DRAFT

CMS Rules, Requirements and Impact

National Healthcare Safety Network Class
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Acknowledgement

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Information in this presentation is from the NHSN training courses
www.cdc.gov/nhsn

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Objectives

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- Identify resources in NHSN that clarify CMS reporting requirements and timelines.
- Introduce the NHSN monthly checklist for reporting to CMS.
- Examine analysis opportunities to review CMS mandated data.

NHSN
NHSN Login
About NHSN +
Enroll Here +
Materials for Enrolled Facilities +
Group Users +
Analysis Resources +
Annual Reports
CMS Requirements −
CDC and CMS Issue Joint Reminder on NHSN Reporting
CMS Quality Reporting Programs FAQs
FAQs About NHSN and CMS ESRD QIP Rule

CDC > NHSN

CMS Requirements

CMS Resources for NHSN Users

- Operational Guidance for Acute Care Hospitals
- Operational Guidance for Ambulatory Surgery Centers
- Operational Guidance for PPS-Exempt Cancer Hospitals
- Operational Guidance for Long-term Acute Care Facilities
- Operational Guidance for Inpatient Psychiatric Facilities
- Operational Guidance for Inpatient Rehabilitation Facilities
- Outpatient Dialysis Facilities

Resources

- Healthcare Facility HAI Reporting Requirements to CMS via NHSN Current and Proposed Requirements September 2015 [PDF - 105 KB]
- Reporting Requirements and Deadlines in NHSN per CMS Current Rules September 2015 [PDF - 161 KB]

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www.cdc.gov/nhsn/cms

CMS NHSN HAI Reporting Requirements and Deadlines

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Healthcare Settings	NHSN Event	CMS Reporting Deadlines
Acute Care Facilities that participate in CMS Hospital IQR Program	**CLABSI**	Q1 (Jan.-March): August 15
	Start Q1 2011 - adult, pediatric, and neonatal ICUs	Q2 (April-June): November 15
	Start Q1 2015 - adult and pediatric medical, surgical, and medical/surgical wards	Q3 (Jul.-Sept.): February 15 Q4 (Oct.-Dec.): May 15
Medicare beneficiary number required for all NHSN events for applicable patients beginning July 2014		
	CAUTI	Q1 (Jan.-March): August 15
	Start Q1 2012 - adult and pediatric ICUs	Q2 (April-June): November 15
	Start Q1 2015 - adult and pediatric medical, surgical, and medical/surgical wards	Q3 (Jul.-Sept.): February 15 Q4 (Oct.-Dec.): May 15
	SSI (following COLO Procedures)	Q1 (Jan.-March): August 15
	(Start Q1 2012)	Q2 (April-June): November 15 Q3 (Jul.-Sept.): February 15 Q4 (Oct.-Dec.): May 15

CMS NHSN HAI Reporting Requirements and Deadlines – continued

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Acute Care Facilities that participate in CMS Hospital IQR Program

SSI (following HYST Procedures) (Start Q1 2012)	Q1 (Jan.-March): August 15 Q2 (April-June): November 15 Q3 (Jul.-Sept.): February 15 Q4 (Oct.-Dec.): May 15
MRSA Bacteremia LabID Event (FacWideIN) (Start Q1 2013)	Q1 (Jan.-March): August 15 Q2 (April-June): November 15 Q3 (Jul.-Sept.): February 15 Q4 (Oct.-Dec.): May 15
***C. difficile* LabID Event (FacWideIN)** (Start Q1 2013)	Q1 (Jan.-March): August 15 Q2 (April-June): November 15 Q3 (Jul.-Sept.): February 15 Q4 (Oct.-Dec.): May 15
Healthcare Personnel Influenza Vaccination (Start Q1 2013)	Q4 (Oct.-Dec.) - Q1 (Jan.-March): May 15

CMS NHSN HAI Reporting Requirements and Deadlines – continued

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Additional healthcare settings that you can find reporting requirements and deadlines in this document:

