

December 2, 2010

## Medicare Pay-for-Reporting Program:

### *New Requirements to Report Central Line-associated Bloodstream Infection Data*

#### AT A GLANCE

##### **The Issue:**

Beginning in January, Medicare will link hospitals' annual inpatient prospective payment system (PPS) update to submission of certain healthcare-associated infection (HAI) data to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). One requirement of the Medicare pay-for-reporting program, officially known as the Hospital Inpatient Quality Reporting Program, dictates that hospitals must use NHSN to collect and report their incidences of central line-associated blood stream infection (CLABSI) to receive a full PPS update for fiscal year (FY) 2013. The information on CLABSI rates for each hospital will be posted later in 2011 on the *Hospital Compare* website, <http://www.hospitalcompare.hhs.gov>.

To help hospitals report the data, the CDC recently updated information on its website regarding participating in NHSN, the agency's secure web-based surveillance system. Enrolling in NHSN to submit the data is free, but requires some time. Many hospitals already have enrolled in NHSN, as 27 states mandate infection reporting through the system. **However, each hospital must carefully evaluate what it needs to do to meet the Medicare reporting requirements**, as the program's requirements may not be identical to your hospital's state requirements.

This advisory shares information about the new measure and provides guidance on how to ensure that you are fulfilling the reporting requirements.

##### **What You Can Do:**

- √ Share this advisory with your quality improvement team, infection control and prevention team, and physician and nursing leaders to prepare them for reporting on this measure for the Medicare program.
- √ Begin the NHSN training and enrollment process as soon as possible if you are not already enrolled in the system.
- √ If you are already enrolled in NHSN, learn how the Medicare reporting requirements may differ from those your state mandates, and what you must do to update your NHSN consent agreement.
- √ Identify quality improvement efforts that you can take to further reduce your CLABSI rate.

##### **Further Questions:**

Please contact Nancy Foster, AHA vice president of quality and patient safety policy, at (202) 626-2337 or [nfoster@aha.org](mailto:nfoster@aha.org) or Beth Feldpush, AHA senior associate director, policy, at (202) 626-2963 or [bfeldpush@aha.org](mailto:bfeldpush@aha.org).

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#### **BACKGROUND**

Hospitals first began publicly reporting quality of care information on heart attack, heart failure and pneumonia patients on the *Hospital Compare* website in 2004. Since then, the amount of information hospitals report has greatly expanded. Beginning in January 2011, hospitals will be required to submit data on the central line-associated blood stream infection (CLABSI) rates as one additional requirement for the Medicare pay-for-reporting program. The CLABSI measure assesses the rate of laboratory-confirmed cases of CLABSI among all adult, pediatric and neonatal intensive care units (ICUs). Hospitals that do not report on this, or any of the other measures, will lose 2 percent of their annual payment update in fiscal year (FY) 2013. Hospitals will need to report on surgical site infections beginning in January 2012 to receive full updates for FY 2014.

The CLABSI measure requires special attention because, unlike the other quality measures, hospitals will not submit the data through their data vendor or the Centers for Medicare & Medicaid Services' (CMS) CART tool. Rather, all hospitals must submit the data through the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) system. CDC will then transfer the data to the Medicare program for display on the *Hospital Compare* website. The same will be true in 2012 for the surgical site infection data.

#### **AT ISSUE**

##### ***Medicare Pay-for-Reporting Program Requirements***

All hospitals paid under the inpatient prospective payment system (PPS) must submit information on the CLABSI measure or they will lose 2 percent of the FY 2013 annual update. Critical access hospitals are not required to report this information, but they may choose to do so voluntarily. The data collection period begins on January 1, 2011. Data for the first quarter of 2011 are due by August 15, 2011, the same due date as for the other Medicare inpatient quality measures. Hospitals must report data for all adult,

pediatric and neonatal ICUs. All hospitals with an ICU must submit information every quarter, regardless of whether they experienced a CLABSI in that quarter.

