

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

**Module 4: RHQDAPU: Basic Information
and Tips to receive Your full APU**

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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

- Where to find RHQDAPU requirements
- Requirement details
- QualityNet basics
- Specifications Manual overview

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RHQDAPU BASICS

- Know requirements to RHQDAPU
 - Be aware of the details of the requirements
- Know **DEADLINE** dates
 - Data not submitted by deadline dates will put you at risk of losing your full APU
- Read your reports at least 1 week prior to deadline dates
 - Hospitals are held responsible for their data submission and completeness
 - Not your vendor!!!

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RHQDAPU BASICS

Where can you find the information about RHQDAPU and the details and deadlines?

www.QualityNet.org

- Established by the Centers for Medicare & Medicaid Services (CMS), provides healthcare quality improvement news, resources and data reporting tools and applications used by healthcare providers and others.

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QualityNet

- Current information in regards to reportable data for hospitals and healthcare facilities.
- Official CMS data submission tool-CART
- Reports that reflect your data submission are found here
- Only secure site that is acceptable by CMS for healthcare quality data exchange
 - ❖ [FY 2010 Final Rule, Federal Register page 43878](#)
 - ❖ [FY 2011 Proposed Rule, Federal Register page 23985](#)

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Requirement Details

- Register with QualityNet
- Maintain an "active" QualityNet Security Administrator
 - Recommended to have 2 QNet Security Administers
 - Maintain password privacy!!
 - Log on at least once a month to maintain active password

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❖ FY 2010 Final Rule, Federal Register page 43878

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Requirement Details

- Notice of Participation
 - New and existing IPPS hospitals that wish to participate in RHQDAPU must complete RHQDAPU Notice of Participation form no later than 180 days after date identified as Medicare acceptance date.
 - Hospitals are then required to start reporting their data the next quarter after the Notice of Participation was signed
- ❖ FY 2010 Final Rule, Federal Register page 43878-43879
- ❖ FY 2011 Proposed Rule, Federal Register page 23985

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Requirement Details

Hospital Quality Alliance (HQA)

- Hospitals not required to sign up (encouraged)
- Voluntary reporting, many critical access hospitals belong to HQA
- Data reported will show on Hospital Compare

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Requirement Details

- Collect and report data
 - Data required for reporting for each FY is found in the Federal Registers Final Rule for the designated payment determination year.
 - Link to site can be found on home page of Quality Net
 - Proposed Rule for FY 2011, comment period closed June 18, 2010

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Requirement Details

- Submit Population and Sampling according to guidelines found in the Measurement Information Forms of the Specifications Manual located on QualityNet
- Submit population counts to QualityNet by appropriate deadline for each quarter

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Requirement Details

- Submit chart abstracted data according to the population and sampling counts reported for the quarter
 - Check RHQDAPU report for completeness
- “CMS strongly recommends that the hospitals review the QIO Clinical Warehouse Feedback Reports and the RHQDAPU Program Provider Participation Reports that are available after patient level data are submitted to the QIO Clinical Warehouse.”
 - ❖ [FY 2010 Final Rule, Federal Register page 43879](#)
 - ❖ [FY 2011 Proposed Rule, Federal Register page 23988](#)

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Requirement Details

- Continuously collect and submit HCAHPS data according to requirements listed on the HCAHPS Web site
- www.hcahpsonline.org/home.aspx
 - ❖ [FY 2010 Final Rule, Federal Register page 43882](#)
 - ❖ [FY 2011 Proposed Rule, Federal Register page 23986](#)

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Requirement Details

- If you have a Vendor that submits your HCAHPS data on your behalf..... "After the survey vendor submits the data to the QIO Clinical Warehouse, **we (CMS) strongly recommend that hospitals employing a survey vendor promptly review the two HCAHPS Feedback Reports (the Provider Survey Status Summary Report and the Data Submission Detail Report) that are available.** These reports enable a hospital to ensure that its survey vendor has submitted the data on time and that the data has been accepted into the QIO Clinical Warehouse."
 - ❖ [Proposed Rule 2011, Federal Register page 23986](#)

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Requirement Details

- FY 2010 Submit Structural Measures Answers on QualityNet during the given time frame before deadline date
 - ❖ [FY 2010 Final Rule, Federal Register page 43870](#)
- Attest to Data Accuracy & Completeness Acknowledgement during the given time frame by deadline date
 - ❖ [FY 2010 Final Rule, Federal Register page 43889](#)
 - ❖ [FY 2011 Proposed Rule, Federal Register page 23994](#)

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Requirement Details

- Submit requested records for record validation by deadline date for each quarter.
- This will change starting 1st Qtr 2010 when 800 hospitals nationally will be randomly selected for record validation

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Requirement Details

- Chart Validation Requirement changes can be found:
 - ❖ [FY 2010 Final Rule, Federal Register pages 43884-43889](#)
 - ❖ [FY 2011 Proposed Rule, Federal Register pages 23991-23994](#)