- Outpatient Dialysis Facilities
- Long-term Acute Care Facilities (LTAC)
- Inpatient Rehabilitation Facilities
- Ambulatory Surgical Centers
- Inpatient Psychiatric Facilities
- CMS Prospective Payment System (PPS) Exempt Cancer Facilities

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Annual Reports
CMS Requirements +
National Quality Forum (NQF)
Newsletters
E-mail Updates
Data Validation Guidance

CDC > NHSN

CMS Requirements

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- Reporting Requirements and Deadlines in NHSN per CMS Current Rules September 2015

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CMS Reporting

- Importance of NHSN Reporting
- CLABSI (Acute Care Hospitals)
- CLABSI (PPS-Exempt Cancer Hospitals)
- CLABSI (Long-term Acute Care Facilities)
- CAUTI (Acute Care Hospitals)
- CAUTI (PPS-Exempt Cancer Hospitals)
- CAUTI (Long-term Acute Care Facilities)
- CAUTI (Inpatient Rehabilitation Facilities)
- VAE (Long-term Acute Care Facilities)
- SSI (Acute Care Hospitals)

Importance of NHSN Reporting

- Adherence to the Centers for Disease Control and Prevention's (CDC Infection Definitions and Criteria is Needed to Ensure Accuracy, Completeness, and Comparability of Infection Information

CLABSI (Acute Care Hospitals)

CLABSI (PPS-Exempt Cancer Hospitals)

CAUTI (Acute Care Hospitals)

- How to Report No CAUTI Events for the CMS Inpatient Quality Reportin Program [PDF - 274 KB] May 2015
- Using the "SIR-CAUTI Data for CMS IPPS" Output Option August 2015 [PDF - 423 KB]
- NHSN Monthly Checklist for Reporting to CMS Hospital IQR for Acute Car Hospitals (July 2015) [PDF - 474 KB]

CAUTI (PPS-Exempt Cancer Hospitals)

Resources found at www.cdc.gov/nhsn/cms

NHSN Monthly Checklist for Reporting to CMS Hospital IQR

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	CAUTI	CLABSI	FACWIDEIN LabID Event	SSI	HCP Influenza Vaccination (seasonal)
Monthly Plan	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ CDI ☐ MRSA	☐ COLO ☐ HYST	☐
Seasonal Influenza Vaccination Summary Data					☐
Monthly Denominator Data	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ FACWIDEIN ☐ ED ☐ Observation	☐ COLO ☐ HYST	

*Locations defined and mapped as Adult and Pediatric medical, surgical, and medical/surgical wards.

www.cdc.gov/nhsn/pdfs/cms/ach-monthly-checklist-cms-iqr.pdf

NHSN Monthly Checklist for Reporting to CMS Hospital IQR - continued

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	CAUTI	CLABSI	FACWIDEIN LabID Event	SSI	HCP Influenza Vaccination (seasonal)
If Zero Events or Zero procedures (SSIs only), Report no Events or no Procedures	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ CDI ☐ MRSA	☐ COLO ☐ HYST	
Enter Events	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ CDI ☐ MRSA	☐ COLO ☐ HYST	
Check for Accuracy	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ CDI ☐ MRSA	☐ COLO ☐ HYST	☐
Save quarterly CMS Reports	☐	☐	☐ CDI ☐ MRSA	☐	☐

*Locations defined and mapped as Adult and Pediatric medical, surgical, and medical/surgical wards.

Medicare Beneficiary Number (MBN)

- Beginning July 1, 2014, acute care facilities participating in the Hospital IQR Program, must enter the MBN on all infection event records for Medicare patients.
- MBN not required to be entered on NHSN procedure (denominator) records
  - CMS did not write the rule at this time to include procedures
  - So if a COLO or HYST procedure results in an SSI, MBN must be reported with the SSI event BUT MBN does not need to be entered on the COLO and HYST procedure records at this time
- NHSN provided some additional clarification regarding MBN reporting in the March 2014 NHSN Newsletter

www.cdc.gov/nhsn/PDFs/Newsletters/March-2014.pdf

Analysis Quick Reference Guides

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National Healthcare Safety Network (NHSN)

