



Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Quality Reporting (IQR) Program Fiscal Year (FY) 2017 Reference Checklist (Calendar Year [CY] 2015 discharges)

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Hospital IPPS Final Rule for FY 2017

Eligible hospitals must follow requirements outlined in the applicable Inpatient Prospective Payment System (IPPS) Final Rule with comment period. The requirements for fiscal year (FY)

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2017 are published in the *Federal Register* at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Final-Rule-Home-Page.html>.

Hospital IQR Program Data Submission Deadlines for FY 2017

Information on Data Submission Deadlines and Reporting Quarters Used for FY 2017 Payment Determination is available on *Quality Reporting Center* at http://www.qualityreportingcenter.com/wp-content/uploads/2015/01/IQR_Important-Dates-and-Deadlines-Q3-2014-Q4-2015-FINAL-013015.pdf.

These mandatory requirements are due *quarterly*: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data, Population and Sampling, Clinical Process of Care Measures, Healthcare-Associated Infection (HAI) Measures, and Perinatal Care Elective Delivery Measure (PC-01).

These mandatory requirements are due on an *annual basis*: Structural Measures*, Data Accuracy and Completeness Acknowledgement (DACA)*, and Influenza Vaccination Coverage Among Healthcare Personnel (HCP) Measure. (*Denotes the submission period is available April 1, 2015–May 15, 2015)

This *optional* requirement is due on an *annual basis*: electronically Specified Clinical Quality Measures (eCQMs). Hospitals have the option to submit a full calendar year of chart-abstracted data on a quarterly basis or may choose to submit one calendar year quarter of eCQM data from Q1, Q2, or Q3 by November 30, 2015.

Best Practice: Allow ample time, at least 15 calendar days prior to the submission deadline, to correct problems identified from the review of the Provider Participation & Feedback Reports. The *QualityNet Secure Portal* does not allow data to be submitted after the deadline. the Centers for Medicare & Medicaid Services (CMS) allows four and a half months for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline.

Hospital IQR Program Requirements for FY 2017

This information outlines the requirements for subsection (d) hospitals, paid by Medicare under the IPPS, to receive a full Medicare IPPS annual payment update (APU). Hospitals that do not meet Hospital IQR Program requirements receive a one-fourth reduction in their IPPS APU for the applicable calendar year (CY). Under Section 1886(d) of the Social Security Act, CMS makes data collected under the Hospital IQR Program available to the public on *Hospital Compare*.

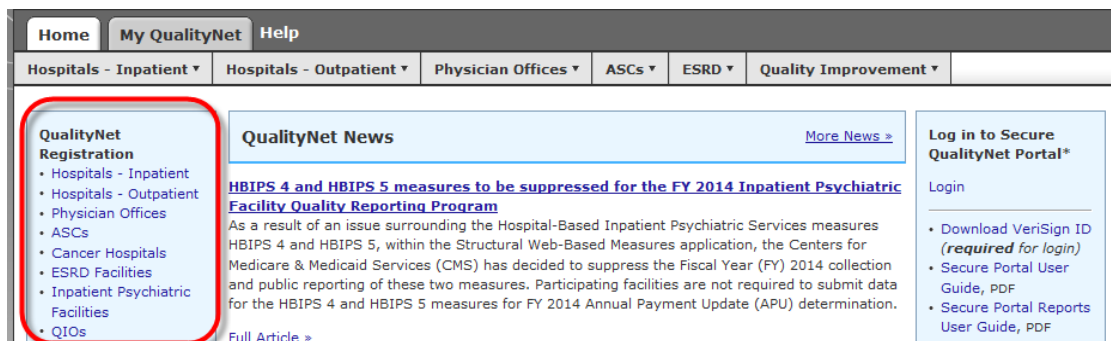
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Hospital IQR Program Requirements Checklist

- Register with *QualityNet*
- Maintain an Active *QualityNet* Security Administrator (SA)
- Complete an Notice of Participation (NoP) (for newly reporting hospitals)
- Submit HCAHPS Data
- Submit Aggregate Population and Sample Size Counts
- Submit Clinical Process of Care Measure Data
- Submit HAI Data, including Influenza Vaccination Coverage Among Healthcare Personnel (HCP) Data
- Submit Perinatal Care Elective Delivery Measure (PC-01) Data
- Complete Structural Measures Information
- Complete the DACA

1. Register with *QualityNet*

Hospitals must register with *QualityNet* before the hospital can submit an NoP and begin reporting data, regardless of the method used for submitting data. *QualityNet* registration directions can be found at www.qualitynet.org. The *QualityNet Secure Portal* is the only CMS-approved website for secure healthcare quality data exchange.



