# Hospital Inpatient Quality Reporting (IQR) Program
## Fiscal Year (FY) 2016 Reference Checklist

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Hospital IQR Program Overview
Acute-care hospitals paid for treating Medicare beneficiaries under the Inpatient Prospective Payment System (IPPS) can receive the full Medicare Annual Payment Update in accordance with the Deficit Reduction Act of 2005. The Act 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.” It goes on to states “The new section 1886(b)(3)(B)(vii) of the Act requires that we establish procedures for making quality data available to the public after ensuring that a hospital has the opportunity to review, in advance, its data that are to be made public.” In addition, the Act requires that hospitals, “report quality measures of process, structure, outcome, and patients’ perspective on care, efficiency, and costs of care that relate to services furnished in inpatient settings…”

Hospital IQR Program Data/Submission Discharge Quarters for FY 2016
Information on Reporting Quarters Used for FY 2016 Payment Determination is available as a link on QualityNet under the Resources for Fiscal Year (FY) 2016 Payment Determination section by selecting the “Hospital Inpatient Quality Reporting Program” link from the [Hospitals – Inpatient] tab drop-down list (direct link):

Best Practice: Allow ample time, at least 10 calendar days prior to the submission deadline, to correct problems identified from the review of the Provider Participation & Feedback Reports with data submission. Information on Important Dates and Deadlines is available as a link on QualityNet under the Resources for Fiscal Year (FY) 2016 Payment Determination section by selecting “Hospital Inpatient Quality Reporting Program” link from the [Hospitals – Inpatient] tab drop-down list (direct link):

Hospital IQR Program Requirements
This information describes how acute-care hospitals paid for treating Medicare beneficiaries, under the acute-care IPPS, can receive the full Medicare Annual Payment Update in accordance with the Deficit Reduction Act of 2005. Beginning with FY 2015, the payment reduction will be one-quarter of the applicable percentage increase (determined without regard to sections 1886(b)(3)(B)(ix), (xi), or (xii) of the Act).

Hospital IQR Program Requirements Checklist
☐ Maintain an Active QualityNet Security Administrator
☐ Complete Notice of Participation (for newly reporting hospitals)
☐ Submit Clinical Process Measure Data
☐ Submit Aggregate Population and Sample Size Counts
☐ Submit Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Data
☐ Submit Healthcare-Associated Infection (HAI) Data
☐ Complete Structural Measures Information
☐ Complete Data Accuracy and Completeness Acknowledgement (DACA)
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 a *QualityNet* Security Administrator. By logging in to the *QualityNet* site at least once a month, the *QualityNet* Security Administrator can maintain an active account for the hospital.

**Recommendation:** 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.

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 Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN).

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.

Procedural Information

- **New Hospitals**
  Hospitals with a new CCN and Medicare Accept Date wishing to participate in the Hospital IQR program for FY 2016 are required to complete the Notice of Participation no later than 180 days from the hospital’s Medicare Accept Date. A hospital must begin submitting data on the first day of the quarter following the date the hospital submits a completed Notice of Participation through the online tool on the *QualityNet Secure Portal*.

- **Existing Hospitals**
  Hospitals not participating in the Hospital IQR Program in FY 2016 that wish to participate in the Hospital IQR Program for the FY 2017 payment determination must submit a completed Notice of Participation to CMS on or before December 31, 2014. Hospitals must begin submitting data beginning with January 1, 2015 discharges.

- **Withdrawal from the Hospital IQR Program**
  Hospitals may withdraw from the Hospital IQR Program for FY 2016 until May 15, 2015, by submitting a withdrawal through the online tool on the *QualityNet Secure Portal*.

Submit Clinical Process Measure Data

Hospitals must submit and/or enter measure data as required by the federal regulations found in the *Federal Register*. Details are available on the CMS website, which can be accessed by selecting the *Medicare* tab, navigating to the Acute Inpatient PPS header, and selecting the applicable fiscal year IPPS Final Rule Home Page link in the left-side navigation pane. Following is a direct link to the 2015 IPPS Final Rule: [www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Final-Rule-Home-Page.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Final-Rule-Home-Page.html).
To meet this requirement, hospitals must:

- Submit complete data for each of the required clinical process measure sets:
  - Acute Myocardial Infarction (AMI);
  - Heart Failure (HF);
  - Pneumonia (PN);
  - Surgical Care Improvement Project (SCIP);
  - Emergency Department (ED);
  - Immunization (IMM);
  - Stroke (STK);
  - Venous Thromboembolism (VTE); and
  - Perinatal Care (PC) (submitted as web-based measure via QualityNet Secure Portal).

Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (AMI, ED/IMM, HF, PN, STK), the combined SCIP strata, and/or the combined VTE sub-populations in a quarter are not required to submit patient-level data for that quarter for that measure set. However, hospitals are required to submit the aggregate population and sample size counts.

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

**Resources**


**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 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.

- Hospitals that have **five or fewer** discharges (both Medicare and non-Medicare combined) for any required measures within a measure set (AMI, ED/IMM, HF, PN, and STK), the combined SCIP strata, and/or the combined VTE sub-populations in a quarter are required to submit the aggregate population and sample size counts.
- Hospitals that have no discharges for a particular measure set are required to submit a zero into the Hospital Inpatient Population and Sampling (HIPS) application or XML. **NOTE:** Leaving the fields blank does not fulfill the requirement.
Submit Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Data

Hospitals must continuously collect and submit HCAHPS survey data in accordance with the current HCAHPS Quality Assurance Guidelines, found on the HCAHPS website at www.hcahpsonline.org.

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

Submit Healthcare-Associated Infection (HAI) Data

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

- 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 (CDI)
- Healthcare Personnel Influenza Vaccination

Hospitals with no ICU location and/or that performed nine or fewer of any of the specified colon and abdominal hysterectomy procedures in the calendar year prior to the reporting year can request an HAI exception for submission of CAUTI, CLABSI, and SSI measures to fulfill the CMS Hospital IQR Program NHSN reporting requirement. Hospitals may submit an HAI Exception form via the QualityNet Secure Portal.

Complete Structural Measures Information

Hospitals submit Structural Measures via the QualityNet Secure Portal. The Structural Measures include:

- Participation in a Systematic Database for Cardiac Surgery
- Participation in a Systematic Clinical Database Registry for Stroke Care
- Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care
- Participation in a Systematic Clinical Database Registry for General Surgery

The FY 2016 submission period for Structural Measures is between April 1, 2015 and May 15, 2015, with respect to the time period of January 1, 2014 through December 31, 2014.

Complete Data Accuracy and Completeness Acknowledgement (DACA)

Hospitals acknowledge all the information submitted as required by the Hospital IQR Program for FY 2016 payment determination is complete and accurate to the best of their knowledge by **May 15, 2015**, with respect to the time period of January 1, 2014 through December 31, 2014.
Hospital IQR Program Additional Information

**QualityNet Registration**

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](http://www.qualitynet.org). The *QualityNet Secure Portal* is the only Centers for Medicare & Medicaid Services (CMS)-approved website for secure healthcare quality data exchange.

**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:

- 30-Day Risk-Standardized Mortality Measures (AMI, HF, and PN);
- 30-Day Risk-Standardized Readmission Measures [AMI, HF, PN, and Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)];
- Risk-Standardized Complication Rate following Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Measure;
- Hospital-Wide All-Cause Unplanned Readmission Measure;
- Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators Composite Measure [PSI-90 Complication/patient safety for selected indicators (composite)];
- AHRQ PSI and Nursing Sensitive Care Measure (PSI-4 Death among surgical inpatients with serious treatable complications); and
- Medicare Spending per Beneficiary.

**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 3Q13 through 2Q14. **NOTE:** There was no HAI validation for 3Q13.

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](http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912).
HAI Validation Templates
Hospitals selected for FY 2016 validation must provide two of four quarterly lists of positive cultures. Hospitals will submit either:
- MRSA and CDI Validation Templates OR
- CLABSI and CAUTI Validation Templates (but not all four).

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. Most of the participants are short-term acute care hospitals that are eligible to receive an incentive payment for voluntary submission of data initially established by Section 501(b) of the Medicare Modernization Act (MMA), and was extended and expanded by Section 5001(a) of the Deficit Reduction Act. Hospital IQR Program participating hospitals are required by the Deficit Reduction Act of 2005 to display quality data for public viewing on Hospital Compare, www.medicare.gov/hospitalcompare.
- To display on Hospital Compare, the hospital characteristics information is required to be complete. Required hospital characteristics include:
  - Hospital address including city, state, and ZIP;
  - Phone number
  - County name;
  - Type of facility;
  - Type of ownership; and
  - Emergency service status.
- Hospitals are encouraged to run a preview report during the quarterly designated preview periods. When the preview report does not display the hospital’s characteristics, the hospital should contact its state survey agency CASPER coordinator to complete the information. A list of the CASPER coordinators is available from the Hospital Compare Home page by selecting the [Resources] button and then selecting the “CASPER/ASPEN Contact” link from the left-side navigation pane (direct link): www.medicare.gov/HospitalCompare/Resources/CASPER.aspx.
- If the hospital’s state survey agency is unable to make the needed change, the hospital should contact its CMS regional office.

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).