CMS

Hospital IQR Program Guide for New Facilities

FY 2019 Payment Determination
CY 2017 Reporting Period

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Introduction

Welcome to the CMS Hospital IQR Program!

The Hospital IQR Program SC, under contract with CMS, has been notified that your facility recently received a new CCN. We want to ensure that you are aware of the Hospital IQR Program and its requirements.

The Hospital IQR Program is a quality reporting program. Hospitals participate by submitting data on measures of inpatient quality of care. Hospitals that meet all Hospital IQR Program requirements during a given CY receive a full IPPS APU factor. Those hospitals that do not participate, or participate but fail to meet program requirements, receive a **one-fourth reduction** of the applicable percentage increase in their APU for the applicable FY. Please note that this Hospital IQR Program guide does not specifically address any payment impacts related to the requirements of the Medicare EHR Incentive Program.

Eligible hospitals that would like to participate must submit a completed Notice of Participation to CMS.

- A hospital that has received a new CCN and would like to participate in the program must submit a completed Notice of Participation to CMS no later than 180 days from the date identified as the open date on the approved CMS Quality Improvement Evaluation System.
- A hospital that would like to participate in the program for the first time, or that previously withdrew from the program and would now like to participate again, must submit a completed Notice of Participation to CMS by December 31 of the CY preceding the first quarter of the CY in which data submission is required for any given FY.

NOTE: Hospitals that are merging should download all information, such as facility reports, from the *QualityNet Secure Portal* prior to the merger, as they will not be able to access the information once the merger has occurred and the CCN has been closed in the CMS database.

The Notice of Participation is available through the *QualityNet Secure Portal*. By submitting the Notice of Participation, a facility indicates it will begin submitting data for cases included in the Hospital IQR quality of care measure set, as applicable. The measures in the Hospital IQR Program assess process of care, structure, outcome, patient perspective on care, efficiency, and costs of care that relate to services furnished in inpatient settings.

This guide is specifically for quality reporting for the FY 2019 payment determination and is updated annually. It has been designed to assist you in meeting the requirements of the Hospital IQR Program and includes an outline of the mandatory steps for IQR participation, as well as, information about measures and data submission, including validation and public reporting.

We hope you find this information helpful. Feel free to contact us if you have any questions.

Hospital IQR Program Outreach and Education SC
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Hospital IQR Program Overview

The Hospital IQR Program was developed as a result of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Section 5001(a) of the DRA of 2005 provided new requirements for the Hospital IQR Program, which built on the voluntary Hospital Quality Initiative.

Acute care hospitals paid for treating Medicare beneficiaries under the IPPS can receive the full Medicare APU in accordance with the DRA of 2005. The DRA of 2005 states that the payment update for FY 2007 and each subsequent fiscal year will be reduced for any subsection (d) hospital that does not submit certain quality data in a form and manner, and at a time, specified by the Secretary.

Subsection (d) hospitals do ***not*** include the following:

- Psychiatric hospitals [as defined in section 1861(f) of the Social Security Act]
- Rehabilitation hospitals (as defined by the Secretary)
- Hospitals with inpatients who are predominately individuals under 18 years of age, e.g., children's hospitals
- Hospitals designated as long-term acute care
- Hospitals designated as CAHs
- Hospitals recognized as a comprehensive cancer center or clinical cancer research center

Hospitals not included in the Hospital IQR Program, such as CAHs, are permitted to participate in voluntary reporting. They are able to pledge to participate any time. These facilities may submit data voluntarily and can choose to publicly report or withhold publication of any or all of the data on the CMS *Hospital Compare* website. Please note that CAHs are required to participate in the EHR Incentive Program.

