

**Frequently Asked Questions (FAQs)  
CMS Activities Related To  
The National Voluntary Hospital Reporting Initiative**

**For this section labeled General Information the following apply:**

Expiration date: 2/2005

Summary: First 120 characters of question

Topic: Hospital, Quality, Information, QIO, 7<sup>th</sup> SoW

Category: Provider, Voluntary Hospital Reporting Initiative

Subject Matter Expert: Tim Carr ext. 65050

**Overview**

**1. What is the National Voluntary Hospital Reporting Initiative?**

The National Voluntary Hospital Reporting Initiative is a joint effort led by the American Hospital Association (AHA), the Federation of American Hospitals (FAH) and the Association of American Medical Colleges (AAMC) to: 1) provide useful and valid information about hospital quality to the public; 2) provide hospitals a sense of predictability about public reporting expectations; 3) begin to standardize data and data collection mechanisms; and 4) to foster hospital quality improvement.

The Department of Health and Human Services (DHHS), principally through the Centers for Medicare & Medicaid Services (CMS) and the Agency for Healthcare Research (AHRQ), is actively supporting this effort through a variety of related quality measurement and quality improvement activities. CMS and AHRQ have joined the AHA, FAH, and AAMC, as well as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Quality Forum (NQF), American Medical Association (AMA), Consumer-Purchaser Disclosure Project, the AARP, the AFL-CIO and others to promote the NVHRI. This public/private collaboration shares the common goal of improving the quality of hospital care through public reporting and targeted quality improvement efforts.

See the National Voluntary Hospital Reporting Initiative page on <http://www.cms.hhs.gov/> and [www.aha.org](http://www.aha.org).

**Keywords:** AHA, FAH, AAMC, DHHS, CMS, AHRQ, JCAHO, NQF, quality, The National Voluntary Hospital Reporting Initiative, Quality Information, Hospital Performance, Public Reporting

**2. What is the role of the Department of Health And Human Services (DHHS) in the National Voluntary Hospital Reporting Initiative?**

The DHHS, through the Centers for Medicare & Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ), is working with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the National Quality Forum (NQF) to provide technical assistance in developing and/or identifying

quality measures and in making information accessible, understandable and relevant to the public. Through the Quality Improvement Organizations (QIOs) in each State, CMS is providing quality improvement assistance to hospitals. This project builds upon previous CMS and QIO strategies to identify illnesses and/or clinical conditions that affect Medicare beneficiaries in order to: promote the best medical practices associated with the targeted clinical disorders; prevent or reduce further instances of these selected clinical disorders; and prevent related complications.

Specifically, CMS is:

- Creating and maintaining a data warehouse to which hospitals using an ORYX (Joint Commission on Accreditation of Healthcare Organizations (JCAHO) computerized surveillance information submission system) contractor can direct the contractor to submit data;
- For hospitals not using ORYX, providing free software (called the “CART”, the CMS Abstraction and Reporting Tool) that hospitals can use to collect and submit data, and training on how to use that software;
- Validating the data submitted through ORYX or CART tool by re-abstrating a sample of records;
- Aggregating the data submitted by hospitals and displaying it on the [www.cms.hhs.gov](http://www.cms.hhs.gov) website in 2003;
- Utilizing the same process it has used in the other public reporting efforts for ESRD, Nursing Homes, and Home Health Agencies to develop website language and formats with input from stakeholders and conduct consumer testing;
- Developing “Hospital Compare” to provide this information on the [www.medicare.gov](http://www.medicare.gov) website in early 2005
- Through its Quality Improvement Organizations (QIOs), providing support for individual hospitals and groups of hospitals that seek to improve their performance; and,
- Creating and managing an open, transparent, balanced process for adding to the measure set over time, assuring that a robust, yet thoughtful set of measures is reported by hospitals.

CMS and AHRQ are working to create an instrument and data collection protocol that can be used by hospitals to collect comparable data on hospital patient perspectives on the care they receive, to be used in public reporting. While many hospitals collect information on patient experience and satisfaction with care, there is no national standard for collecting such information that would allow “apples to apples” comparisons between hospitals. The effort by CMS and AHRQ to develop a hospital patient perspectives on care survey, called Hospital CAHPS (HCAHPS), will create such a standard.

**Keywords:** DHHS, CMS, AHRQ, JCAHO, NQF, QIO, the National Voluntary Hospital Reporting Initiative, technical assistance, HCAHPS

### 3. What do you mean when you say that CMS will provide support for the National Voluntary Hospital Reporting Initiative?

CMS is:

- Creating and maintaining a data warehouse to which hospitals using an ORYX (Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) computerized surveillance information submission system) contractor can direct the contractor to submit data;
- For hospitals not using ORYX, providing free software (called the “CART”, the CMS Abstraction and Reporting Tool) that hospitals can use to collect and submit data, and training on how to use that software;
- Validating the data submitted through ORYX or CART tool by re-abtracting a sample of records;
- Aggregating the data submitted by hospitals and displaying it on the [www.cms.hhs.gov](http://www.cms.hhs.gov) website in 2003;
- Utilizing the same process it has used in the other public reporting efforts for ESRD, Nursing Homes, and Home Health Agencies to develop website language and formats with input from stakeholders and conduct consumer testing;
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- Through its Quality Improvement Organizations (QIOs), providing support for individual hospitals and groups of hospitals that seek to improve their performance; and,
- Creating and managing an open, transparent, balanced process for adding to the measure set over time, assuring that a robust, yet thoughtful set of measures is reported by hospitals.

**Keywords:** The National Voluntary Hospital Reporting Initiative, support, CMS, JCAHO, ORYX, warehouse, CART, Hospital Compare, QIO, measure set

### 4. What are the hospital associations agreeing to do in the National Voluntary Hospital Reporting Initiative?

To make the Initiative work, the hospital associations are encouraging their members to:

- Report data using the initial “starter set” of ten measures, as soon as technically feasible;
- Voluntarily report patient perspectives on care data, once the standardized survey instrument (HCAHPS) is finalized;
- Continue to voluntarily add to the breadth of the measure set in order to improve its value to providers and consumers; and
- Identify superior practices in provider organizations that are achieving better outcomes.

**Keywords:** Hospital associations, National Voluntary Hospital Reporting Initiative, measures, perspectives, HCAHPS

### 5. How can hospital information be transmitted to CMS for reporting?

Hospitals have two options for submitting the data to the QIO Warehouse:

1. Through the CMS Abstraction and Reporting Tool (CART), which is available without cost through the <http://www.qnetexchange.org/> website, or
2. Through their ORYX vendor.

ORYX vendors are used by many hospitals to submit data to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and hospitals may authorize their vendors to submit to both the JCAHO and CMS. For more information about transmission of data, hospitals should contact their QIOs.

by hospitals?