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QualityNet Information

- Review links on QualityNet Home Page found at bottom left under “Getting started with QualityNet”
- Be sure the computer you are working from meets the system requirements and will allow file transfers
- Review “QualityNet User’s Guide” and “QualityNet Reports User’s Guide”

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QualityNet Information

- Hospitals-Inpatient tab, click **Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)**
 - Deadlines: The Data and HCAHPS Data Submission deadlines are located here
 - Structural Measures/Data Accuracy and Completeness Acknowledgment (DACA): Information and time frames for Structural Measures questions and DACA

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QualityNet Information

- Hospitals-Inpatient, click **Data Collection (& CART)**
 - CART Training: Information on installing, upgrading, and using CART
 - Cart Downloads & Info: Has CART software needed for abstraction of the specific time periods

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QualityNet Information

- Hospitals-Inpatient, click **Data Collection (& CART)**
 - Abstraction Recourses: Select discharge period abstracting to get the appropriate Data Dictionary, Introduction to Data Dictionary, and Paper Abstraction tools for that time period
 - Abstraction Training: Mock medical records to abstract with answer key

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QualityNet Information

- Hospitals-Inpatient, click **Data Validation**
 - Deadlines: Deadlines for record submission for validation and appeals
 - Forms: Data Validation Results Appeal form found here
- * *Validation requirements change starting 1st Qtr 2010. Review the information in the FY 2010 Final Rule.*

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QualityNet Information

- Hospitals-Inpatient, click **Specifications Manual**
 - Specifications Manual: Select version associated with appropriate discharge time frame
 - Manual by Section: There are 10 Sections with Appendices. Each section gives specification for reporting and sending your data. Please review **ALL** sections!

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Specifications Manual Overview

- **Section 1- Data Dictionary**: The abstractors resource for abstracting the record according to the guidelines of the Specifications Manual.
 - Introduction to the Data Dictionary: A general over view of the rules for abstracting the record. However, the abstractor is still to follow the specifics given for each data element given in the alphabetical data dictionary.
 - Alphabetical Data Dictionary: Gives the specifics for the abstraction of each data element.

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Specifications Manual Overview

- **Section 2- Measurement Information Forms:**
 - Identifies the ICD-9 inclusive codes for the initial inpatient population
 - Identifies measures related to the Topic
 - Identifies Data Elements needed for abstraction
 - Identifies the Population for the Topic through the associated ICD-9 coding tables found in Appendix A
 - Has the algorithm for each measure
 - Antibiotic and VTE recommendation tables are found here

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Specifications Manual Overview

- **Section 3- Missing and Invalid Data**
 - The data are the data elements for abstraction
 - All data elements for a record need to be answered
 - If there is missing or invalid data the record will not be accepted into the warehouse
 - After submitting data to warehouse check your Case Status Summary Report found under the 'Report Category' of QIO Warehouse Feedback Report on the secure side of Quality Net to be sure that all cases uploaded were accepted.

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Specifications Manual Overview

- **Section 4- Population and Sampling Specifications**
 - Defines Population and Sampling
 - Reviews sample size requirements.
 - The sample size is the minimum required cases that is needed in the warehouse for reporting
 - Important to get your Population and Sampling Counts correct to ensure the minimal amount of cases are getting uploaded to the warehouse by the deadline date for the Quarter

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Specifications Manual Overview

- **Section 5- 6-7-and 8 Reserved for Future Use**

- **Section 9- Data Transmission**
 - This section of the manual is provided to highlight the unique data transmission specifications for national hospital quality inpatient measure data for The Joint Commission compared to the Centers for Medicare & Medicaid Services (CMS) and the QIO Clinical Warehouse.

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Specifications Manual Overview

- **Section 10- CMS Outcome Measures (Claims Based)**
 - Reviews the specifics on how the 30 Day Mortality and Readmission Rates are obtained and calculated
 - Provides a link to obtain information on the AHRQ Patient Safety (PSI) and Inpatient Quality Indicators (IQI) measures and their specifications
 - More info about Mortality and Readmission Rates can be found on QualityNet under Hospital Inpatient

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Specifications Manual Overview

- **Appendices**
 - Appendix A: ICD-9 Code Tables
 - Appendix B: Reserved for Future Use
 - Appendix C: Medication Tables
 - Appendix D: Glossary of Terms
 - Appendix E: Overview of Measurement Information Forms and Flowchart Formats
 - Appendix F: Measure Name Crosswalk
 - Appendix G: Resources
 - Appendix H: Miscellaneous Tables

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How to Stay Updated?

- 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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Helpful Documents

- RHQDAPU participation steps (Reference Checklist) for FY 2011 payment determination
- Population and Sampling Tip Sheet
- Structural Measures and DACA User Guide
- DACA FY 2011 Fact Sheet
- Validation Fact Sheet
- FY 2010 Final Rule Outline
- FY 2010 Final 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
- Other recorded and live webinars may become available as needed in the interim months...

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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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