The Hospital IQR Program Outreach and Education SC sends out email alerts, newsletters, and information about upcoming educational events, certain deadline reminders, and other updates and information via contacts in the *QualityNet* ListServe. In order to receive these important communications, sign up for the ListServe at www.qualitynet.org. On the left side of the Home page, there is a blue box with *Join ListServes* as a header. Click on the Sign up for Notifications and Discussions hyperlink, which will take you to the ListServe Registration web page. From here, you can choose multiple program notifications, which you will receive both from us (the Hospital IQR Program Outreach and Education SC) and from *QualityNet* for Hospital IQR notifications.

Hospital IQR Program Requirements for FY 2019 Payment Determination

This section outlines the requirements for subsection (d) hospitals, paid by Medicare under the IPPS, to receive a full APU. Hospitals that do not meet Hospital IQR Program requirements receive a one-fourth reduction of the applicable percentage increase in their IPPS APU for the applicable fiscal year.

Under Section 1886(d) of the Social Security Act, CMS makes data collected under the Hospital IQR Program available to the public. The *Hospital Compare* website 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 Hospital IQR Program are required to have their quality data displayed for public viewing on *Hospital Compare* at www.medicare.gov/hospitalcompare/search.html. 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*.

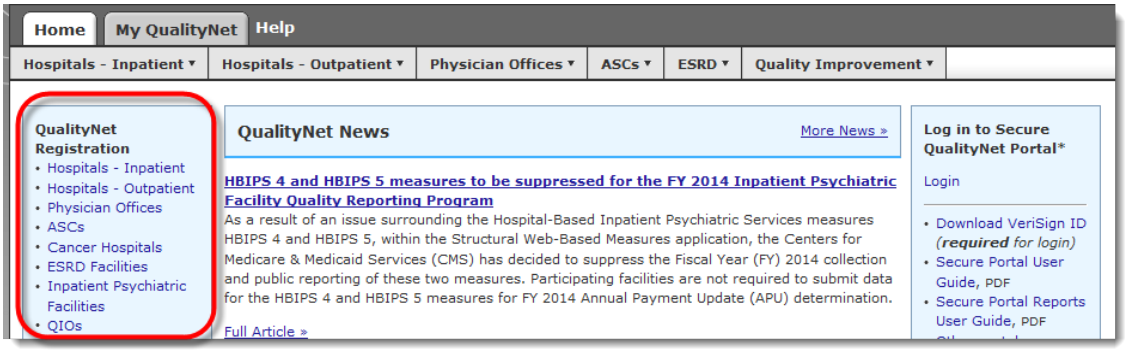
Eligible hospitals must follow requirements outlined in the applicable IPPS final rule with comment period. New and modified requirements are published in the *Federal Register* at https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf and are summarized in the Hospital IQR Program Reference Checklist: FY 2019 Payment Determination/CY 2017 Reporting Period (direct link). See also previously finalized rules for all program requirements.

To avoid a reduction in APU, hospitals **must** adhere to **all** of the following requirements:

1. Register with *QualityNet*
2. Maintain an Active *QualityNet* Security Administrator
3. Complete Notice of Participation (for Newly Reporting Hospitals)
4. Submit HCAHPS Survey Data
5. Submit Aggregate Population and Sample Size Counts for Chart-Abstracted Measures
6. Submit Clinical Process of Care Measure Data (via Chart-Abstraction)
7. Submit Perinatal Care Elective Delivery Measure (PC-01) Data
8. Submit HAI and Influenza Vaccination Coverage Among HCP Data (via NHSN)
9. Submit eCQM Data
10. Complete Structural Measures Information
11. Complete the DACA

1. Register with *QualityNet*

Hospitals must register with *QualityNet* before the hospital can submit a Notice of Participation 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* Security Administrator

Hospitals are required to maintain an active *QualityNet* Security Administrator at all times. The *QualityNet* Security Administrator 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 at least one *QualityNet* Security Administrator. It is recommended that *QualityNet* Security Administrators log into their accounts at least once per month to maintain an active account. Accounts that have been inactive for 120 days will be disabled. Once an account is disabled, the user will need to contact the *QualityNet* Help Desk to have the account reset.

