

Reference #: 2023-56-IP

From: Inpatient VIQR Support Contractor

Sent: April 28, 2023

To: IQR Improve

Subject: NOTICE: 4Q 2022 Measures and Annual Data Submission Deadline is **May 15, 2023**

The purpose of this email is to notify hospitals participating in the Centers for Medicare & Medicaid Services (CMS) Inpatient Quality Reporting (IQR) and Hospital Acquired-Condition (HAC) Reduction Programs that the data submission deadline for the following requirements is **May 15, 2023**, at 11:59 p.m. Pacific Time:

- Fourth quarter (4Q) 2022 Chart-Abstracted Clinical measures (SEP-1)
- 4Q 2022 Perinatal Care (PC-01) measure
- 4Q 2022 COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP COVID-19 Vaccination)
- 4Q 2022/1Q 2023 Influenza Vaccination Coverage Among Healthcare Personnel (HCP Influenza Vaccination)
- 4Q 2022 Healthcare-Associated Infection (HAI) measures
- CY 2022 Annual Maternal Morbidity Structural Measure
- CY 2022 Annual Data Accuracy & Completeness Acknowledgement (DACA)

By **May 15, 2023, at 11:59 p.m. Pacific Time**, IQR and HAC Reduction eligible hospitals are required to:

- **UPLOAD CLINICAL DATA** for 4Q 2022 via the [Hospital Quality Reporting Secure Portal](#).

IMPORTANT NOTE: Hospitals can update and correct their submitted clinical data until the IQR submission deadline. After the deadline, the Hospital Quality Reporting (HQR) Secure Portal will be locked, and no further data can be submitted.

- **COMPLETE THE PC-01 SUBMISSION** for 4Q 2022 using the Inpatient Web-Based Data Collection Tool via the [Hospital Quality Reporting Secure Portal](#).

IPPS MEASURE EXCEPTION FORM FOR PC-01 MEASURE: Hospitals that do not deliver babies can submit an [IPPS Measure Exception Form](#). Otherwise, hospitals that do not deliver babies must enter a zero (0) for each of the data-entry fields for each discharge quarter. **PLEASE NOTE:** This form must be renewed annually. For hospitals submitting an IPPS Measure Exception Form for CY 2022, CMS must receive it as soon as possible, but no later than the **May 15, 2023** deadline.

- **SUBMIT HCP COVID-19 VACCINATION DATA** for 4Q 2022 through the National Healthcare Safety Network ([NHSN](#)) application.

IMPORTANT NOTE: Data can be modified in NHSN at any time. However, data that are modified in NHSN after the quarterly submission deadline are not sent to CMS and will not be publicly reported.

- **SUBMIT HCP INFLUENZA VACCINATION DATA** for 4Q 2022 and 1Q 2023 through the National Healthcare Safety Network ([NHSN](#)) application.

IMPORTANT NOTE: Data can be modified in NHSN at any time. However, data that are modified in NHSN after the quarterly submission deadline are not sent to CMS and will not be publicly reported.

- **COMPLETE THE ANNUAL MATERNAL MORBIDITY STRUCTURAL MEASURE SUBMISSION** for Calendar Year (CY) 2022 using the Inpatient Web-Based Data Collection Tool via the [Hospital Quality Reporting Secure Portal](#).

IMPORTANT NOTE: Reporting of the Maternal Morbidity Structural Measure is mandatory for all hospitals. If you do not provide labor/delivery care the Inpatient Prospective Payment System (IPPS) Measure Exception form, that can be used for the PC-01 measure, **cannot** be applied to the structural measure and you will need to provide a response to the structural measure. In this case, you would select N/A.

- **COMPLETE THE ANNUAL DACA SUBMISSION** for CY 2022 using the Inpatient Web-Based Data Collection Tool via the [Hospital Quality Reporting Secure Portal](#). Please refer to the [DACA Quick Reference Guide](#) on *QualityNet* for further information.
- **SUBMIT HAI DATA** for 4Q 2022 through the National Healthcare Safety Network ([NHSN](#)) application.

IPPS MEASURE EXCEPTION FORM FOR HAI MEASURES:

Central Line-Associated Bloodstream Infection (CLABSI) and Catheter-Associated Urinary Tract Infection (CAUTI): Hospitals that do not have a qualifying intensive care unit and also have no adult or pediatric medical, surgical, or medical/surgical wards are **required** to submit an IPPS Measure Exception Form for the CLABSI and CAUTI measures at least annually.

Surgical Site Infection (SSI): 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 are eligible for the SSI measure exception; qualifying hospitals may submit an IPPS Measure Exception Form for SSI-Colon and SSI-Abdominal Hysterectomy at least annually. **If an exception is not requested, SSI data must be reported.**

Qualifying hospitals can file an HAI measure exception using the [IPPS Measure Exception Form](#). **PLEASE NOTE:** This form must be renewed annually. For hospitals submitting an IPPS Measure Exception Form for CY 2022, CMS must receive it as soon as possible, but no later than the **May 15, 2023** deadline.

TIMELY DATA REVIEW: Allow ample time before the deadline to review and, if necessary, correct your data. Data modified in NHSN after the submission deadline are not sent to CMS and will not be used in CMS pay-for-performance programs, including the Hospital Value-Based Purchasing (HVBP) Program and the HAC Reduction Program.

DATA SUBMISSION VERIFICATION: To verify the status of your data submissions, you can run your Provider Participation Report (PPR) and other applicable reports. To verify the status of your HAI data submission, you can run your Facility, State and National Report. You can also verify your HCP vaccination and HAI data submissions by running the appropriate reports in NHSN. Please see the [4Q 2022 Hospital IQR Program Checklist](#) for further information.

IMPORTANT NOTE: The reports and checklist provide a snapshot of pertinent information for overall monitoring of Hospital IQR program requirements. They do not confirm or deny whether a provider qualifies for the annual payment update.

EXTRAORDINARY CIRCUMSTANCES EXCEPTIONS (ECE)

In the event that your hospital is unable to submit data or meet requirements due to an extraordinary circumstance, you may request an individual exception.

- For events impacting your submission of data the ECE must be submitted within 90 calendar days from when you determined that the extraordinary event occurred. The event may occur during the measurement period through the submission or reporting deadline.
- For events adversely impacting your performance, for the HVBP, HRRP, and HAC Reduction Programs, the ECE must be submitted within 90 days of the date of the extraordinary circumstance. At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested. For example, the last day of 4Q 2022 is December 31, 2022. The ECE should be submitted no later than 90 days after the end of 4Q, which would have been **March 31, 2023**. The last day of 1Q 2023 is March 31, 2023. The ECE should be submitted no later than 90 days after the end of 1Q, which would be **June 29, 2023**.

Please refer to the [HACRP](#), [HVBP](#), [HRRP](#), and [IQR](#) resources on *QualityNet* for further information.

HOSPITAL CONTACT INFORMATION: To ensure your hospital receives critical communications about meeting the requirements of the IQR Program (and other CMS quality reporting programs), including submission-deadline reminders and program updates, it is important that we have the complete contact information for the key roles at your hospital. Updates to your contact information can be submitted, if needed, using the [Hospital Contact Change Form](#). This document is available on the *Quality Reporting Center* website (www.qualityreportingcenter.com > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#) > *Forms*).

Please do not respond directly to this email. For further assistance regarding the information contained in this message, please contact the Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Team at https://cmsqualitysupport.servicenowservices.com/qnet_ga?id=ask_a_question or (844) 472-4477.