

Bulletin 09-004
June 22, 2009

Compliance with Ohio's New Hospital Performance Reporting Regulations

Passed in December 2005, House Bill 197 requires that hospitals report to the Ohio Department of Health (ODH) data on performance measures selected by the director. The purpose of this bulletin is to inform hospitals of the new reporting obligations and bring attention to those requirements that may be problematic for some hospitals.

To:

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I. Background

House Bill 197 established a requirement for hospitals to report both charge and performance information to ODH. There has been no change to the reporting requirements for submission of charge data since implementation in May 2007. To assist ODH in identifying performance measures for reporting, the Hospital Measures Advisory Council (HMAC) issued a report in December 2008 recommending more than 100 performance measures. The department's final rules went into effect after a public hearing and consideration by the Joint Committee on Agency Rule Review (JCARR) on June 1, 2009.

II. Navigating the Rules

To implement this law, ODH drafted three rules that provide the additional details hospitals need to comply with the law. This bulletin provides guidance for hospitals on compliance with the new regulations, however, this bulletin does not cover everything mandated by the rules. Readers should consult the rules and appendices promulgated by ODH.

[3701-14-02](#)

The first rule consists of definitions used throughout the next two rules.

[3701-14-03](#)

This rule establishes the reporting requirements, including timeframes, references to measure specification, use of sampling methodologies and risk adjustment of data.

[3701-14-04](#)

This rule identifies the performance measures that are to be reported by hospitals. The rules include five appendices (labeled A-E), and these documents either identify the names of measures endorsed by national quality organizations, such as Centers for Medicare & Medicaid Services (CMS), Agency for Healthcare Research & Quality (AHRQ), The Joint Commission (TJC), or provide the specifications for those measures not recognized by a national quality organization.

Appendices:



- A- CMS and TJC measures (names only, no specifications)
- B- Health care provider influenza vaccination measure (specification included)
- C- Hand washing and infection control staffing measures (specifications included)
- D- Pediatric measures listed in appendix E (specifications included)
- E- Perinatal and pediatric measures (names only, no specifications)

III. Reporting Timeline

The regulations will require hospitals to begin reporting the vast majority of these measures Oct. 1, 2009. The implementation of data reporting follows a complex schedule with some measures being delayed and some hospitals made exempt until a later date. When reviewing the rules, notice that the rules differentiate between “reporting period quarters” and “calendar quarters” as this can lead to some confusion. The department added language in OAC 3701-14-03 (A)(1) to clarify the difference between “reporting period quarters” and “calendar quarters.”

OHA prepared the attached [spreadsheet](#) to help members understand the reporting schedule, reporting dates and deadlines, but hospitals should be alert to future guidance from OHA and ODH that may modify the current schedule:

Oct. 1, 2009:

- Hospitals must report all measures identified in [appendix A](#) and [appendix C](#).

(There are two exceptions: Only designated stroke centers must report on stroke measures beginning in October; all other hospitals do not begin reporting on stroke measures until October 2012. Additionally, hospitals not currently participating in the hospital consumer assessment of healthcare providers and systems (HCAHPS) do not begin reporting HCAHPS measures until October 2011.)

Oct. 1, 2010:

- Hospitals must report the health care provider influenza vaccination information in [appendix B](#).

Oct. 1, 2011:

- Hospitals must report information on the perinatal and pediatric measures in [appendix E](#). The specifications for these pediatric measures can be found in [appendix D](#).
- Hospitals not currently participating in HCAHPS must begin reporting HCAHPS data. OAC 3701-14-03(A)(5)

Oct. 1, 2012:

- Hospitals that are not designated as stroke centers must begin reporting on stroke measures. OAC 3701-14-03(A)(6)



As required by the regulations, hospitals will report on a biannual basis, reporting on April 1 and Oct. 1 every year. No later than Oct. 1, 2009, hospitals must report on all appendix A measures, by quarter, for calendar year 2008. Following the initial Oct. 1, 2009, report, hospitals are to report the subsequent two quarters of data. For example, no later than April 1 of 2010, hospitals will report data from the first and second quarters of 2009. OAC 3701-14-03

There are three exceptions to the above reporting schedule:

- The acute myocardial infarction (AMI) 30-day mortality measure, which is reported annually in October reflecting a 12-month period ending June 30th. OAC 3701-14-03(D)
- The hand washing and infection control staff measures are reported in April and October, however hospitals are to report information as of the end of the fourth quarter of the reporting period. For example, on Oct. 1, 2009, hospitals would report on the two measures as of Dec. 31, 2008. On April 1, 2010, hospitals would report on the two measures as of June 30, 2009. The reporting schedule for these two measures is an example of the confusion created due to the use of the terminology "reporting quarter" and "calendar quarter." OAC 3701-14-03(C)
- The influenza vaccination measure is collected between September and March and reported annually on Oct. 1. OAC 3701-14-03 (B)(1)

IV. Other Reporting Requirements

In addition to the reporting timeline, OAC 3701-14-03 provides further guidance on the reporting that hospitals should follow. Below are a list of some of the more relevant guidance offered in the rule:

- Children's hospitals are exempt from reporting on measures designed for patients 18 years or older. However, adult hospitals are not exempt from reporting pediatric measures. OAC 3701-14-03 (A)(4)
- The perinatal measure in appendix A shall be collected by the Department of Health through the electronic birth certificate data. OAC 3701-14-03 (E)
- Hospitals are not required to report on services they do not provide. For example, a hospital that does not provide obstetrics will not be required to report on the perinatal measures. OAC 3701-14-03 (F)(1)(a)
- The rules instruct hospitals to use the measure specifications of the entity that developed or endorsed the measure. Hospitals are permitted to use sampling methodologies and risk adjustment as long as these are permissible in the measure specification. OAC 3701-14-03(5)(a-c)
- Hospitals may submit comments regarding the measures and the department will post these comments on the Web site. OAC3701-14-03(H)
- Hospitals may make corrections to the data submitted to the department any time prior to the department posting the information on the Web site. The department is required to post the data within 90 days of receiving it from a hospital. OAC 3701-14-03 (J)
- Hospitals are required to reported amended data on the surgical site infection measures if an infection surfaces following the original submission of information:
 - Hospitals must report if an infection is detected within 30 days after the operation, without an implant.
 - Hospitals must report if an infection is detected within 365 days after an operation with implant in place. OAC 3701-14-03(K) (1-2)



- Hospitals that fail to submit timely reports to the department may be subject to a court ordered injunction requiring the hospital to comply with the reporting requirement. There does not appear to be other penalties for noncompliance with the rules, although noncompliance with a court-ordered injunction could result in penalties imposed by the court that issued the injunction. OAC 3701-14-03(N)

V. Potential Retrospective Reporting and Other Issues

The short timeframe before hospitals must report four quarters of 2008 data on Oct. 1, 2009, raises the possibility that some hospitals will have to retroactively collect data on certain measures. While the vast majority are CMS and TJC measures that hospitals are already reporting, some measures may have to be retroactively collected, including the AHRQ measures, the Center for Disease Control and Prevention-National Healthcare Safety Network (CDC-NHSN) measures and the pediatric measures all found in appendix A.

In addition, the rules do not provide for a minimum cell size for reporting of the data to ODH. OHA staff worked to exempt hospitals with 25 or fewer cases per measure per quarter from being required to report that information to ODH. The department insisted that all measures must be reported to the department regardless of sample size, however, the department committed to only publically *posting* those measures with at least 25 cases per quarter.

In order to reduce the reporting burden for each hospital, OHA has developed a process to retrieve and pre-populate CORE measure and Joint Commission data elements for each member hospital. These measures will appear pre-populated once hospitals access the ODH submission site. This [ODH submission website is now up](#). Each hospital will be given a unique login and password **by ODH**, in order to upload data as well as provide comments for any data elements they submit.

Although some data will be pre-populated by OHA for hospitals, certain data elements do not exist in the public realm and therefore must be submitted via the ODH submission site. These elements are outlined on the ["abbreviated layout" sheet](#), while all elements are shown on the full layout located in the same workbook. Please be advised that all hospitals must access and approve submission of data to the ODH, through accessing the ODH submission site before October 1.

VI. Summary

The new HB 197 rules will dramatically increase performance measure reporting in Ohio beginning Oct. 1, 2009. Because of OHA advocacy, ODH made a number of changes to the regulations but resisted other changes. For example, ODH was not dissuaded by the financial impact hospitals will experience in complying with the rules, and ODH did not accept OHA concerns regarding the problems identified above.

Hospitals that experience problems complying with the new regulations are asked to contact OHA. ODH has agreed to discuss implementation problems and may consider changes to the regulations if warranted by adverse hospital experience.