Best Practice: It is highly recommended that hospitals designate at least two *QualityNet* Security Administrators: one to serve as the primary *QualityNet* Security Administrator and the other to serve as backup.

3. Complete Notice of Participation (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 Notice of Participation through the *QualityNet Secure Portal* online tool. Hospitals must designate contacts and include the name and address of each hospital campus sharing the same CCN.

Hospitals are responsible for updating their staff contacts. Please see the Hospital Contact Change Form (direct link).

Once a hospital submits a Notice of Participation 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. When a hospital chooses to withdraw from the Hospital IQR Program, a withdrawal must be submitted **by May 15 prior to the start** of the fiscal year affected. Please note that facilities choosing to withdraw from the Hospital IQR Program will automatically receive a one-fourth reduction of the applicable percentage increase of their APU.

4. Submit HCAHPS Survey Data

Hospitals must collect and submit HCAHPS survey data on a **monthly** basis, in accordance with the current *CAHPS® Hospital Survey (HCAHPS) Quality Assurance Guidelines* found at http://www.hcahpsonline.org/home.aspx. HCAHPS is a **quarterly** submission for the Hospital IQR Program.

5. Submit Aggregate Population and Sample Size Counts for Chart-Abstracted Measures

Hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for **chart-abstracted measures only, quarterly** via the *QualityNet Secure Portal* or via an XML file.

- **Hospitals are required to submit the aggregate population and sample size counts, even if the population is zero.**
- 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.

NOTE: Perinatal Care Elective Delivery (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.*

Population and sample size counts *are not required* for eCQM data. Hospitals are required to submit population and sample size data for all chart-abstracted measures for the Hospital IQR Program.

6. Submit Clinical Process of Care Measure Data (via Chart Abstraction)

Hospitals must chart-abstract and submit complete data **quarterly** for each of the required Clinical Process of Care measures:

- ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients
- ED-2: Admit Decision Time to ED Departure Time for Admitted Patients
- IMM-2: Influenza Immunization
- PC-01: Elective Delivery Prior to 39 Completed Weeks Gestation (please see the *Submit PC-01 Data* section below for specific PC-01 reporting requirements)
- SEP-1: Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
- VTE-6: Incidence of Potentially Preventable Venous Thromboembolism

Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (ED/IMM, SEP, VTE) in a quarter are not required to submit patient-level data for that measure set for that quarter.

For more information, please see the Data Submission (direct link) section of this guide. You may also reference the *Specifications Manual for National Hospital Inpatient Quality Measures* at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099.

For a complete list of measures, please reference the CMS Hospital IQR Program Measures for the FY 2019 Payment Update (direct link).

NOTE: Hospitals that do not have an ED may submit an IPPS Measure Exception Form (direct link). Otherwise, hospitals that do not have an ED must submit ED files for each discharge quarter.

7. Submit Perinatal Care Elective Delivery Measure (PC-01) Data

Hospitals are required to complete the web-based measure (PC-01) questions **quarterly**. The Inpatient web-based measure, Elective Delivery, documents the number of patients with elective vaginal deliveries or elective Cesarean sections at more than or equal to (≥) 37 and less than (<) 39 weeks of gestation completed. For more information on PC-01, please reference the *Specifications Manual for Joint Commission National Quality Measures*, which is located at https://manual.jointcommission.org/.

These data are submitted manually via the *QualityNet Secure Portal* online tool; these data cannot be submitted via an XML file. For more information, please view the *Hospital Inpatient Quality Reporting (IQR) Quick Start Guide: Entering PC-01 Data into the QualityNet Secure Portal*. This document is located on *Quality Reporting Center > Inpatient > Hospital IQR Program > Resources and Tools* at http://www.qualityreportingcenter.com/inpatient/iqr/tools/ and is updated every quarter.

NOTE: Hospitals that do not deliver babies may submit an IPPS Measure Exception Form (direct link). Otherwise, hospitals that do not deliver babies must enter a zero (0) for each of the data entry fields each discharge quarter.