Hospitals that do not have ICU beds will be required to submit a notice stating so. These hospitals do **not** need to enroll in NHSN at this time. CMS and CDC will release further information on where to find this notice and how and when to submit it, once the details are finalized.

Hospitals do **not** need to sign a new Medicare Notice of Participation form to have their data accepted and reported on *Hospital Compare*.

### **Administrative Steps to Enroll in NHSN**

To report the CLABSI measure, hospitals will have to take several administrative steps above and beyond their usual procedures for reporting quality measure information to the Medicare program. Detailed instructions and all materials that hospitals will need to report this information through the NHSN system can be found at [http://www.cdc.gov/nhsn/cms-ipps-rule\\_training.html](http://www.cdc.gov/nhsn/cms-ipps-rule_training.html).

For those hospitals not already enrolled in NHSN, the CDC has outlined the five steps that must be taken to enroll in the system. It will take hospitals several weeks to complete the enrollment process, and, given the large number of hospitals that will need to enroll in the system, **we encourage hospitals to enroll in NHSN as soon as possible**. There is no specific enrollment deadline; however, hospitals must be enrolled in NHSN prior to submitting any data, which are first due by August 15. The five steps are:

1. Complete NHSN training;
2. Review and accept rules of behavior and facility registration;
3. Obtain and install digital certificate;
4. Complete enrollment forms; and
5. Print, sign, and return consent form.

These steps are outlined in greater detail below.

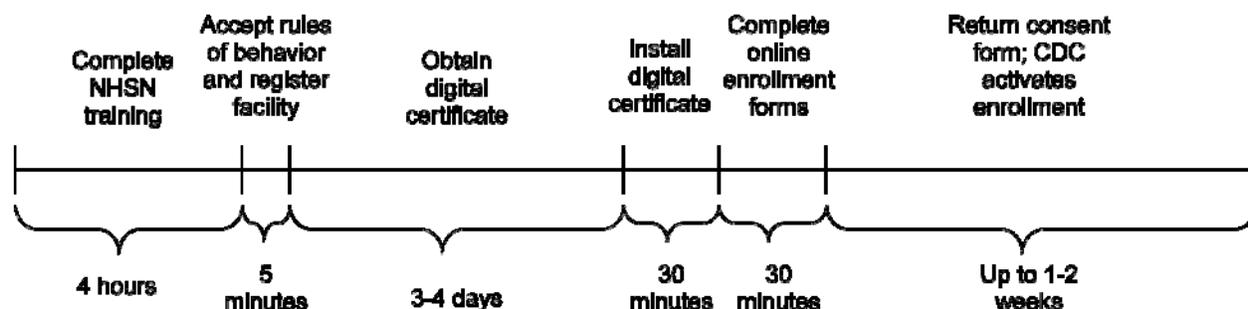
Hospitals will first need to complete the required NHSN training, which includes an overview of NHSN, the CLABSI protocols and enrollment and facility start-up modules. For example, all NHSN users need to be trained in central-line insertion practices, which is available as a training module on the website. CDC estimates that the training will take approximately four hours. It is suggested that hospitals train multiple staff on how to use the NHSN tool to build redundancy into their reporting process.

Next, through the CDC website, hospitals will need to agree to the NHSN rules of behavior and register. After registration is complete, the CDC will e-mail the hospital the website and password to apply for a digital certificate. Once the hospital submits its digital certificate application to CDC, the agency will process it within three-four days. After the request is processed, the hospital will install the digital certificate in its information technology system.

Once the hospital has its digital certificate installed, it can complete the process by enrolling its facility through the CDC website. In the final step in the enrollment process, CDC will e-mail the participation agreement and consent document to the hospital. The hospital must print this document, obtain the required signatures, and fax or mail the agreement to the CDC. The CDC will then activate the hospital's enrollment and notify the hospital that it can access the NHSN reporting tool. CDC anticipates that this final step will take up to one-two weeks.

These steps are outlined in the timeline below.