**Keywords:** Accredited, JCAHO, performance measurement system, vendor, QIO, transmission, data

## **6. What does the federal government do to improve the care provided to patients**

The federal government contracts with Quality Improvement Organizations (QIOs) to work with hospitals on activities designed specifically to improve the quality of care provided in hospitals. The QIOs have been working with hospitals for the last six years to improve performance on most of the measures in the initial set of ten measures. During this period, performance on these measures has improved across the country; there is published evidence specifically linking QIO efforts with improvements. The QIOs are in the unique position of being able to provide local, community-based quality improvement assistance to hospitals to improve their performance on the identified measures.

**Keywords:** QIO, improvement, measures

## **7. Will the National Voluntary Hospital Reporting Initiative improve the quality of care provided by hospitals?**

CMS has evidence from its own and other public reporting efforts that public reporting on performance using standardized measures acts as a potent stimulus for clinicians and providers to improve the quality of care they provide. We will be tracking this.

**Keywords:** National Voluntary Hospital Reporting Initiative, public reporting, improve the quality of care

## **8. What are the initial hospital measures that have been selected to report in the National Voluntary Hospital Reporting Initiative?**

The measures that have been selected are for three common and serious medical conditions. They were derived from evidence in the medical literature and tested extensively in hospital settings. The measures include:

- Acute Myocardial Infarction (heart attack)
  - Aspirin prescribed at arrival
  - Aspirin prescribed at discharge
  - Beta-blocker prescribed at arrival

Beta-blocker prescribed at discharge  
ACE Inhibitor prescribed for left ventricular systolic dysfunction

Heart Failure

Left ventricular function assessment performed  
ACE inhibitor prescribed for left ventricular systolic dysfunction

Pneumonia

Timing of initial antibiotic administration  
Administration of Pneumococcal vaccine  
Oxygenation assessment

**Keywords:** National Voluntary Hospital Reporting Initiative, measures, acute myocardial infarction, aspirin, beta-blocker, ACE inhibitor, left ventricular, pneumococcal, oxygenation

**9. How were the specific measures chosen to be the initial group to be reported in the National Voluntary Hospital Reporting Initiative?**

The “starter set” of measures includes measures for three serious medical conditions that are particularly common among people in the Medicare population. These measures are a subset of those recently endorsed by the National Quality Forum (NQF).

In identifying the subset feasible to be reported immediately, we started from the NQF list and then identified measures that meet several technical criteria:

- The measures are derived from evidence in the medical literature;
- CMS, JCAHO, and researchers have extensively tested the measures for validity and reliability;
- The measures are already being reported by many hospitals to JCAHO via their ORYX (computerized surveillance information submission system) vendors;
- CMS can validate the data submitted for the measures.

CMS and JCAHO are in the process of aligning all micro-specifications of the measures, which will in essence create a single measure set for hospitals to report, thereby further reducing hospital reporting burden.

**Keywords:** National Voluntary Hospital Reporting Initiative, starter set of measures, NQF, JCAHO, ORYX, validate

**10. When and where are the hospital measures and information being reported for the National Voluntary Hospital Reporting Initiative?**

The clinical measures were first reported in October 2003 on the <http://www.cms.hhs.gov/> website. This website contains information for medical professionals and is accessible by the public. Updates to the website and new data are

being posted in February 2004 and will be refreshed again in May 2004. We plan to provide this information at “Hospital Compare” on the consumer website, [www.medicare.gov](http://www.medicare.gov) in early 2005.

**Keywords:** National Voluntary Hospital Reporting Initiative, clinical measures, reported, Hospital Compare

### **11. How is the National Voluntary Hospital Reporting Initiative related to the Quality Improvement Organizations’ (QIO) 7<sup>th</sup> Scope of Work contract with CMS?**

The 7<sup>th</sup> Scope of Work (SoW) contracts between CMS and the QIOs include a task entitled “Transitioning to Hospital-Generated Data” (Task 2.b). This task, which predates the NVHRI, directs the QIOs to support hospitals in furtherance of CMS’s goal that all hospitals would collect or abstract their own performance measures. Hospitals would use these measures for their own internal quality improvement, to improve the processes of care delivered to Medicare beneficiaries, as well as for public reporting. The “starter set” of measures for the National Voluntary Hospital Reporting Initiative is a subset of the measures identified by the QIO contract. The QIO work for Task 2.b supports the National Voluntary Hospital Reporting Initiative and provides the mechanism to collect and process the data to support the reported measures.

**Keywords:** QIO, 7<sup>th</sup> SoW, National Voluntary Hospital Reporting Initiative, hospital-generated data, measures, improvement

### **12. Tell me about the CMS Hospital Three-State Pilot Project?**

Working with hospitals in Maryland, New York, and Arizona, with the assistance of the Quality Improvement Organizations (QIOs) in those states, CMS is testing approaches to public reporting of hospital performance measures. The CMS Hospital Three-State Pilot Project focuses on acute inpatient care and will run from the fall of 2002 until the fall of 2004. This project builds upon previous CMS and QIO strategies to identify illnesses and/or clinical conditions that affect Medicare beneficiaries in order to: promote the best medical practices associated with the targeted clinical disorders; prevent or reduce further instances of these clinical disorders; and prevent related complications. Through this project, CMS is working with the QIOs, the States, local hospitals, consumer groups, organized medicine and other stakeholders in quality reporting to:

- Field study and psychometrically test the patient perspectives on care survey instrument, “HCAHPS,” currently under development by the Federal government.
- Develop web-based public reporting formats and test ways to communicate hospital and physician-specific performance information for consumer education and provider quality improvement.
- Identify and resolve problems related to data collection, transmission and other technical matters related to public reporting.

- Identify the characteristics of high performing hospitals and determine how these findings can be used to enhance the performance of all hospitals on the range of publicly reported performance measures. In conjunction with this research, examine the linkage of corporate governance and culture with performance assessment.
- Evaluate the impact of public reporting on hospitals, QIOs and the public at large.

Additionally, the QIOs will provide technical assistance to hospitals in their state, using the quality measures in targeted projects to improve care.

Hospitals in these three pilot states are taking a leadership role in refining measures and the processes for public reporting of hospital measures. Hospitals in the pilot States are:

- Reporting the initial starter set of ten JCAHO/CMS-developed NQF-endorsed measures that are feasible to be publicly reported immediately. These are the same ten measures and will use the same reporting mechanisms that were announced by national hospital associations on December 12, 2002;
- Serving as the laboratory for the patient perspectives on care survey, HCAHPS. Based on experience in the Three-State Pilot, the instrument will be finalized. Once finalized, the survey will be implemented nationwide.
- Serving as the laboratory to test the best ways to communicate with consumers.
- Tapping the resources, energy, and interests of other state-level partners, such as provider associations, state agencies and regionally based purchaser coalitions. This will help shape the activities in the pilots as well as help inform the longer-term effort.