8. Submit HAI and Influenza Vaccination Coverage Among HCP Data (via NHSN)

Hospitals must collect and submit these data **quarterly** to the CDC through the NHSN, including:

- CAUTI
- CLABSI
- Colon and Abdominal Hysterectomy SSI
- MRSA Bacteremia
- CDI

Hospitals must collect and submit data **annually** to CDC through NHSN for the HCP Influenza Vaccination measure. The submission period corresponds to the typical flu season (October 1 – March 31), and data for this measure are due annually by May 15 each year.

NOTE: Hospitals can update/correct their submitted HAI data until the CMS submission deadline, immediately after which the CDC will send the data to CMS. Any updates made in the NHSN tool after the submission deadline will not be reflected in the data CMS uses and cannot be changed.

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.

Helpful Tip: It is recommended that providers sign up for NHSN communications via newsletters and email updates at http://www.cdc.gov/nhsn/.

HAI Measure Exception Information

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 can request an exception from submitting SSI measures to fulfill the CMS Hospital IQR Program HAI reporting requirement.

CAUTI/CLABSI: Acute care hospitals are required to report CAUTI and CLABSI 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_PED

Any unit that meets the definition of – and is mapped as – a specific type that is not an ICU, neonatal ICU, 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 Hospital IQR Program HAI reporting; any data reported from non-required units in NHSN will not be submitted to CMS.

Hospitals that have no units mapped as medical, surgical, medical/surgical, or ICU can request an exception from submitting CAUTI and CLABSI measures to fulfill the CMS Hospital IQR Program HAI reporting requirement.

NOTE: Hospitals that meet HAI exception requirements may submit an IPPS Measure Exception Form (direct link).

9. Submit eCQM Data

For the FY 2019 payment determination/CY 2017 reporting period, hospitals must report at least eight eCQMs. Hospitals are required to self-select and report the **same** eight or more eCQMs for one calendar year, i.e., four quarters of data, by the submission deadline of February 28, 2018.

The eCQM data may be submitted on a quarterly, biannual, or annual basis. Hospitals that successfully submit data for at least eight of the 15 available eCQMs (listed below) via the *QualityNet Secure Portal*, will meet the eCQM requirement for the Hospital IQR Program and the CQM requirement for the Medicare EHR Incentive Program. Successful submission is defined as at least eight eCQMs reported as any combination of the following:

- Accepted QRDA Category I files with patients meeting the Initial Patient Population of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

Electronic Clinical Quality Measures (Must Select at Least Eight)	
Short Name	**Measure Name**
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver
ED-1*	Median Time from ED Arrival to ED Departure for Admitted ED Patients
ED-2*	Admit Decision Time to ED Departure Time for Admitted Patients
EHDI-1a	Hearing Screening Prior to Hospital Discharge
PC-01*	Elective Delivery
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharged on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy by End of Hospital Day Two
STK-6	Discharged on Statin Medication
STK-8	Stroke Education
STK-10	Assessed for Rehabilitation
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis

*Required chart-abstracted measure

NOTE: All hospitals must chart-abstract and report **quarterly** the ED-1, ED-2, and/or PC-01 measures even if they are also selected as one of the eight eCQMs. Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR Program. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, structural, and claims-based measures.

For the reporting of eCQMs, hospital EHR systems must be certified to either the Certified Electronic Health Record Technology 2014 or 2015 Edition; data must be submitted utilizing the QRDA Category I format. QRDA Category I files are submitted to the HQR system through the *QualityNet Secure Portal*. Hospitals/vendors must have the EHR Data Upload role assigned to their *QualityNet* account to submit QRDA Category I files.