2. Maintain an Active *QualityNet* SA

Hospitals are required to maintain an active *QualityNet* SA at all times. The *QualityNet* SA facilitates the registration process for other users at the organization. Hospitals submitting data via the *QualityNet Secure Portal* or using a vendor to submit data on their behalf are **required** to designate one *QualityNet* SA. It is recommended that *QualityNet* SAs log into their accounts at least once per month to maintain an active account. Accounts that have not been logged into after 120 days will be disabled. Once an account is disabled, the user will need to contact the *QualityNet* Help Desk to have their account reset.

Recommendation: It is highly recommended that hospitals designate at least two *QualityNet* SAs - one to serve as the primary *QualityNet* SA and the other to serve as backup.

3. Complete an NoP (for Newly Reporting Hospitals)

New subsection (d) hospitals and existing hospitals participating in the Hospital IQR Program for the first time must complete a Hospital IQR Program NoP through the *QualityNet Secure Portal* online tool under “*Quality Programs*” then under “*My Tasks*.” Hospitals must designate contacts and include the name and address of each hospital campus sharing the same CMS Certification

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Number (CCN). Hospitals are responsible to maintain and update their staff contacts to CMS at all times. The Hospital Contact Change Form can be found at <http://www.qualityreportingcenter.com/inpatient/iqr/tools/>.

Once a hospital submits an NoP indicating participation in the Hospital IQR Program, it will remain an active Hospital IQR Program participant until a Withdrawal is submitted through the online tool.

4. Submit HCAHPS Data

Hospitals must continuously collect and submit HCAHPS survey data *monthly* in accordance with the current HCAHPS Quality Assurance Guidelines, found at <http://www.hcahpsonline.org/home.aspx>. HCAHPS is a quarterly submission for the IQR Program.

- Hospitals with **five or greater** HCAHPS-eligible discharges in a month must submit the total number of HCAHPS-eligible cases to the CMS Clinical Warehouse for the month as part of the quarterly HCAHPS data submission.
- Hospitals with **five or fewer** HCAHPS-eligible discharges in a month are *not* required to submit HCAHPS surveys for that month. However, hospitals may voluntarily submit these data.
- When a hospital has no HCAHPS-eligible discharges in a given month, the hospital is required to submit a zero for that month as part of the quarterly HCAHPS data submission.

5. Submit Aggregate Population and Sample Size Counts

Hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for each measure set, strata, and/or sub-populations *quarterly* via the *QualityNet Secure Portal*. **NOTE:** Perinatal Care (PC-01) aggregate population and sample size are not broken down by Medicare and non-Medicare discharges, and data are collected through a web-based tool via the *QualityNet Secure Portal* under “*Quality Programs*” then under “*Manage Measures*.”

- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set [Acute Myocardial Infarction (AMI), Emergency Department (ED)/ Immunization (IMM), Stroke (STK)], the combined Venous Thromboembolism (VTE) sub-populations, and Sepsis (as of Q4 2015 discharges) in a quarter are not required to submit patient-level data for that measure set for that quarter. **However, hospitals are required to submit the aggregate population and sample size counts, even if the population is zero.**

NOTE: Leaving the fields blank does not fulfill the requirement. A zero must be submitted even when there are no discharges for a particular measure set.

- Population and Sample size counts are submitted in the *QualityNet Secure Portal* in the Hospital Inpatient Population and Sampling (HIPS) application, which is located under “*Quality Programs*” then under “*My Tasks*” or via an XML file.

6. Submit Clinical Process of Care Measure Data

Hospitals must chart-abstract and submit complete data *quarterly* for each of the required clinical process measure sets:

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- AMI
- ED
- IMM
- STK
- VTE
- Sepsis (as of Q4 2015 discharges)

Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (AMI, ED/IMM, STK), the combined VTE sub-populations, and Sepsis (as of 4Q2015 discharges) in a quarter are not required to submit patient-level data for that measure set for that quarter.

A list of the FY 2017 (CY 2015 discharges) Inpatient Hospital Quality Measures can be located at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier3&cid=1138900298473>.