For more information see the CMS Hospital Three-State Pilot Project see

<http://www.cms.hhs.gov/quality/hospital/>.

**Keywords:** CMS Hospital Three-State Pilot Project, Three-, New York, Maryland, Arizona, QIO, JCAHO, NQF, HCAHPS, measures

### **13. How many hospitals are participating in the CMS Hospital Three-State Pilot States?**

Maryland has all of its 46 hospitals participating, New York has 90 of 205 hospitals participating, and Arizona has 50 of its 67 hospitals participating.

**Keywords:** Hospitals, Three-State Pilot, New York, Maryland, Arizona

### **14. How does the CMS Hospital Three-State Pilot Project affect (or fit with) the National Voluntary Hospital Reporting Initiative?**

The CMS Hospital Three-State Pilot Project asks hospitals in New York, Maryland, and Arizona to report the same initial set of ten measures and use the same mechanisms for reporting as are used in the National Voluntary Hospital Reporting Initiative. Any

hospital that is participating in the CMS Hospital Three-State Pilot Project is also participating in the National Voluntary Hospital Reporting Initiative. This project builds upon previous CMS and Quality Improvement Organization (QIO) strategies to identify illnesses and/or clinical conditions that affect Medicare beneficiaries in order to: promote the best medical practices associated with the targeted clinical disorders; prevent or reduce further instances of these selected clinical disorders; and prevent related complications.

**Keywords:** Three-State Pilot, National Voluntary Hospital Reporting Initiative, 10 measures, HCAHPS, QIO, New York, Maryland, Arizona,

**15. Tell me about the work of CMS and AHRQ on a patient perspectives on care survey instrument, HCAHPS.**

CMS is currently working with the Agency for Healthcare Research and Quality (AHRQ), also of HHS, to develop a standardized hospital patients' perspective on care instrument. AHRQ is the nation's lead Federal agency in establishing standards for measuring and reporting patients' experiences with the health care system. AHRQ's CAHPS (formerly the Consumer Assessment of Health Plans) initiative, begun in October 1995, has become the industry standard for obtaining consumers' assessment of their health plans. CAHPS has since been expanded to other health care settings and specific populations. The Hospital CAHPS (HCAHPS) initiative focuses on measuring and reporting patients' experiences with their inpatient care. Its intent is twofold: to help consumers make more informed choices among hospitals and to create incentives for hospitals to improve their performance. The HCAHPS survey is being developed by AHRQ's CAHPS II grantees from RAND, Harvard Medical School, and the American Institutes for Research.

Begun in July 2002, HCAHPS was created by the need to assess the experiences of hospital patients, as cited by both the Institute of Medicine and the National Quality Forum. As part of the development process, stakeholder meetings were held to identify the issues, concerns, and interests of the health care community. Key organizations representing both patients and providers participated in these meetings. They included the American Hospital Association (AHA), the Joint Commission on Accreditation of Healthcare Organizations, the Association of American Medical Colleges (AAMC), the Federation of American Hospitals (FAH), the National Committee for Quality Assurance (NCQA), American Association of Retired Persons (AARP), Ford Motor Company, the National Partnership for Women and Families, the American Medical Association (AMA), and the American Nurses Association (ANA), among others.

The process for HCAHPS development reflects a rigorous process of scientific research, consumer and field testing, and multiple opportunities for public comments. The goal is to develop the best tool to measure patient perspectives on care for public reporting. To develop the core HCAHPS instrument multiple strategies were used: a call for measures; review of existing literature; cognitive interviews; testing of the draft instrument in a CMS three-state pilot in Arizona, Maryland, and New York; psychometric analysis; consumer focus groups; public input in response to Federal Register notices; and



stakeholder input. The current version of the instrument includes 24 core HCAHPS questions covering the topics: care from nurses, care from doctors, hospital environment, patient experiences in hospital, hospital discharge, and overall rating of the hospital. It also includes eight additional items for adjusting for the mix of patients across hospitals and for analysis purposes. The current instrument reflects many different inputs and feedback and may be further refined as a result of public input from the most recent Federal Register notice (December 5, 2003) soliciting comments on the instrument and its implementation strategy.

The CMS three-state pilot served as a laboratory for assessing the draft HCAHPS instrument. Results were used to examine the reliability and validity of the draft measures and to identify the items that are most useful for public reporting. The pilot test Analysis Report may be found on the <http://www.cms.hhs.gov/quality/hospital/> web site.

Following CMS and AHRQ revisions of the current instrument and implementation strategy based on public input and information from additional testing, there will be another opportunity for public comment through the Federal Register process. CMS will continue to manage an open, transparent process and obtain input from the hospital industry, vendors, consumers, and other stakeholders as the work progresses.

At the end of this process HHS will have a standardized instrument and well-defined methodology for measuring patient perspectives on hospital care. All materials will be put in the public domain for use by hospitals or other interested parties. See <http://www.cms.hhs.gov/quality/hospital/> "Patient Perspectives on Care."

**Keywords:** CMS, AHRQ, patient perspectives on care, HCAHPS, CAHPS, instrument, satisfaction

#### **16. Will the measures to be reported in the National Voluntary Hospital Reporting Initiative include information about patients' hospital experiences?**

The initial set of measures that are being reported under the aegis of the National Voluntary Hospital Reporting Initiative are clinical 'process of care' measures. CMS expects that the NVHRI will be expanded in early 2005 to add additional clinical measures for the three conditions (acute myocardial infarction, heart failure and pneumonia) and Surgical Infection Prevention, followed by information about patient perspectives on care in late 2005. A patient perspectives on care survey instrument (HCAHPS) is being developed and tested by CMS and the Agency for Healthcare Research and Quality (AHRQ) through the CMS Hospital Three-State Pilot Project. Once the HCAHPS instrument has been finalized, it is our expectation that hospitals will voluntarily use this survey and publicly report this information.

