

## CMS Hospital Quality Reporting Program Overview

IQR

### What is the Hospital Inpatient Quality Reporting (IQR) Program?

Under the inpatient prospective payment system (IPPS), CMS gives hospitals a financial incentive to report on the quality of their services and to provide CMS with data to help consumers make informed decisions about their health care. In the Hospital IQR Program, there are mandatory requirements, along with required quality measures, that hospitals must complete quarterly and annually by the specified submission deadlines. Hospitals that do not participate, or that participate but do not comply with program requirements, will receive a one-fourth reduction of the applicable percentage increase in their Annual Payment Update (APU) for the applicable Fiscal Year (FY).

eCQMs

### What are electronic Clinical Quality Measures (eCQMs)?

An eCQM is a clinical quality measure (CQM) that is expressed and formatted to use data from electronic health records (EHRs) and/or health information technology systems to measure health care quality, specifically, data captured in structured formats during the process of patient care. The reporting of eCQMs is a different method of submission that allows hospital EHR systems to configure, extract, and submit CQMs. This helps reduce the need for manual abstraction and allows for consistency in measure reporting. eCQMs are utilized in both the Hospital IQR and Medicare Promoting Interoperability (PI) Programs. Check requirements for both programs to confirm your hospital has successfully completed data submission to meet the respective requirements.

HVBP

### What is the Hospital Value-Based Purchasing (HVBP) Program?

Under the HVBP Program, payment is directly linked to the quality of care provided. The program was designed to promote better clinical outcomes for patients and improve their experience of care within the acute care setting. Measure data are evaluated and scored based on a specific methodology that compares baseline and performance periods and results in individual measure scores, domain scores, and an overall performance score for each hospital. This score equates to an incentive payment to the hospital based on the adjustment factor applied to the base Diagnosis-Related Group (DRG) rate and affects payment for each discharge in the relevant FY. The resulting payment adjustment could increase or reduce payments to the hospital for that FY. Hospitals not participating in the Hospital IQR Program or not complying with program requirements are excluded from the HVBP Program.

IPFQR

### What is the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program?

Under the IPFQR Program, eligible facilities are excluded from payment under the IPPS. The IPFQR Program is a pay-for-reporting program that mandates eligible inpatient psychiatric facilities (IPFs) under the inpatient psychiatric facility prospective payment system (IPF PPS) collect and submit quality measure data to CMS, as well as meet administrative requirements by the annual submission deadline. Eligible IPFs that do not meet one or more program requirements will be at risk of a 2.0 percentage point reduction of their APU for the applicable FY.

PCHQR

### What is the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program?

Under the PCHQR Program, eligible hospitals are excluded from payment under the IPPS. CMS has designated 11 hospitals nationwide as PCHs. The program is intended to encourage hospitals and clinicians to improve the quality of care provided to Medicare beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care. The PCHQR Program comprises multiple types of measures, including Safety and Healthcare-Associated Infection, Clinical Process/Oncology Care Measures, Intermediate Clinical Outcome, Patient Engagement/Experience of Care, Clinical Effectiveness, and Claims-Based Outcome.

PR

### What is Public Reporting (PR)?

Public reporting uses quality data, either submitted by the hospitals or collected from submitted Medicare claims, and displays the data on *Hospital Compare*. *Hospital Compare* is a consumer-oriented website that contains information on how well hospitals provide recommended care to their patients. *Hospital Compare* allows consumers to select multiple hospitals and directly compare performance measure information related to patients' care experiences, complications, deaths, and unplanned readmissions for heart attack, heart failure, pneumonia, stroke, and other conditions. Payment comparisons for like conditions and procedures are also reported. IQR-eligible hospitals automatically have their required measure data displayed on *Hospital Compare*. Hospitals that are not IQR-eligible, such as critical access hospitals (CAHs), have the option to have their data publicly reported.