NOTE: When a vendor submits data for the hospital, the hospital remains accountable for the submission.

For further information, please reference the *Specifications Manual for National Hospital Inpatient Quality Measures* at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1141662756099>.

For CY 2015, hospitals have the option to submit a full calendar year of chart-abstracted data on a quarterly basis or may choose to submit one calendar year quarter of eCQM data from Q1, Q2, or Q3 by November 30, 2015.

Twelve of the Clinical Process of Care measures are also available as eCQMs. Hospitals will need to **successfully** submit data for at least 16 of the 28 eCQMs across three quality domains to meet a **portion** of the IQR Program. A hospital that chooses to submit eCQM data for any of the Clinical Process of Care eCQMs would not need to chart-abstract those measures.

A complete list of the available eCQMs can be found on the CMS website at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_EH_Table_April2014.pdf.

For additional information on eCQMs, please go to <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228773849716>.

NOTE: Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR Program. Hospitals are still required to submit data for the remaining chart-abstracted, web-based, and claims-based measures.

7. Submit HAI Data and HCP Data

Hospitals must collect and submit data *quarterly* to the Centers for Disease Control and Prevention (CDC) through the National Healthcare Safety Network (NHSN), including:

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- Central Line-Associated Bloodstream Infection (CLABSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Surgical Site Infection (SSI) abdominal hysterectomy and colon surgery
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- *Clostridium difficile* infection
- HCP (Data for this measure are submitted once a year by May 15)

NOTE: As of January 1, 2015, acute care hospitals should begin reporting CLABSI and CAUTI data from all patient care locations that are mapped as NHSN adult and pediatric medical, surgical, and medical/surgical wards, in addition to the ongoing reporting from ICUs. The requirement to report from ward locations will be limited to those locations that are mapped as/defined as CDC adult and pediatric medical, surgical, and medical/surgical wards, as listed below:

| 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_P |

Any unit that meets the definition of – and is mapped as – a specific type that is not an ICU, NICU, or one of the six wards listed above (e.g., mapped as orthopedic ward, telemetry ward, step-down unit) will not be required for CMS IPPS reporting in 2015; any data reported from non-required units in NHSN will not be submitted to CMS.

Hospitals that performed nine or fewer of any of the specified colon and abdominal hysterectomy procedures *combined* in the calendar year *prior* to the reporting year can request an HAI exception for SSI measures to fulfill the CMS Hospital IQR Program NHSN reporting requirement.

Hospitals that meet HAI exception requirements may submit an IPPS Measure Exception Form, found at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228760487021>.

For more information, please visit CMS Resources for NHSN Users at <http://www.cdc.gov/nhsn/cms/index.html>.

Questions regarding entering HAI and/or HCP data in the NHSN tool should be submitted to nhsn@cdc.gov. It is recommended that providers sign up for NHSN communications via newsletters and email updates at <http://www.cdc.gov/nhsn/>.

8. Submit PC-01 Data

Hospitals are required to complete the Web-Based Measure questions *quarterly*. The Inpatient Web-Based Measure, Elective Delivery, documents the number of patients with elective vaginal

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deliveries or elective Cesarean sections at more than or equal to (\geq) 37 and less than ($<$) 39 weeks of gestation completed. For more information, please reference The Joint Commission Specifications Manual for PC-01, which can be located at <https://manual.jointcommission.org/>.

These data are manually entered in the *Secure Portal of QualityNet*. They cannot be submitted via an XML file. For more information, please view the Quick Start Guide: Entering Perinatal PC-01 Data into the Secure Portal at <http://www.qualityreportingcenter.com/wp-content/uploads/2014/11/Quick-Start-Guide-Entering-Perinatal-PC-01-Data-into-the-New-Secure-Portal.pdf>. It is important to select the correct Payment Year, which is 2017.

NOTE: Hospitals that do not deliver babies must enter a zero (0) for the Perinatal Care Elective Delivery Measure (PC-01) each discharge quarter.

9. Complete Structural Measures Information

Hospitals are required to complete the Structural Measure questions *on an annual basis* via the *QualityNet Secure Portal* under “*Quality Programs*”; select “*Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR.*” From the screen labeled “*My Tasks*,” locate the blue box with the header “*Manage Measures*” and select the hyperlink “*View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)*.” Select “*Inpatient Structural Measures/DACA*”; under “*Payment Year*,” select 2017 in the drop-down box.