- NHSN
- NHSN Login
- About NHSN +
- Enroll Here +
- Materials for Enrolled Facilities +
- Group Users +
- Analysis Resources –
  - **Analysis Quick Reference Guides**
  - Annual Reports
- CMS Requirements +
- National Quality Forum (NQF)
- Newsletters

CDC > NHSN > Analysis Resources

Patient Safety Analysis Quick Reference Guides

These quick reference guides were created to help you understand, modify, and interpret your data using the NHSN application's various analysis output (report) options for the NHSN Patient Safety Component. These guides serve as companions to the "Introduction to NHSN Analysis" training slideset.

Analysis Quick Reference Guides

- **General Tips**
- **Troubleshooting Guides**
- **Frequently Requested Output/Reports**
- **Targeted Assessment Prevention (TAP) Strategy Reports**
- **Antimicrobial Use Option Output Types**

Analysis Output Options: CMS Reports

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Expand All | Collapse All

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- Antimicrobial Use and Resistance Module
- CMS Reports
  - Acute Care Hospitals (Hospital IQR)
    - CDC Defined Output
      - SIR - CLAB Data for CMS IPPS
      - SIR - CAU Data for CMS IPPS
      - SIR - Complex 30-Day SSI Data for CMS IPPS
      - SIR - CDI FacwideIN LabID Data for CMS IPPS — Run | Modify
      - SIR - MRSA Blood FacwideIN LabID Data for CMS IPPS — Run | Modify
  - Inpatient Rehabilitation Facilities (IRFQR)
  - Long Term Acute Care Hospitals (LTCHQR)

CMS Reports are available for each reporting program and are intended to mirror the summary-level data submitted to CMS on your behalf, for each quarter.

Analysis Output Options: CMS Reports for IRFs and LTACHs

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- SIRs are available using 2013 data as the baseline
- MRSA and CDI LabID Rate tables are available

CMS Reports
- Acute Care Hospitals (Hospital IQR)
- Inpatient Rehabilitation Facilities (IRFQR)
  - CDC Defined Output
    - SIR - CAU Data for CMS IRF PPS — Run | Modify
    - Rate Table - CAUTI Data for CMS IRF PPS — Run | Modify
    - Rate Table - MRSA Blood LabID Data for IRF PPS — Run | Modify
    - Rate Table - CDI LabID Data for IRF PPS — Run | Modify
- Long Term Acute Care Hospitals (LTCHQR)
  - CDC Defined Output
    - SIR - CLAB Data for CMS LTCH PPS — Run | Modify
    - SIR - CAU Data for CMS LTCH PPS — Run | Modify
    - Rate Table - CLAB Data for CMS LTCH PPS — Run | Modify
    - Rate Table - CAUTI Data for CMS LTCH PPS — Run | Modify
    - Rate Table - MRSA blood LabID Data for LTCH PPS — Run | Modify
    - Rate Table - CDI LabID Data for LTCH PPS — Run | Modify

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Analysis Output Options: CMS Reports for IRFs

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- Device-Associated (DA) Module
  - Central Line-Associated BSI
  - Ventilator-Associated PNEU
  - Ventilator-Associated Events
  - Urinary Catheter-Associated UTI
    - CDC Defined Output

Line Listing - All CAU Events	Run	Modify
Frequency Table - All CAU Events	Run	Modify
Bar Chart - All CAU Events	Run	Modify
Pie Chart - All CAU Events	Run	Modify
Rate Table - CAU Data for ICU-Other/SCA/ONC	Run	Modify
Run Chart - CAU Data for ICU-Other/SCA/ONC	Run	Modify
Rate Table - CAU Data for NICU	Run	Modify
Run Chart - CAU Data for NICU	Run	Modify
Rate Table - CAU Data for LTAC	Run	Modify
Run Chart - CAU Data for LTAC	Run	Modify
Rate Table - CAU Data for IRF	Run	Modify
Run Chart - CAU Data for IRF	Run	Modify
SIR - In-Plan CAU Data	Run	Modify
SIR - All CAU Data	Run	Modify
SIR - CAU Data for Long Term Acute Care	Run	Modify
SIR - CAU Data for Inpatient Rehabilitation Facilities	Run	Modify