**Keywords:** National Voluntary Hospital Reporting Initiative, measures, process of care, CMS, AHRQ, patient experience, HCAHPS

**17. How are the ORYX Core Measure Set, the National Voluntary Hospital Reporting Initiative, and the CMS Hospital Three-State Pilot Project related? Are they all basically the same?**

All of these initiatives use the same data, and similar measures, but differ in how they are used. For example, all involve reporting performance data using the “starter set” of ten measures for the three conditions (Acute Myocardial Infarction, Pneumonia and Heart Failure). The starter set is a subset of both the JCAHO ORYX Core measure set and the CMS 7<sup>th</sup> SoW CMS Abstraction and Reporting Tool (CART) measure set. Major differences include:

- The ORYX Core measure set is used to satisfy JCAHO accreditation requirements. (A QIO will accept data collected for JCAHO accreditation to meet 7<sup>th</sup> SoW commitments.)
- The National Voluntary Hospital Reporting Initiative is a voluntary effort led by the American Hospital Association, the Federation of American Hospitals and the American Association of Medical Colleges, with collaboration from other public, private and consumer stakeholders, whereby a hospital submits performance data to CMS (through the QIOs) and authorizes the publication of the data using ten-measure “starter set” of standardized measures.
- The CMS Hospital Three-State Pilot Project is an effort to: test a hospital patient perspectives on care survey (HCAHPS), engage hospitals in reporting the “starter set” of ten measures, and determine the most effective methods to present hospital quality measurement data to professionals and to the public.

**Keywords:** HCAHPS, hospital-specific rates, National Voluntary Hospital Reporting Initiative, CMS Hospital Three-State Pilot Project, JCAHO, ORYX, QIO, core measure set, CART

**18. What is the benefit for a hospital to participate in the National Voluntary Hospital Reporting Initiative?**

There is growing consensus among a broad array of federal, state, industry, union, employer and consumer stakeholders around the importance of public reporting of hospital quality measures, including those that measure clinical outcomes and the patient’s perspectives on care. Over time, public reporting will give consumers needed information about health care systems and may help them make more informed decisions about their care. Valid, reliable, comparable and salient quality measures have been shown to provide a potent stimulus for clinicians and providers to improve the quality of care they provide. The National Voluntary Hospital Reporting Initiative is a significant step toward a more informed public and sustained health care quality improvement.

Through volunteering to participate in the NVHRI, hospitals will gain experience in collecting and transmitting their own data, as well as using national and local benchmarks to assess their own performance. Participation will also help hospitals to identify and focus on areas for quality improvement. We appreciate that each hospital understands the need to be accountable for the care it provides. We anticipate that most hospitals will

participate because of the opportunities for quality improvement and the importance of providing quality health care information to patients, their families, providers, and others.

With the passage of Section 501(b) of the Medicare Drug Prescription and Modernization Act of 2003, hospitals have a new incentive to report the ten measures in the “starter set” to CMS. Eligible hospitals that do not submit data to the QIO Data Warehouse for reporting will receive a 0.4% reduction to their Marketbasket payment update for FY 2005.

**Keywords:** Hospital benefit, National Voluntary Hospital Reporting Initiative, voluntary reporting, quality improvement

**For this section labeled Interrelationships and Collaboration of CMS, JCAHO and AHA the following apply:**

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Summary: First 120 characters of question

Topic: ORYX, CMS 3PP, JCAHO, CART, HCAHPS, algorithms, measure specifications, aggregate data, hospital-specific rate, Medicare CoP, QAPI

Hospital, Quality, Information, QIO, 7<sup>th</sup> SoW

Category: Provider, National Voluntary Hospital Reporting Initiative

Subject Matter Expert: Tim Carr ext. 65050

### **Interrelationships and Collaboration of CMS, JCAHO and AHA**

#### **19. Can a hospital participate in both the CMS 7<sup>th</sup> Scope of Work and the National Voluntary Hospital Reporting Initiative?**

Yes, in fact we have designed these initiatives to make participation in both programs as easy as possible. Under CMS’s 7th Scope of Work, hospitals may report to the QIO inpatient data using measures in four clinical topics or areas (Acute Myocardial Infarction, Heart Failure, Pneumonia and Surgical Infection Prevention), with a principal focus on care provided to Medicare beneficiaries. The ten measures used in the National Voluntary Hospital Reporting Initiative are a subset of the measures for Acute Myocardial Infarction, Heart Failure and Pneumonia, with the focus on patients over 18 years of age.

**Keywords:** 7<sup>th</sup> SoW, National Voluntary Hospital Reporting Initiative, CMS, JCAHO, hospital, measures

#### **20. With the passage of section 501(b) of the Medicare Drug Prescription and Modernization Act (MMA) of 2003 and most eligible hospitals sending in data for the ten-measure “starter set” in response to that provision, is the National Voluntary Hospital Reporting Initiative (NVHRI) going to continue?**

Yes, we expect and hope that the NVHRI will continue to move forward.

Section 501(b) of the MMA only requires the reporting of the “starter set” of ten measures, and sunsets after three years. In contrast, the NHVRI looks to expand well beyond the ten-measure starter set to have hospitals reporting a robust and comprehensive set of hospital performance measures. CMS is continuing to work actively with the hospital industry, as well as purchaser and consumer representatives, and is pleased to support the Voluntary Initiative as it turns its attention to the collection and reporting of additional clinical measures and information on patient perspectives on care (HCAHPS).

CMS is beginning to engage the broader stakeholder community to identify its wishes for what should be included in an expanded, robust set of measures for hospital public reporting. With input from both the public and private sector and consumers, CMS will identify a robust and prioritized set of measures. CMS anticipates that the process will identify some measures ready for the immediate next phase of public reporting and others needing refinement or final testing, as well as areas where additional measures development will be necessary to adequately address priority areas identified by the IOM and others. After reviewing the set of measures determined to be appropriate for public reporting, CMS will ask the NQF to formally consider any measures that it has not yet endorsed. The initial public consultations will be conducted through a series of sessions around the country that will commence in April 2004 in Boston.

**21. Which set of algorithms/specifications will QIOs require for the National Voluntary Hospital Reporting Initiative, the Joint Commission’s ORYX Core Measure algorithms or CMS’s 7<sup>th</sup> SoW algorithms?**

The National Voluntary Hospital Reporting Initiative uses measures that are common to both the JCAHO’s ORYX Core measure set and the CMS 7<sup>th</sup> SoW measure set and the algorithms produce the same results.

**Keywords:** ORYX, algorithm, measure specifications, QIOs, 7<sup>th</sup> SoW, National Voluntary Hospital Reporting Initiative

**22. Will the QIOs accept reporting that uses the JCAHO ORYX Core measures?**

For the “starter set” of measures that are common to the JCAHO and CMS, for the conditions Acute Myocardial Infarction (AMI), Pneumonia (PNE) and Heart Failure (HF), the QIOs will accept the JCAHO ORYX data.

**Keywords:** ORYX, QIOs, JCAHO, AMI, PNE, HF

**23. Why do QIOs collect patient-level data while JCAHO collects aggregate statistics?**

QIOs and JCAHO both require collection of patient-level data.

- JCAHO collects patient-level data through the performance measurement systems (ORYX vendors are intermediaries). ORYX vendors aggregate patient-level data to the hospital level and submit these aggregate data to the JCAHO. JCAHO-accredited hospitals submit both clinical and administrative data through ORYX vendors as a means of ensuring compliance with JCAHO requirements.
- By means of the CMS Abstraction and Reporting Tool (CART), QIOs collect data in order to improve care. QIOs need patient-level data to validate the information.

