



Clinical Data Warehouse Changes



**An Educational Conference
Call for TN Hospitals**


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Today's Topics


- Why are there changes?
- What are the changes?
- When will the changes begin?
- How will the changes be operationalized?



Why are there changes?

CMS-directed QNet system enhancements to meet ongoing requirements of the Medicare Modernization Act of 2003

- RHQDAPU program established in 2004
- Deficit Reduction Act of 2005 (2.0% reduction for not complying with RHQDAPU)
- Annual IPPS "proposed" and "final" rule re: RHQDAPU requirements
 - Some FY2008 IPPS RHQDAPU requirements were "proposed" and "finalized" in the 2007 OPPS rule
 - Not discussing the proposed 2008 OPPS today



Why are there changes? cont.

The new system enhancements will:

- Further support the CMS position that the hospital (not the vendor) is responsible for “submit(ting) certain data in a form and manner, and at a time, specified by the Secretary.”
 - Assist hospitals in their efforts to meet data transmission deadlines without the last minute “scramble” to identify, abstract, and submit cases.



What are the changes?

Measures Designation:

- Your hospital's way to tell CMS, “These are the measures we are submitting.”
 - Vendor “flags” can no longer be used, because the hospital is responsible, not the vendor.
- The Warehouse will only accept and store the measures that have been designated by your hospital.



What are the changes?

Measures Designation, cont:

- Your hospital may authorize your vendor to access the QNet system to designate the measures for you, but your hospital is still responsible for checking behind the vendor to assure that the settings are correct.



What are the changes?

ICD Population and Sampling:

- This is NOT related to the “Implantable Cardiac Defibrillator (ICD)” reporting.
- This is your hospital’s way to tell CMS, “This is the number of Medicare and non-Medicare patients we billed for AMI, HF, PN, and SCIP, and, this is the number of cases that we abstracted.”



What are the changes?

ICD Population and Sampling, cont:

- Your hospital may authorize your vendor to access the QNet system to enter this information for you, but your hospital is still responsible for checking behind the vendor to assure that the information is correct.



When will the changes begin?

“Measures Designation” is required and begins with the submission to the Data Warehouse of your 2Q-2007 discharges

- Transmission deadline for 2Q-2007 is November 15, 2007...
- ...however, the designations must be in place BEFORE the data is submitted
 - If you have a vendor, communicate!
- More information in a few minutes...



When will the changes begin?

“ICD Population and Sampling” might begin with the submission to the Data Warehouse of your 4Q-2007 discharges

- If finalized by CMS, 4Q-2007 “Population and Sampling” would be due by May 1, 2008 (15 days prior to the Warehouse deadline)
- CMS “strongly recommends” that you start to “practice” with 3Q-2007 – this would be due by February 1, 2008
- More information in a few minutes...

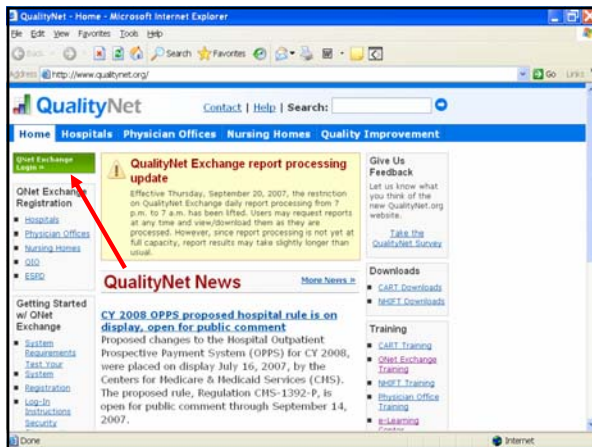


How will the changes be operationalized?

Within the new “Program Management” feature on QNet

- www.qualitynet.org
 - Log-in to the qnetexchange secure area
 - In the “Provider Self-Serve” section click on “Program Management”
 - Log-in again (this redundant step will eventually be removed)



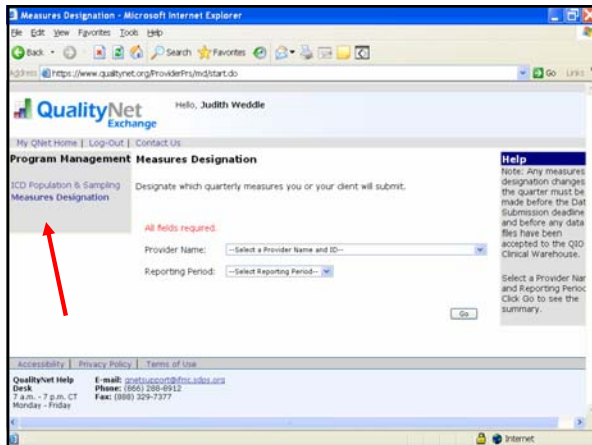


How will the changes be operationalized?

