Reference: 2024-60-IP
From: Inpatient VIQR Support Contractor
Send: May 6, 2023
To: IQR List Group
Subject: CMS Releases Hospital-Specific Reports for Claims-Based Measures that will be Publicly Reported in July 2024

The Centers for Medicare & Medicaid Services (CMS) Hospital-Specific Reports (HSRs) for claims-based measures in the Hospital Inpatient Quality Reporting (IQR) program that will be publicly reported in July 2024 were delivered via the Hospital Quality Reporting (HQR) system. The reports come with user guides with information about the contents of the HSRs.

The following measures are included in the reports:

- 30-Day-Risk-Standardized Readmission Rate (RSRR) following:
    - Acute Myocardial Infarction (AMI) hospitalizations
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Heart Failure (HF) hospitalizations
    - Pneumonia (PN) hospitalizations
    - Coronary Artery Bypass Graft (CABG)
    - Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)
- 30-Day Hospital-Wide, All-Cause Unplanned Readmission Measure (HWR)
- 30-Day Risk-Standardized Mortality Rate (RSMR) following:
    - AMI hospitalizations
    - COPD hospitalizations
    - HF hospitalizations
    - PN hospitalizations
    - Stroke hospitalizations
    - CABG hospitalizations
- Risk-Standardized Complication Measure following THA/TKA
- Risk-Standardized Payment Measures Associated with:
    - A 30-day episode of care for AMI, HF, and PN
    - A 90-day episode of care for THA/TKA
- 30-Day, Risk-Standardized, Condition-Specific Excess Days in Acute Care (EDAC) Measures for AMI, HF, and Pneumonia

This bundle does not include HSRs for the CMS Patient Safety Indicator (PSI) measures in the Hospital IQR Program. CMS PSI measures will be publicly reported in October 2024.

In addition to the HSRs for claims-based measures that will be publicly reported in July 2024, CMS also released procedure-level comma-separated values (CSV) files containing preoperative data for the 2025 Voluntary Reporting (2025 VR) of the Hospital-Level Total Hip/Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure in the Hospital IQR Program. As this measure is voluntarily reported, results will not be publicly reported. The CSVs come with a user guide with information about the contents of the CSV file.

Discharge Periods

Your hospital's results are calculated using data from the following measure-specific discharge periods:

Measure	Discharge Period
30-Day Risk-Standardized Readmission Measures	July 1, 2020, through June 30, 2023
30-Day Hospital-Wide, All-Cause Unplanned Readmission Measure (HWR)	July 1, 2022, through June 30, 2023
30-Day Risk-Standardized Mortality Measures	July 1, 2020 through June 30, 2023
Risk-Standardized Complication Measure following THA/TKA	July 1, 2020, through March 31, 2023
Risk-Standardized Payment Measures: • AMI, HF, PN THA/TKA	July 1, 2020, through June 30, 2023 July 1, 2020, through March 31, 2023
30-Day, Risk-Standardized, Condition-Specific Excess Days in Acute Care Measures	July 1, 2020, through June 30, 2023
THA/TKA PRO-PM	January 1, 2023, through June 30, 2023

Accessing the HSR

You can now download the HSRs for claims-based measures that will be publicly reported in July 2024 from the HQR system.

The HQR system requires users to have a Health Care Quality Improvement System (HCQIS) Access Roles and Profile (HARP) account with access to Managed File Transfer (MFT) to log on. If you currently have a HARP account, visit the HQR login page and log in using your HARP user ID and password. If you do not have a HARP account, you may register for a HARP ID.

Log into the HQR system using your HARP ID credentials and navigate through the steps listed below to access your HSRs for the claims-based measures that will be publicly reported:

- From the left-hand navigation menu, select "Program Reporting"
- Then select "Measure details"
- Here, you can view your hospital specific reports (HSRs)
- Select the release year (e.g., 2024), followed by the program in which you are interested (e.g., IQR/PR). Under "Report," you can see the list of files available for download (e.g., IQR).
- To download a file, select "Export," and the file will be downloaded through your browser. Once downloaded, open the ZIP file to view your site's information.

Log into the HQR system using your HARP ID credentials and navigate through the steps listed below to access your discharge-level CSV file for the TKA/TKA PRO-PM measure:

- From the left-hand navigation menu, select "Measure details"
- Then select the "Measure details view" option
- Select the "IQR" option
- Select the "THA/TKA PRO-PM" option
- From the "Measure details view" page, click the "Export" dropdown on the top right of the screen.
- Select "CSVs (Performance & Record-level data)"

If you have any issues accessing your HSRs or CSV, please contact the Center for Clinical Standards and Quality (CCSQ) Service Center at QNetSupport@cms.hhs.gov, or by calling, toll-free, 866-288-8912

(TRS 711), weekdays from 8:00 a.m. to 8:00 p.m. ET. You can also view a brief instructional video on how to download your reports.

For questions related to HARP registration, please visit the HARP Help webpage or contact qnetsupport@cms.hhs.gov.

Preview Period

The Preview Period will begin May 6, 2024 and end June 4, 2024. The Preview Period enables hospitals to review the results in their HSRs and submit questions about their calculations, but they cannot request corrections to the underlying claims data or add new claims to the data extract during this period. Hospitals can review the data in their HSRs and replicate their results using the information in their HSRs and accompanying user guide.

CMS encourages hospitals to review their HSRs and submit questions about their calculations as soon as possible. Submit all requests for corrections using the QualityNet Question and Answer Tool **no later than 11:59 p.m. PT on June 4, 2024.**

To submit a question using the QualityNet Question and Answer Tool, select "Inpatient Claims-Based Measures" from the program list and "preview period request" as the subtopic under the selected measure. Hospitals should describe each discrepancy and include the following:

- CMS Certification Number (CCN)
- Hospital name
- Hospital address
- Contact's name, phone number, and email address
- Measure or component in question

Hospitals should not include personally identifiable information (PII) or protected health information (PHI) in emails. When referring to the contents of the HSR, use the ID Number.

The procedure-level CSV file for the THA-TKA PRO-PM measure was released for informational purposes only, as the measure's results will **not** be publicly reported in 2024. While hospitals can submit questions about the data in their files through the QualityNet Question and Answer Tool, hospitals are unable to submit a preview period request for the measures since no data will be publicly released.

Additional information

More information about these measures is available on the QualityNet website.