The Structural Measures include:

- Registry for Nursing Sensitive Care
- Registry for General Surgery
- Safe Surgery Checklist

The submission period for completing the Structural Measures is between April 1 and May 15 with respect to the time period of January 1 through December 31 of the preceding year.

10. Complete the DACA

Hospitals are required to sign and complete the DACA *on an annual basis* via the *QualityNet Secure Portal* under “*Quality Programs*” then by selecting “*Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR.*” From the screen labeled “*My Tasks*,” locate the blue box with the header “*Manage Measures*” and select the hyperlink “*View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)*.” Select “*Inpatient Structural Measures/DACA*”; under “*Payment Year*,” select 2017 from the drop-down box.

The DACA is a requirement for hospitals participating in the IQR Program to electronically acknowledge the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge. The submission period for signing and completing the DACA is April 1 through May 15, 2016, with respect to the time period of January 1 through December 31, 2015.

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Hospital IQR Program Additional Information

Data Submission

Data are submitted in different ways, depending on the measure type, which include eCQMs and chart-abstracted, web-based, and claims-based measures. Data submissions must be timely, complete, and accurate. Please find data submission deadlines applicable for the current Hospital IQR Program year on the Hospital IQR Program Important Dates and Deadlines of the *Quality Reporting Center* website at the following link:

<http://www.qualityreportingcenter.com/inpatient/iqr/tools/>.

Clinical data submission is accomplished in one of two ways:

1. CMS Abstraction & Reporting Tool (CART)

OR

- 2. Third party vendor** able to meet the Measurement Specifications for data transmission (XML file format) via the *QualityNet Secure Portal* to the CMS Clinical Warehouse. To authorize a third party vendor to submit data on a hospital's behalf, SAs can access the online authorization process from the *QualityNet Secure Portal*. Vendor authorizations remain in effect until the hospital modifies the authorization. Hospitals using CART do not need to complete a vendor authorization to report data.

NOTES:

- The *Secure Portal* is the only CMS-approved method for the electronic transmission of private data between healthcare providers and CMS for the purposes of the Hospital IQR Program. Data are stored in the CMS Clinical Warehouse.
- All files and data exchanged with CMS via the *Secure Portal* are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The *Secure Portal* meets all current Health Insurance Portability and Accountability Act (HIPAA) requirements.
- Cases in the CMS Clinical Warehouse may be updated until the data submission deadline each quarter. After the deadline, no further updates are accepted for cases in that quarter.
- The Hospital IQR Data Upload role is required to upload data. Registered users can log in to the *Secure Portal* at: https://cportal.qualitynet.org/QNet/pgm_select.jsp. For more information, refer to the *QualityNet* Training located on *QualityNet* at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetBasic&cid=1140190183112>.
- The EHR Data Upload role is required for hospitals or vendors that intend to submit test or production eCQM data. For more information, refer to the eCQM Program Overview located on *QualityNet* at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716t>.

Claims-Based Data

Hospitals report measure information obtained through claims-based data. CMS uses enrollment data as well as Part A and Part B claims for Medicare fee-for-service patients to calculate claims-based measures. No hospital data submission is required to calculate the measure rates, which include:

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- 30-Day Risk-Standardized Mortality Measures (AMI, HF, PN, COPD, STK, and CABG)
- 30-Day Risk-Standardized Readmission Measures (AMI, HF, PN, COPD, STK, CABG and Total Hip Arthroplasty/Total Knee Arthroplasty)
- Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Measure
- Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
- Death Among Surgical Patients with Serious Treatable Complications (Harmonized with Nursing Sensitive Care Measure, Failure to Rescue) (AHRQ PSI-4)
- Complication/Patient Safety for Selected Indicators (PSI) (composite) (AHRQ PSI-90)
- Medicare Spending per Beneficiary (MSPB)
- Payment per Episode of Care (AMI, HF, and PN)

Validation

CMS performs random and targeted provider selection of hospitals participating in the Hospital IQR Program on an annual basis. Selected hospitals meet validation requirements by receiving a Confidence Interval of 75 percent or greater based on the combined chart audit validations for the applicable four quarters. Additional information and documents about data validation are located on *QualityNet* by selecting the Data Validation link from the [Hospitals – Inpatient] tab drop-down (direct link):

www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912.

The quarters included in FY 2017 Validation are Q3 2014, Q4 2014, Q1 2015, and Q2 2015.