**Keywords:** Aggregate, patient-level data, ORYX, vendors, CART, JCAHO, QIOs

**24. Will JCAHO and QIOs require the same group of patient records to be collected for heart failure? For JCAHO, providers collect a large group of heart failure cases, but due to contraindications and exclusions, some of these cases are not appropriate for the treatment and are not included for any measures. The QIO already excludes these cases at the beginning so that providers do not collect all the detailed information.**

The populations, that is, the criteria for denominator designation are the same for CMS and JCAHO. Therefore CMS and JCAHO will be looking at the same groups of patients. Data collection tools may differ in their use of “skip logic” to reduce the number of data elements and records that need to be collected but the number of cases will be the same.

**Keywords:** Exclusion, JCAHO, QIOs, skip logic, denominator

**25. A hospital is participating in JCAHO core measures and collecting two core measure sets (AMI and CAP, Community Acquired Pneumonia). The hospital also wants to participate in the National Voluntary Hospital Reporting Initiative (NVHRI). Does the hospital have to add the entire Heart Failure Core Measure Set in order to have all ten public reporting measures for participating in the National Voluntary Hospital Reporting Initiative or can the hospital submit a subset of the measures they are collecting for the Heart Failure Core Measure Set?**

For the NVHRI, the hospital would report using only the ten measures specified in the “starter set.” In this instance, the hospital can submit data concerning left ventricular function assessment and ACE inhibitor therapy, which are the subset of the Heart Failure Core Measures that are common to both the JCAHO and CMS measure sets.

**Keywords:** Hospital, heart failure measure subset, HF, CAP, Community Acquired Pneumonia, JCAHO, core measures, National Voluntary Hospital Reporting Initiative

**26. How does the National Voluntary Hospital Reporting Initiative relate to the Medicare Conditions of Participation (CoP) on Quality Assessment and Performance Improvement (QAPI)?**

The final rule for Medicare Conditions of Participation (Federal Register, Vol. 68, No. 16, Friday, Jan. 24, 2003) states, “This final rule requires hospitals to develop and maintain a quality assessment and performance improvement (QAPI) program.” The essential elements of such programs are measurement and corrective action. Hospitals must have an active, hospital-wide QAPI program that looks at all services. Working with a QIO can help a hospital to meet the new CoP. Cooperation with a QIO can be part of the performance improvement projects that a hospital may be working on, based on its assessment of its own improvement needs. Public reporting complements the QAPI requirement but is not required by it.

**Keywords:** Conditions of participation, CoP, QAPI, National Voluntary Hospital Reporting Initiative, QIO

**For this section labeled Data Collection the following apply:**

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Category: Provider, National Voluntary Hospital Reporting Initiative

Subject Matter Expert: Benjamin Chan ext. 63539

**Data Collection**

**27. How will information be collected from hospitals for the National Voluntary Hospital Reporting Initiative and sent to CMS for reporting?**

Information is collected from patient’s charts.

Hospitals have two options for submitting the data:

1. Through the CMS Abstraction and reporting Tool (CART), which is available without cost, or
2. Through a vendor in the XML format as specified by CMS

The CART tool, the XML format, and instructions are on <http://www.qnetexchange.org/>. ORYX vendors are used by many hospitals to submit data to the Joint Commission on Accreditation of Hospitals, and hospitals may authorize their vendors to dually submit to both the JCAHO and the QIO data warehouse.

Keywords: National Voluntary Hospital Reporting Initiative, information, collect, JCAHO, CART, vendor tool, XML format, QIO, Quality Net

**28. Will the data be protected?**

The data collected by the QIO data warehouse is housed in a secure, encrypted system designed to ensure that access to data is strictly limited to authorized users. Under both HIPAA and the confidentiality provisions of the Social Security Act, a QIO is not allowed to disclose information identifying individual patients, providers or practitioners, with certain specified exceptions. Information that is placed on cms.hhs.gov and ultimately on medicare.gov will be at the hospital aggregate level.

**Keywords:** Privacy, confidentiality, secure, encrypted, de-identified data, hospital aggregate level, HIPAA

**29. Will there be any difference in how 7<sup>th</sup> SOW data is transmitted for the National Voluntary Hospital Reporting Initiative and the CMS Hospital Three-State Pilot Project?**

No difference.

**Keywords:** data transmission, 7<sup>th</sup> SoW, National Voluntary Hospital Reporting Initiative, CMS Hospital Three-State Pilot

**30. Will there be any way to tell which records are for the National Voluntary Hospital Reporting Initiative and which are for other purposes (i.e., 7<sup>th</sup> SOW, CMS Hospital Three-State Pilot Project, etc.).**

Yes, through our systems the QIOs can set ‘flags’ to differentiate data and maintain the proper classification for each record in the data warehouse, based upon each hospital’s stated desires.

**Keywords:** Data, flags, data warehouse, QIOs, National Voluntary Hospital Reporting Initiative, Three-State Pilot

**31. Are we confident that the measures being reported in the National Voluntary Hospital Reporting Initiative accurately reflect the care that the hospital is providing for patients with Myocardial Infarction (Heart attack), Heart Failure, and Pneumonia?**

The measures that are being reported assess the key care processes and medical treatments that have been shown to correlate with the best possible outcomes for any patient having one of these conditions. CMS, through its QIOs, is validating the submitted data by re-abstracting a sample of medical records.

**Keywords:** National Voluntary Hospital Reporting Initiative, measures, heart attack, heart failure, pneumonia, QIOs

**32. How do we know the hospital quality measures selected to be reported in the National Voluntary Hospital Reporting Initiative are worthwhile?**

These measures have gone through years of extensive testing for validity and reliability by CMS and its Quality Improvement Organizations (QIOs), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and researchers. In addition, they

have been endorsed by the National Quality Forum (NQF), a national standards setting entity.

**Keywords:** National Voluntary Hospital Reporting Initiative, measures, accurate, QIO, JCAHO, NQF standards

**33. Are the measures which have been selected to be reported in the National Voluntary Hospital Reporting Initiative risk-adjusted?**

Since the initial set are process-of-care measures, there is no need for risk adjustment. These measures have suitable data adjustments such as inclusion and exclusion criteria. These data adjustments have been extensively tested for their appropriateness. Expansion of the starter set with any measures where risk adjustment is appropriate (such as measures of outcome) would include the recommended methodology for risk adjustment of the measures.