Entry in the “Measures Designation” and “ICD Population and Sampling” screens can only be done by a QNet Registered Administrator/User/Vendor who has the “update” roles.

- The QSource QNet Security Administrator has granted these roles to all TN hospital QNet Registered Administrators.
- QSource has “read only” rights for all TN hospitals, so we can view your screens.





How will the changes be operationalized?

Measures Designation

- The default status is: all measures are designated (checked) for all topics.
(except for the two test measures for AMI, which are not designated and are therefore “unchecked”)



How will the changes be operationalized?

Measure Designation, cont.

- If your hospital has been / will be sending all measures, no action is needed.
- APU-eligible hospitals will not be able to incorrectly “uncheck” any of the APU required measures.
 - If your hospital does not perform PCIs, you cannot uncheck AMI-8a (APU), and you do not need to uncheck AMI-8 (the algorithm will handle these).



How will the changes be operationalized?

Measure Designation, cont.

- If your hospital is not submitting the non-APU SCIP measures (Inf-4, Inf-6, Inf-7, & Card-2), you will need to uncheck those measures!!!
- CAHs will need to uncheck all measures for which they are not submitting data.
- The system sends notification emails when changes are made.
 - QSource will provide individual assistance to CAHs and CART users.



How will the changes be operationalized?

Measure Designation, cont.

- The system will not let you “uncheck” measure(s) if you have / your vendor has already submitted your data. To prevent validation mis-matches, you will need to follow the instructions in the screen “Help” section.
- Measures are automatically carried forward to each succeeding quarter in their “checked” or “unchecked” status from the previous quarter.



Measures Designation Reminder:

“Measures Designation” is required and begins with the submission to the Data Warehouse of your 2Q-2007 discharges

- Transmission deadline for 2Q-2007 is November 15, 2007...
- ...however, the designations must be in place BEFORE the data is submitted
 - If you have a vendor - communicate!



How will the changes be operationalized?

ICD Population and Sampling

- The default status is: all fields are empty for all topics every quarter.
- Entry must be conducted every quarter.
 - If your data has been submitted to the Warehouse before this entry is attempted, you will not be able to conduct the entry. You will need to follow the instructions in the “Help” section.



How will the changes be operationalized?

ICD Population and Sampling, cont.

- Definition of “Medicare”: If Medicare Part A is listed as either the primary, secondary, or tertiary, etc. payer
- Definition of “non-Medicare”: No Part A claim listed as any of the payers



ICD Population & Sampling Reminder:

- “ICD Population and Sampling” might begin with the submission to the Data Warehouse of your 4Q-2007 discharges.
- If finalized by CMS, 4Q-2007 “Population and Sampling” would be due by May 1, 2008 (15 days prior to the Warehouse deadline).
 - CMS “strongly recommends” that you start to “practice” with 3Q-2007 – this would be due by February 1, 2008.
 - If you have a vendor – communicate!



How will the changes be operationalized?

- A recorded WebEx training session for Measures Designation and ICD Population and Sampling data entry is available on www.QualityNet.org for hospitals & vendors.
 - In the “Training” section, select
 - QNet Exchange Training
 - Under the section “For users with special (authorized) roles, select “Program Management v1.0, 25 minutes (07/25/07)”.



Other “Info Bytes”

- The NUBC mandatory changes for 10/1/07 discharges and forward regarding “Admission Source” and “Discharge Status” values have impacted and may delay the data abstraction for Joint Commission and CMS measures.
 - Addendum 2.3b to the Specifications Manual for National Hospital Quality Measures (scheduled for release 9/28/07)
 - Check your vendor tool for compliance
 - General Abstraction paper tool will be available in the interim on www.qualitynet.org



Other "Info Bytes"

- The public comment period for the CY2008 Proposed Rule for the OPSS ended 9/14/07. The Final Rule has not been published at this time. Any questions or concerns can be brought to the attention of:

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Questions?



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THANK YOU!