Hospitals and vendors are encouraged to utilize the PSVA tool prior to submitting files. Developed in response to demand from the HQR community, the PSVA permits users to validate the file format of QRDA Category I test and production files. The PSVA is a downloadable tool that operates on the user's system and allows the submitter to catch and correct file format errors prior to data submission to CMS. The PSVA tool can be downloaded from the Secure File Transfer section of the *QualityNet Secure Portal*. Users must have the EHR Data Upload role assigned to their *QualityNet* account in order to download/utilize the PSVA.

For additional information on eCQMs, please refer to the *QualityNet* Electronic Clinical Quality Measures (eCQMs) Overview web page.

For information on requirements for the EHR Incentive Program, please visit https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2017ProgramRequirements.html.

10. Complete Structural Measures Information

Hospitals are required to complete the Structural Measures questions **on an annual basis** via the *QualityNet Secure Portal.* The Structural Measures include the following:

- Hospital Survey on Patient Safety Culture
- Safe Surgery Checklist Use

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

11. Complete the DACA

The DACA is a requirement for hospitals participating in the Hospital IQR Program to electronically acknowledge that the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge. The open period for signing and completing the DACA is April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. Hospitals are required to complete and sign the DACA **on an annual basis** via the *QualityNet Secure Portal*.

Data Submission

Data are submitted in different ways, depending on the measure type, which include eCQMs, as well as, 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 under Hospital IQR Program Important Dates and Deadlines of the *Quality Reporting Center* website at the following link: http://www.qualityreportingcenter.com/inpatient/iqr/tools/.

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

Clinical process of care data submission is accomplished in one of two ways:

1. **CART**, which is a powerful application for the collection and analysis of quality improvement data and is available at no charge to hospitals and other organizations. For more information, please refer to the *Hospitals – Inpatient* > *Data Collection (& CART)* web page of *QualityNet*.

   Helpful Tip: Hospitals may use **Paper Tools for Discharge Measures** as optional, informal abstraction mechanisms to assist in data collection for the Hospital IQR Program. Please note that the data abstracted in the paper tools must be converted into the appropriate XML file to be submitted to the *QualityNet Secure Portal*. Facilities cannot submit the paper tools to CMS through the *QualityNet Secure Portal*. For more information, please refer to the *Hospitals – Inpatient* > *Data Collection (& CART)* > *Abstraction Resources* web page on *QualityNet*.

   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, *QualityNet* Security Administrators 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.

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 additional hospital data submission is required to calculate the measure rates.

NOTES:

- The *QualityNet 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 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.

  Important Note: Hospitals can update/correct their submitted clinical data until the CMS submission deadline, immediately after which the warehouse will be locked. Any updates made after the submission deadline will not be reflected in the data CMS uses and cannot be changed.

- 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 web page.

- The EHR Data Upload role is required for hospitals or vendors to upload eCQM data. For more information, please refer to the Electronic Clinical Quality Measures (eCQMs) Overview web page.

Validation

CMS performs a random and targeted selection of IPPS hospitals for Chart-Abstracted Data Validation once a year.

The quarters included in FY 2019 Chart-Abstracted Validation are third quarter 2016 (3Q 2016), fourth quarter 2016 (4Q 2016), first quarter 2017 (1Q 2017), and second quarter 2017 (2Q 2017).

CMS will validate up to eight cases for clinical process of care measures per quarter per hospital. Cases are randomly selected from data submitted to the warehouse by the hospital. Information regarding the measures to be validated may be obtained from the *QualityNet* Data Validation - Overview page.

CMS will validate up to 10 candidate HAI cases total per quarter per hospital. Hospitals selected for FY 2019 validation will be sampled for SSI and will also provide two of four quarterly lists of positive cultures. Hospitals will submit either (but not all four):

- MRSA and CDI Validation Templates

  OR

- CAUTI and CLABSI Validation Templates

Please direct validation questions to validation@hcqis.org.

Each quarter, the CDAC will send hospitals a written request to submit a patient medical record for each case and a candidate case that CMS selected for validation. Medical record submission questions should be directed to the CDAC Help Desk at cdachelpdesk@hcqis.org.