**Keywords:** Measures, National Voluntary Hospital Reporting Initiative, risk-adjusted, starter set.

**34. How and when will the record validation process be conducted? Is there information on this process available yet?**

The record validation process began with data submitted for discharges occurring in the third quarter of 2002 (July through September). The data is being validated at several levels. There are consistency and internal edit checks to assure the integrity of the submitted data; there are external edit checks to verify expectations about the volume of the data received, and, beginning with data for the fourth quarter of 2002 (October through December), there will be chart level audits to assure the reliability of the submitted data. Information on these procedures is available on [www.qnetexchange.org](http://www.qnetexchange.org). When results are available, they will be posted. Contact your Quality Improvement Organization (QIO) for the most recent information about the status of validation activities.

**Keywords:** audit, validation, edit checks

**35. Will the CMS Abstraction and Reporting Tool (CART) be able to generate control charts and other information?**

The new version of CART includes capabilities to generate internal reports of various types.

**Keywords:** CART, control charts, reports

**36. Will the CMS Abstraction and Reporting Tool (CART) ever be able to generate the statistics needed by JCAHO so hospitals do not have to use an ORYX vendor?**

CMS has no such plans.

**Keywords:** ORYX vendor, CART, statistics, JCAHO



**37. What does a provider have to do in order to have their ORYX vendor send data to the QIO Data Warehouse?**

Hospitals may enter into contracts with vendors and authorize them to submit data to the QIO Data Warehouse, in a XML format specified by CMS, or hospitals may submit their data through use of the CMS Abstraction and Reporting Tool (CART) which is available without cost on [www.qnetexchange.org](http://www.qnetexchange.org). However, providers are encouraged to consult with their QIO to resolve technical concerns.

**Keywords:** XML format, ORYX vendor, QIO, CART, QIO

**38. Is there a listing of vendors that have agreed to submit data to the QIOs?**

There is no listing of ORYX vendors who are willing to submit data to the QIOs at this time, however, a list of core measure vendors is available on the JCAHO website.

**Keywords:** ORYX vendors, QIOs, list, JCAHO

**39. How do I keep track of updates to the CMS Abstraction and Reporting Tool (CART) software? How will hospital IT staff download software to hospital equipment and comply with security and administrative review and approval prior to any software downloads?**

CART users will have notice of software updates via <http://www.qnetexchange.org>. Currently, updates are planned for the summer and fall of 2004.

**Keywords:** QnetExchange, software update, software release, IT security, CART, schedule

**40. Since the CMS Abstraction and Reporting Tool (CART) provides only for the data collection of measures common to both the JCAHO and CMS, will there be a help desk for CART users who add another JCAHO measure? Has any thought been given to a single e-mail site for questions that could be then forwarded to JCAHO or CMS depending upon the issue?**

For those measures where the CMS and JCAHO overlap, the definitions and criteria are the same. However, a provider's point of contact will be dictated by the abstraction tool that it employs. Hospitals using the CART tool should use the QIO as the point of contact for technical support regarding measure sets. Hospitals using tools supplied by a vendor should use that vendor as their source of technical support. The QIOs are ready to assist hospitals. If they cannot help directly, then they will assist in finding a source.

**Keywords:** Data collection, data reporting, CART, ORYX vendor, JCAHO, listing, contact, measures, tools, QIO

**41. Will the hospital measures be reported for every hospital in the United States?**

Hospitals are aware of the importance of providing health care information to patients, their families, providers, and others. It is our hope that, ultimately, all hospitals will agree to participate in the NHVRI.

It is anticipated that most Medicare-certified, acute care, short-term hospitals will elect to report data for the starter set of 10 measures, because of Section 501(b) of the Medicare Drug Prescription and Modernization Act of 2003. This provision stipulates that eligible hospitals that choose not to submit data will receive a 0.4% lower increase in payments beginning in Fiscal Year 2005. See "Reporting Hospital Data for Annual Payment Update" at [www.cms.hhs.gov/quality/hospital/](http://www.cms.hhs.gov/quality/hospital/).

**Keywords:** Every hospital, voluntary, report

**For this section labeled Confidentiality/Security the following apply:**

Expiration date: 2/20054

Summary: First 120 characters of question

Topic: Confidentiality, Security, Hospital, Quality, Information, QIO,

Category: Provider, National Voluntary Hospital Reporting Initiative

Subject Matter Expert: Sheila Blackstock ext. 63502

### **Confidentiality/Security**

**42. If a hospital participates in the 7<sup>th</sup> SOW, and does NOT want to participate in the National Voluntary Hospital Reporting Initiative (NVHRI), how will the Quality Improvement Organization (QIOs) keep these data separate? How can a hospital be sure its data is NOT going to be included in the National Voluntary Hospital Reporting Initiative?**

Data collected by a QIO is protected and cannot be disclosed, by law, without permission from the hospital. If a hospital submits data to the QIO Data Warehouse in order to participate in the NVHRI, it will notify the Warehouse that it agrees to post or publicly release its data. If a hospital informs the QIO that it is submitting data for payment update purposes, in order to meet the requirements of the Section 501(b) of the Medicare Drug Prescription and Modernization Act of 2003, the data it provides for the ten measures in the "starter set" will be publicly reported. Hospitals will be asked to specifically indicate the purposes for which they are submitting data. For further information regarding the authorization and transmission processes, see [www.qnetexchange.org](http://www.qnetexchange.org).

**Keywords:** National Voluntary Hospital Reporting Initiative, QIO, participate, data disclosure, voluntary, reporting, data security, data confidentiality, starter set, notify

**43. When can Covered Entities (Hospitals) disclose information on Medicare beneficiaries to QIOs?**

Medicare Quality Improvement Organizations (QIOs) perform certain review and other functions for the Centers for Medicare & Medicaid Services (CMS) under contracts with CMS. These functions are required under Part B of Title XI of the Social Security Act. Part B of Title XI also requires that covered entities disclose information on Medicare beneficiaries to QIOs so that QIOs can perform the requirements under their Medicare contracts. Covered entities that conduct certain electronic transactions and are subject to the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) generally cannot disclose protected health information on Medicare beneficiaries or other patients without permission of the patients, unless the rule otherwise allows disclosure. If a covered entity's disclosure is required by law, the rule allows disclosure without the patient's permission under 45 CFR § 164.512(a). Therefore, when a covered entity discloses information to a QIO on Medicare beneficiaries that the QIO needs in order to perform oversight responsibilities under its contract with CMS, patient permission is not required.

**Keywords:** HIPAA, disclosure, oversight, covered entity, QIO, permission

**44. When can Covered Entities (Hospitals) disclose information on Non-Medicare patients to Quality Improvement Organizations (QIOs)?**

Covered entities may disclose protected health information about non-Medicare patients without their permission when the information involves the QIO's quality-related activities under its contract. Generally, when QIOs receive this information, they are functioning as health oversight agencies under 45 CFR §164.512(d).