If your hospital has a CMS-IRF unit, you will need to run a separate SIR for the data

CLABSI and CAUTI Analysis

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- In addition to each adult and pediatric ICU (beginning 2012), the following locations* (beginning 2015) are included in the CMS IPPS CLABSI and CAUTI SIR's

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

*Per the CMS Final Rule, published August 22, 2014: www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18545.pdf

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Helpful Hints for CMS Quality Reporting

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- All documents related to CMS Quality reporting through NHSN can be found at:

  www.cdc.gov/nhsn/cms/index.html

- Utilize the CMS Reports Output Options within NHSN
  - These data will mirror the data that will be submitted by NHSN to CMS

NOTE: Once a quarter's deadline has passed, no data updates are submitted to CMS.

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Helpful Hints for CMS Quality Reporting - continued

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- Run CMS Reports in NHSN Analysis before each quarterly deadline to view data that will be sent to CMS
  - SAVE/PRINT THESE REPORTS for future reference!
  - Any changes or updates made to your data after the quarterly deadlines will never be sent to CMS and will not be reflected on CMS preview reports
  - However, changes to your data will be reflected in the CMS Reports within NHSN Analysis Options
- Give yourself enough time to enter and review data **before** the quarterly deadlines

CMS Hospital Compare Tool

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CMS Reporting

- CLABSI (Acute Care Hospitals)
- CLABSI (PPS-Exempt Cancer Hospitals)
- CLABSI (Long-term Acute Care Facilities)
- CAUTI (Acute Care Hospitals)
- CAUTI (PPS-Exempt Can

- Hospital Inpatient Quality Reporting Program.
- CMS' Hospital Compare tool
- CMS Inpatient Prospective Payment System (IPPS) Rule
- Changing a CCN withi

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

Hospital Compare Home | About Hospital Compare | About the data | Resources | Help

Home | Share

Find a hospital

A field with an asterisk (*) is required.

* Location

Example: 45802 or Lima, OH or Ohio

ZIP code or City, State or State

Hospital name (optional)

Full or Partial Hospital Name

Search

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Home > Medicare > Acute Inpatient PPS > Acute Inpatient PPS

Acute Inpatient PPS

- Direct Graduate Medical Education (DGME)
- Disproportionate Share Hospital (DSH)
- Excluded Cancer Hospitals
- Hospital Value-Based Purchasing
- Hospital-Acquired Condition Reduction Program (HACRP)
- Indirect Medical Education (IME)
- New Medical Services and New Technologies
- Outlier Payments
- Rural Missio Reduct Progr

Acute Inpatient PPS

Section 1886(d) of the Social Security Act (the Act) sets hospital inpatient stays under Medicare Part A (Hospital In system is referred to as the inpatient prospective paym into a diagnosis-related group (DRG). Each DRG has a p used to treat Medicare patients in that DRG.

The base payment rate is divided into a labor-related and wage index applicable to the area where the hospital is lo nonlabor share is adjusted by a cost of living adjustmen relative weight.

If the hospital treats a high-percentage of low-income p DRG-adjusted base payment rate. This add-on, known as provides for a percentage increase in Medicare payment designed to identify hospitals that serve a disproportiona amount of this adjustment may vary based on the outcom

CMS Inpatient Prospective Payment System (IPPS)

Summary

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- CMS requirements change, it is important to know where to go to validate you are reporting what CMS mandates.
- You always want to check your CMS reportable data before the deadlines by using the CMS analysis reports. (Print and save)
- The CMS Inpatient Prospective Payment System has increased the visibility of infection prevention programs. Penalties for higher than expected HAI rates can effect a facility's reimbursement rate.

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For more information, please contact
HAIProgram@cdph.ca.gov

Thank you

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