The determination of a validation pass or fail status involves CMS calculating a total score across all quarters included in the validation fiscal year. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement.

The list of selected hospitals, additional information, and documents related to Chart-Abstracted Data Validation are located on *QualityNet* by selecting the *Data Validation* link from the *Hospitals – Inpatient* tab drop-down, or go to http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912.

eCQM Data Validation

Validation of CY 2017-reported eCQM data begins spring 2018 for FY 2020 payment determination.

- Up to 200 hospitals will be selected for eCQM validation via random selection. The following hospitals will be excluded:
  - Any hospital selected for chart-abstracted measure validation

  - Any hospital that has been granted a Hospital IQR Program ECE for the applicable eCQM reporting period

- Thirty-two cases (individual patient-level reports) will be randomly selected from the QRDA Category I files submitted per hospital selected for validation.
- Selected hospitals must submit at least 75 percent of sampled eCQM medical records within 30 days of the date listed on the CDAC medical records request. Timely and complete submission of medical record information will impact FY 2020 payment updates for IPPS hospitals.
- Hospitals are required to submit sufficient patient-level information necessary to match the requested medical record to the original submitted eCQM measure data.
  - Sufficient patient-level information is defined as the entire medical record that sufficiently documents the eCQM measure data elements, including, but not limited to:
    - Arrival date and time
    - Inpatient admission date
    - Discharge date from inpatient episode of care

- The accuracy of eCQM data, i.e., the extent to which data abstracted for validation matches the data submitted in the QRDA Category I files for validation, will not affect a hospital's validation score for the FY 2020 payment determination.

  NOTE: This applies for FY 2020 payment determination only.

The list of selected hospitals for eCQM Data Validation and documents related to eCQM Data Validation will be posted on *QualityNet* when further information becomes available.

Hospital Compare

The CMS *Hospital Compare* website 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 Hospital IQR Program are required to display quality data for public viewing on *Hospital Compare* at www.medicare.gov/hospitalcompare. Prior to the release of data on *Hospital Compare*, hospitals are given the opportunity to review their data during a 30-day preview period via the *QualityNet Secure Portal*.

NOTE: For FY 2019/CY 2017 reporting, any data submitted as an eCQM **will not be posted** on the *Hospital Compare* website. Public reporting of eCQM data will be addressed in future rulemaking.

APU 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 Hospital IQR Program reconsiderations are posted on *QualityNet* at http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1184627418989.

ECE Request Form

CMS offers a process for hospitals to request, and for CMS to grant, extensions or exemptions to the reporting of required quality data – including eCQM data – for one or more quarters when a hospital experiences an extraordinary circumstance beyond the hospital's control.

Non-eCQM-Related ECE Requests

Hospitals may request an extension of, or exemption from, various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data-collection systems that directly affected the ability of facilities to submit data.

For non-eCQM related ECEs, hospitals must submit an Extraordinary Circumstances Extension/Exemption (ECE) Request Form (direct link), with **all** required questions completed **within 90 calendar days** of the extraordinary circumstance.

eCQM-Related ECE Requests

Hospitals may utilize the ECE request form to request an exemption from the Hospital IQR Program eCQM reporting requirement for the applicable program year, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (a hospital is in an area without sufficient Internet access) or unforeseen circumstances, such as vendor issues outside of the hospital's control (including a vendor product losing certification). For further information, please see the eCQM ECE Policy Clarification Questions and Answers (direct link).

For eCQM-related ECE requests only, hospitals must submit an Extraordinary Circumstances Extension/Exemption (ECE) Request Form (direct link) by **April 1, following the end of the reporting period calendar year**. As an example, for data collection for the CY 2017 reporting period (through December 31, 2017), hospitals would have until April 1, 2018, to submit an ECE request.