### Timeline for the NHSN Enrollment Process



### **Updating Enrollment for Hospitals Already Enrolled in NHSN**

Because 27 states mandate reporting of infection rates through NHSN, many hospitals already are enrolled in the system. If you are enrolled, please keep in mind that you will be required to update your NHSN consent form to allow CDC to share your data with CMS for fulfillment of the Medicare requirements and publication on *Hospital Compare*. In December, the CDC will notify by e-mail those hospitals already enrolled in NHSN on how to update the consent form.

### **The New NHSN Consent Form**

Hospitals should note that the CDC's new consent form contains two significant changes. First, by signing the new consent form, hospitals agree to allow CDC to release their CLABSI data to CMS for the Medicare reporting program and publication of the information on *Hospital Compare*. Second, the consent form now contains a provision that would allow CDC to provide the hospital's infection information to the hospital's state health department at the department's request, for surveillance and prevention purposes. The state is not permitted to use the data for regulatory purposes. States requesting data will be required to enter into a signed "data-use" agreement with CDC. State health departments will be required to show that they can protect the data from outside entities. When a state request is accepted by CDC, the involved facilities will be given the option to opt out of submitting some or all of their data to NHSN.

Hospital legal counsel should carefully review the consent agreement before signing it. To make a truly informed decision about the hospital's level of participation in NHSN, the hospital should understand the precise federal and state reporting requirements. Additionally, hospitals should be familiar with their states' peer-review safeguards and

other laws and regulations protecting the confidentiality and admissibility of hospital data. Hospitals should have an understanding of their health departments' policies and procedures for using and safeguarding data.

### ***Additional Information and Resources***

Additional resources and information are available from CDC and CMS. General information on NHSN and the Medicare reporting requirements are available at <http://www.cdc.gov/nhsn/cms-welcome.html> and enrollment and training information can be found at [http://www.cdc.gov/nhsn/cms-ipps-rule\\_training.html](http://www.cdc.gov/nhsn/cms-ipps-rule_training.html). Specific questions for CDC can be directed to [NHSN@cdc.gov](mailto:NHSN@cdc.gov). CDC has indicated that a response will be provided in three-five business days.

CMS has posted additional information on the *QualityNet* website. To see an overview of the CLABSI requirement, a recorded presentation, and a reference guide, go to <http://www.qualitynet.org> and select the "Hospitals – Inpatient" tab. Then select "Healthcare Associated Infections (CLABSI)" to view the materials. Direct questions to CMS can be submitted to [hrgiosc@iaqio.sdps.org](mailto:hrgiosc@iaqio.sdps.org).

## **ACTION CHECKLIST**

- Appoint a lead staff person to coordinate your enrollment in NHSN and the submission of your CLABSI data. This may be the person who usually handles your Medicare pay-for-reporting program data submission. He or she also may be the staff person in charge of your other infection surveillance and reporting activities.
- While we suggest that hospitals have a central lead staff person for this reporting requirement, it also is critical for your quality improvement team and your infection control team to work together to reduce CLABSI and track your progress over time on this measure.
- If your hospital has an ICU and is not yet enrolled in NHSN, begin the enrollment process now by going to [http://www.cdc.gov/nhsn/cms-ipps-rule\\_training.html](http://www.cdc.gov/nhsn/cms-ipps-rule_training.html). Make sure that multiple staff complete the training and have access to the NHSN reporting tool.
- If you are enrolled in NHSN, watch for guidance from the CDC in December on how to update your consent form.
- If you submit infection data to your state, review any differences between what your state requires you to submit and what the Medicare program will require.

- Have your legal counsel review the CDC consent form and decide on a course of action should your state health department request access to data beyond what will be publicly reported on *Hospital Compare* (<http://www.hospitalcompare.hhs.gov>) or your state's website.
- If your hospital does not have an ICU, watch for guidance from CMS on how to notify the agency of that fact.
- Continue your quality improvement work to drive down the rate of CLABSIs in your facility.