Hospitals selected for FY 2017 validation will provide two of four quarterly lists of positive cultures. Hospitals will submit either (but not all four):

- MRSA and CDI Validation Templates

OR

- CLABSI and CAUTI Validation Templates

Validation questions should be directed to: Validation@hcqis.org.

Each quarter, the Clinical Data Abstraction Center (CDAC) will send hospitals a written request to submit a patient medical record for each case and candidate case that CMS selected for validation. Medical Record Submission questions should be directed to:

CDACHelpDesk@hcqis.org.

Hospital Compare

Hospital Compare presents hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals. Hospitals participating in the IQR Program are required to display quality data for public viewing on *Hospital Compare*, www.medicare.gov/hospitalcompare. Prior to the release of data on *Hospital Compare*, hospitals are given the opportunity to review data during a 30-day preview period via the *QualityNet Secure Portal*.

Hospitals that successfully submit eCQM data to CMS will receive an asterisk (*) next to their

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name on *Hospital Compare*, but no measure calculations will be posted.

Reconsideration Process

A reconsideration process is available for hospitals notified that they did not meet Hospital IQR Program requirements and are, therefore, not eligible to receive the full APU. The procedural rules that govern the Hospital IQR Program reconsiderations are posted on the *QualityNet* website at:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FOneTier3&cid=1184627418989>.

Extraordinary Circumstances Extensions/Exemptions Form

CMS offers a process for hospitals to request and for CMS to grant extensions or exemptions to the reporting of required quality data for one or more quarters when there are extraordinary circumstances beyond the control of the hospital. Hospitals must submit Extensions/Exemptions Request forms within **30 days** of the date the extraordinary circumstance occurred for the Hospital IQR Program (90 days for Hospital Value-Based Purchasing). This form is located at:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228762258913>.

Contact Information

Hospital IQR Program SC

The Hospital IQR Program SC supports activities under the Hospital IQR Program, including providing support and feedback to assist hospitals with quality data reporting.

- **Hospital IQR Program Website**

www.qualityreportingcenter.com

This site contains numerous resources concerning reporting requirements including: reference and training materials; tools for data collection, submission, and validation; educational presentations; timelines; and deadlines.

- **Hospital IQR Program SC**

3000 Bayport Drive, Suite 300

Tampa, FL 33607

844.472.4477 or 866.800.8765 (8 a.m. to 8 p.m. ET, Monday through Friday)

iqr@hsag.com

- **Quick Support Reference Card**

<http://www.qualityreportingcenter.com/wp-content/uploads/2014/11/IQR-Quick-Support-Reference-Card.pdf>.

This quick reference tool lists support resources for the Inpatient Questions and Answers Tool, email support, phone support, live chat, secure fax, and more.

- **Contact List of CMS Contractors in the 11 SOW**

This helpful list can be located on our website under Hospital IQR Resources at:

<http://www.qualityreportingcenter.com/resources/tools/iqr/>.

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- **Hospital IQR ListServe**
www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register
Notices generated on the ListServe are used to disseminate timely information related to quality initiatives. *QualityNet* users are urged to register for these email notifications to receive information on enhancements and new releases, timeline or process/policy modifications, and alerts about applications and initiatives.
- **Hospitals-Inpatient Questions/Answers**
<https://cms-ip.custhelp.com>
The Hospital IQR Program SC maintains the Hospitals-Inpatient Questions/Answers knowledge database, which allows users to ask questions, obtain responses from all resolved questions, and search by keywords or phrases.

QualityNet

- **QualityNet Website**
www.qualitynet.org
Established by CMS, the *QualityNet* website provides healthcare quality improvement news, resources, and data reporting tools and applications used by healthcare providers and others. *QualityNet* is the only CMS-approved website for secure communications and healthcare quality data exchange.
- **QualityNet Help Desk**
The *QualityNet* Help Desk assists providers with technical issues such as sending and receiving files in the Secure Portal and *QualityNet* Registration.
1401 50th St., Suite 200
West Des Moines, IA 50266
866.288.8912
qnetsupport@hcqis.org

CMS

- **CMS Website**
www.cms.gov
CMS is the U.S. Department of Health and Human Services' agency responsible for administering Medicare, Medicaid, SCHIP (State Children's Health Insurance Program), and several other health-related programs.

Federal Register

- **Federal Register Website**
www.federalregister.gov
The *Federal Register* is the official daily publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

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