The HIPAA Privacy Rule defines a health oversight agency to include a Federal or other governmental agency or authority that is authorized by law to oversee the health care system (whether public or private), or government programs in which health information is necessary to determine eligibility or compliance with program standards (45 CFR § 164.501). Oversight agencies also include a person or entity acting under a contract with the public agency. Part B of Title XI requires Medicare QIOs, as CMS' contractors, to conduct activities necessary for appropriate oversight of the health care system. Specifically, Medicare QIOs are health oversight agencies to the extent that they are acting under contract with Medicare to oversee the health care system in general or compliance with quality standards under Medicare. This includes collecting and reviewing quality performance measures from hospitals regarding Medicare and non-Medicare patients, such as reports on surgical infection prevention, acute myocardial infarction and influenza and pneumococcal immunization. When a QIO is acting as a health oversight agency, disclosures to them for health care oversight purposes are permissible without patient permission.

**Keywords:** Oversight, HIPAA, QIO, data confidentiality, disclosure, covered entities, non-Medicare

**45. Are Covered Entities (Hospitals) protected when they make disclosures to QIOs?**

The Social Security Act provides certain protections to those who disclose information to the QIOs, as described in §1157 of the Act. Under §1157, no person providing information to a QIO will be held, by reason of having provided such information, to have violated any criminal law or to be civilly liable under any State or Federal law, unless the information provided is unrelated to the performance of the contract of the QIO or the information is false and the individual knew or had reason to believe that the information was false. Further, covered entities that conduct certain electronic transactions and are subject to the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) generally cannot disclose protected health information on Medicare beneficiaries or other patients without permission of the patients, unless the rule otherwise allows disclosure. If a covered entity's disclosure is required by law, the rule allows disclosure without the patient's permission under 45 CFR § 164.512(a). Non-Medicare patients disclosures are protected under 45 CFR §164.512(d).

**Keywords:** Covered entities, protected, disclosure, QIOs, Social Security Act, HIPAA

**46. Explain privacy and confidentiality of the data.**

The data collected by the QIOs will be housed in a secure, encrypted system designed to ensure that access to data is strictly limited to authorized users. Under both HIPAA and the confidentiality provisions of the Social Security Act, a QIO is not generally allowed to disclose information identifying individual patients, providers or practitioners. Information that will be placed on [www.cms.hhs.gov](http://www.cms.hhs.gov) and ultimately on [www.medicare.gov](http://www.medicare.gov) will be at the hospital aggregate level.

**Keywords:** Privacy, confidentiality, secure, encrypted, de-identified data, hospital aggregate level, HIPAA

**For this section labeled Future Directions the following apply:**

Expiration date: 2/2005

Summary: First 120 characters of question

Topic: CMS Hospital Three-State Pilot Project, JCAHO, CART, HCAHPs, Hospital, Quality, Information, QIO, 7<sup>th</sup> SoW

Category: Provider, National Voluntary Hospital Reporting Initiative

Subject Matter Expert: Tim Carr ext. 65050

**Future Directions**

**47. If my hospital participates now, how much is expected from my facility in the future? Will it be ongoing?**

At this point, CMS expects that once a hospital joins the National Voluntary Hospital Reporting Initiative and agrees to publicly report data, participation will be ongoing. However, since the Initiative is voluntary, a hospital can withdraw at any time by notifying the QIO.

**Keywords:** withdraw, voluntary, hospital, participation, ongoing, QIO

**48. Will there ever be a complete convergence of the measure sets? That is, on the measures that JCAHO has, but QIOs do not and vice versa, will there be a complete common set of measures?**

We expect complete convergence on measures that affect Medicare patients. CMS and the JCAHO are in the process of aligning all common measures and on determining a common set of measures for the future.

**Keywords:** Convergence, common set of measures, population segments, JCAHO, QIO

**49. How will it be decided what additional performance measure information to report in the National Voluntary Hospital Reporting Initiative (NHVRI)?**

The National Voluntary Hospital Reporting Initiative looks to expand well beyond the ten-measure starter set to have hospitals reporting a robust and comprehensive set of hospital performance measures. CMS is continuing to work actively with the hospital industry, as well as purchaser and consumer representatives, and is pleased to support the Voluntary Initiative as it turns its attention to the collection and reporting of additional clinical measures and information on patient perspectives on care.

CMS is beginning to engage the broader stakeholder community to identify its wishes for what should be included in an expanded, robust set of measures for hospital public reporting. With input from both the public and private sector and consumers, CMS will identify a robust and prioritized set of measures. CMS anticipates that the process will identify some measures ready for the immediate next phase of public reporting and others needing refinement or final testing, as well as areas where additional measures development will be necessary to adequately address priority areas identified by the IOM and others. After reviewing the set of measures determined to be appropriate for public reporting, CMS will ask the NQF to formally consider any measures that it has not yet endorsed. The initial public consultations will be conducted through a series of sessions around the country that will commence in April 2004 in Boston.

**Keywords:** Performance measure, report, National Voluntary Hospital Reporting Initiative, additional

**50. What are the plans for JCAHO to incorporate the CMS Surgical Infection Prevention Measures?**

It is our understanding that the JCAHO has plans to incorporate the CMS Surgical Infection Prevention (SIP) measures in the near future.

**Keywords:** Surgical Infection Prevention, SIP, JCAHO, plans

**51. Will CMS incorporate the JCAHO measures for pregnancy and related conditions in the QIO contracts, since Medicaid is also within the purview of CMS?**

CMS has no plans to incorporate pregnancy and related conditions as a topic in future QIO contracts. However, CMS is considering adding this topic to the CMS Abstraction and Reporting Tool (CART) to make the tool as useful to as many providers as possible. No final decision has been made at this time.

**Keywords:** Medicaid, pregnancy, related conditions, CART

**52. Will the set of measures included in the National Voluntary Hospital Reporting Initiative (NVHRI) expand to include all the National Quality Forum measures?**

Although CMS expects that future NVHRI measures will be drawn from measures endorsed by the National Quality Forum (NQF), there is no immediate plan to expand the set to include all NQF-endorsed measures. Efforts such as the CMS Hospital Three-State Pilot Project may serve as a testing laboratory for additional measures for possible future inclusion in the National Voluntary Hospital Reporting Initiative.

CMS is beginning to engage the broader stakeholder community to identify its wishes for what should be included in an expanded, robust set of measures for hospital public reporting. With input from both the public and private sector and consumers, CMS will identify a robust and prioritized set of measures. CMS anticipates that the process will identify some measures ready for the immediate next phase of public reporting and others needing refinement or final testing, as well as areas where additional measure development will be necessary to adequately address priority areas identified by the IOM and others. After reviewing the set of measures determined to be appropriate for public reporting, CMS will ask the NQF to formally consider any measures that it has not yet endorsed. The initial public consultations will be conducted through a series of sessions around the country that will commence in April 2004 in Boston.