For hospitals participating in the EHR Incentive Program, information about the EHR Incentive Program requirements and hardship information can be located at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html. Hospitals requesting additional information on the Hardship Exception application process and payment adjustments may email questions to ehrhardship@provider-resources.com. For other questions related to the EHR Incentive Program, please contact the EHRIC Help Desk at (888) 734-6433.

Contact Information and Resources

CMS

CMS Website

www.cms.gov

CMS is the US Department of Health and Human Services agency responsible for administering Medicare, Medicaid, the 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 publication for rules, proposed rules, and notices of federal agencies and organizations, as well as, executive orders and other presidential documents.

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**
  http://www.qualityreportingcenter.com/inpatient/iqr/
  Quality Reporting Center 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**
  (844) 472-4477 or (866) 800-8765 (8 a.m. – 8 p.m. ET, Monday through Friday)
  iqr@hsag.com

- IQR Quick Support Reference Card (direct link)
  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 for CMS Contractors in the 11th SOW (direct link)
  This helpful scope-of-work list can be located on the *Quality Reporting Center* website under *Inpatient* > *Hospital IQR Program* > *Resources and Tools* at http://www.qualityreportingcenter.com/inpatient/iqr/tools/.

- **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, timelines or process/policy modifications, and alerts about applications and initiatives.

- **Hospital Inpatient Questions and Answers**
  https://cms-ip.custhelp.com
  The Hospital IQR Program SC maintains the Hospital Inpatient Questions and Answers knowledge database, which allows users to ask questions, obtain responses from all previously resolved questions, and search by keywords or phrases.

- **eCQM-Specific Resources**
  - **Medicare EHR Incentive Program**
    For assistance related to the Medicare EHR Incentive Program, call the EHRIC Help Desk at (888) 734-6433 (Press Option 1).
  - **eCQI Resource Center**
    https://ecqi.healthit.gov
    The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to eCQI and eCQMs.
  - **eCQM Library**
    https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html
    The eCQM Library contains eCQM specifications for eligible hospitals, CMS QRDA implementation guides, and additional resources.

- **EHR ListServe**
  http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register
  Sign up for the hospital reporting EHR ListServe to receive emails about important issues related to eCQM submission.

QualityNet

- ***QualityNet* Website**
  www.qualitynet.org
  Established by CMS, the *QualityNet* website provides healthcare quality improvement news, resources, as well as, 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 *QualityNet Secure Portal* and *QualityNet* registration.
  12000 Ridgemont Drive
  Urbandale, IA 50323
  Phone: (866) 288-8912
  Fax: (888) 329-7377
  qnetsupport@hcqis.org

Acronyms

AMI	Acute Myocardial Infarction
APU	Annual Payment Update
CAC	Children's Asthma Care
CAH	Critical Access Hospitals
CART	CMS Abstraction & Reporting Tool
CAUTI	Catheter-Associated Urinary Tract Infection
CCN	CMS Certification Number
CDAC	Clinical Data Abstraction Center
CDC	Centers for Disease Control and Prevention
CDI	*Clostridium difficile* Infection
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
DACA	Data Accuracy and Completeness Acknowledgement
DRA	Deficit Reduction Act
ECE	Extraordinary Circumstances Extension/Exemption
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measures
ED	Emergency Department
EHDI	Early Hearing Detection and Intervention
EHR	Electronic Health Record
EHRIC	Electronic Health Record Information Center
FY	Fiscal Year
HAI	Healthcare-Associated Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
HQR	Hospital Quality Reporting
ICU	Intensive Care Unit
IMM	Immunization
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
MRSA	Methicillin-resistant *Staphylococcus aureus*
NHSN	National Healthcare Safety Network
PC	Perinatal Care
PCI	Percutaneous Coronary Intervention
PSVA	Pre-Submission Validation Application
QRDA	Quality Reporting Document Architecture
SC	Support Contractor
SEP	Sepsis
SOW	Scope of Work
SSI	Surgical Site Infection
STK	Stroke
VTE	Venous Thromboembolism
XML	Extensible Markup Language