non-Measure Data				
Name	**Reporting Period**	**Submission Period**	**Data Source**	**Publicly Reported?**
Total Annual Discharges	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Annual Discharges by Age Strata	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Annual Discharges by Primary Diagnostic Code	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Annual Discharges by Payer	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No

Chart-Abstracted Clinical Process of Care				
Name	**Reporting Period**	**Submission Period**	**Data Source**	**Publicly Reported?**
HBIPS-2: Hours of Physical Restraint Use	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
HBIPS-3: Hours of Seclusion Use	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
Transition Record with Specified Elements Received by Discharged Patients	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
Timely Transmission of Transition Record	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
Screening for Metabolic Disorders	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge) and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes

CY2021 IPF Measure Requirements

Chart-Abstracted Clinical Process of Care				
Name	**Reporting Period**	**Submission Period**	**Data Source**	**Publicly Reported?**
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a Tobacco Use Treatment	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
IMM-2: Influenza Immunization[1]	Q4 2021–Q1 2022	Jul 1–Aug 15, 2022	Medical Record	Yes

Claims-Based Coordination of Care				
Name	**Reporting Period**	**Submission Period**	**Data Source**	**Publicly Reported?**
FUH: Follow-Up After Hospitalization for Mental Illness	Q3 2020–Q2 2021	Calculated by CMS	Claims	Yes
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF[2]	Q3 2019–Q2 2021	Calculated by CMS	Claims	Yes
Medication Continuation Following Inpatient Psychiatric Discharge[2]	Q3 2019–Q2 2021	Calculated by CMS	Claims	Yes

Acronyms			
APU	Annual Payment Update	IPF	Inpatient Psychiatric Facility
CMS	Centers for Medicare & Medicaid Services	IPFQR	Inpatient Psychiatric Facility Quality Reporting
FUH	Follow-Up After Hospitalization for Mental Illness	NHSN	National Healthcare Safety Network
FY	Fiscal Year	Q	Quarter
HBIPS	Hospital Based Inpatient Psychiatric Services	READM	Readmission
HCP	Healthcare Personnel	SUB	Substance Use Measures
IMM	Immunization	TOB	Tobacco Treatment Measures

[1] The IMM-2 measure is the only chart-abstracted measure in which the reporting period crosses over two calendar years, from October 1, 2021, through March 31, 2022, for the FY 2023 payment determination.
[2] Q1 and Q2 2020 data for all claims-based measures are excepted per the ECE policy outlined in the COVID-19 memo (https://www.cms.gov/files/document/guidance-memoexceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf).

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IPF Submission Details CY2021/FY2023

- CY2021 IPF discharges will be reported between July 1 – August 15, 2022
- **Q-Centrix Submission for CY2021 will be manual submission of aggregate data entered to the QualityNet web-based data entry tool (no patient-level XML submission for CY2021)**
  - CMS Non-Measure Submission Report
  - CMS Submission Report
- IMM-2 aligns with flu season is October 1 – March 31 of the following year
- COVID HCP to be entered to NHSN
- Zeros to be submitted if no discharges for a measure or non-measure data field
- Data Accuracy Completeness Acknowledgement (DACA) required to be completed annually

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TJC DDSP Submission Status

- TJC Webinar re: new platform on June 28

- Register: https://goto.webcasts.com/starthere.jsp?ei=1552489&tp_key=cb4b077bfe

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Thank you!

Questions?

If you have a question, please submit: support@q-centrix.com

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