**Keywords:** NQF, National Quality Forum, measures, Hospital Three-State Pilot, consensus

**53. Will CMS ever include risk-adjusted AMI mortality rates in the CART?**

CMS is exploring the possibility of adding a risk-adjusted inpatient AMI mortality rate to the CMS Abstraction and Reporting Tool (CART).

**Keywords:** risk-adjusted, AMI, JCAHO, AMI, CART

**54. Will the measures ever include emergency room measures for small and rural and Critical Access Hospitals (CAH) that stabilize and then transfer AMI patients, but do not admit the patients as inpatients?**

CMS has no plans at this time to include Emergency Department (ED) measures.

However, a QIO Special Study is conducting work to identify a list of potential ED measures and doing feasibility testing of a preliminary list in 2004 that would be applicable to CAH and Rural Hospitals.

**Keywords:** emergency room measures, rural hospital, CAH, Critical Access Hospitals, core measures

**55. Does CMS plan to conduct an “Open Forum” on the National Voluntary Hospital Reporting Initiative and CART in which providers nationwide are connected via conference call?**

Open Door Forums for providers, in which providers nationwide are connected to knowledgeable CMS officials via conference call, are held periodically, according to a publicized schedule. The hospital-specific call is held once a month. It includes a half-hour at the end of the session that is specifically set aside to update providers about CMS quality initiatives. For more information about the schedules, see

[www.cms.hhs.gov/opendoor](http://www.cms.hhs.gov/opendoor). We encourage hospital staff to participate in these calls.

**Keywords:** Open Forum, vendor, conference call, National Voluntary Hospital Reporting Initiative, CART, QIOs, Hospital Open Door

**56. Will CMS utilize input from consumers, providers, and clinicians on how the information is reported on the CMS website?**

Yes, CMS is conducting consumer testing of physicians, consumers, and providers on drafts of website language and format.

**Keywords:** Consumers, providers, clinicians, website

**For this section labeled Links the following apply:**

Expiration date: 2/2005

Summary: First 120 characters of question

Topic: measure definitions, exclusion, reporting timeline, Hospital, Information,

Category: Provider, National Voluntary Hospital Reporting Initiative

Subject Matter Expert: Tim Carr ext. 65050

**Links**

**57. Where can a hospital obtain details on the measure definitions, inclusions/exclusions, numerator/denominator statements, etc. for the ten measures that have been selected for the National Voluntary Hospital Reporting Initiative?**

Detailed information about the specifications of the measures in the ten-measure “starter set” can be found on CMS’s website, [www.cms.hhs.gov/quality/hospital](http://www.cms.hhs.gov/quality/hospital), as well as at [www.qnetexchange.org](http://www.qnetexchange.org). Hospitals with additional questions should consult their QIOs.

**Keywords:** measure definitions, exclusions, numerator/denominator, National Voluntary Hospital Reporting Initiative, measures, QIO, JCAHO/CMS

**58. Where can a hospital obtain details on the implementation of the Section 501(b) of the Medicare Drug Prescription and Modernization Act of 2003, including due dates for submission of data, reporting start date and so forth?**

Information on the implementation of the Section 501(b) is available on [www.qnetexchange.org](http://www.qnetexchange.org). Information is also available at “Reporting Hospital Data for Annual Payment Update” on <http://www.cms.hhs.gov/quality/hospital/>. In addition, the hospital should stay in contact with their QIO to obtain the latest information.

**Keywords:** Due dates, MMA, 501(b)

**59. Will there be comparative data reports and if so, where can a hospital obtain them?**

Hospitals registered with the QIOs can request comparative data for all hospitals from their QIOs. Consumer-oriented comparative data will be made available when the consumer website is made available, in 2005.

**Keywords:** Comparative data, National Voluntary Hospital Reporting Initiative, Three-State Pilot, registered with QIOs

**60. Who will provide training and ongoing support for questions regarding definitions, etc.?**

Please use your QIO as the main point of contact for hospital reporting activities.

**Keywords:** Training, support, QIO

**61. Why are the hospital quality measures being reported on the CMS professional website?**

The target audiences for CMS’ professional site, [www.cms.hhs.gov](http://www.cms.hhs.gov), are providers, researchers and contractors, and the target audiences for the Medicare consumer website [www.medicare.gov](http://www.medicare.gov) are people with Medicare and the family, friends and others who care for people with Medicare and help them make their health care decisions.

The purpose of reporting hospital-specific quality measures on the CMS professional website [www.cms.hhs.gov/quality/hospital](http://www.cms.hhs.gov/quality/hospital) is to obtain feedback from health care professionals, hospitals, clinicians, and stakeholder organizations on national and CMS hospital initiatives related to the public reporting of hospital quality information. The feedback that CMS receives will assist in the future development of hospital reporting on [www.medicare.gov](http://www.medicare.gov).

**Keywords:** [www.cms.hhs.gov/quality/hospital](http://www.cms.hhs.gov/quality/hospital), [www.medicare.gov](http://www.medicare.gov), measures, professional website



**62. Is the public able to view the hospital-specific information, including the quality measures, that is available on the CMS professional website?**

Yes, CMS encourages the public to view the hospital-specific quality measures reports at [www.cms.hhs.gov/quality/hospital/](http://www.cms.hhs.gov/quality/hospital/) for those hospitals that volunteered to participate. Basic comparative information about the hospitals is displayed. For the time being, basic information about the initiative for consumers can also be found on this site.

**Keywords:** [www.cms.hhs.gov/quality/hospital/](http://www.cms.hhs.gov/quality/hospital/), public, measures, comparative information

**63 Why is it mandatory for Nursing Homes and Home Health Agencies to report health care quality information but voluntary for hospitals to report?**

The Social Security Act requires nursing homes and home health agencies to report health care information using standardized health assessment tools. There is no comparable statutory provision at this time requiring hospitals to collect or report health care information.

Recent strides in standardization of performance measures by the National Quality Forum and alignment of measures and data collection instruments by CMS and the Joint Commission on Accreditation of Healthcare Organizations have provided the opportunity for the industry to move voluntarily to identify and adopt measures for public reporting.

Ultimately, CMS fully expects to see nationwide public reporting of hospital quality using a robust and expansive set of performance measures. As we resolve technical details and work to identify the robust set of measures appropriate for this, we are content to allow voluntary reporting as long as we see significant participation. We will continually re-evaluate this decision over time, since, in order to be truly useful, this information needs to be available on all hospitals.

**Keywords:** Mandatory, nursing homes, home health agencies, performance measures