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**Hospital IPPS Final Rule for FY 2018**


**Hospital IQR Program Data Submission Deadlines for FY 2018**

Information on Data Submission Deadlines and Reporting Quarters Used for FY 2018 Payment Determination is available on the *Quality Reporting Center > Hospital IQR Program > Resources and Tools* page at [http://www.qualityreportingcenter.com/inpatient/iqr/tools/](http://www.qualityreportingcenter.com/inpatient/iqr/tools/), under the *Hospital IQR Program Requirements > Fiscal Year 2018 (Calendar Year 2016)* section.

These mandatory requirements are due *quarterly*:
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Data
- Population and Sampling (for chart-abstracted measures only)
- Clinical Process of Care Measures
- Healthcare-Associated Infection (HAI) Measures
- Perinatal Care Elective Delivery Measure (PC-01)

These mandatory requirements are due *annually* (Submission period is April 1, 2016—May 15, 2016):
- Structural Measures
- Data Accuracy and Completeness Acknowledgement (DACA)
- Influenza Vaccination Coverage Among Healthcare Personnel (HCP) Measure

A new requirement for FY 2018 is that hospitals must report at least four electronic Clinical Quality Measures (eCQMs). Hospitals are required to submit one quarter of eCQM data from either Quarter 3 or Quarter 4 of CY 2016 with a submission deadline of February 28, 2017.

**Best Practice**: Submit data early, at least 15 calendar days prior to the submission deadline, to correct problems identified from the review of the Provider Participation & Feedback Reports. The *QualityNet Secure Portal* does not allow data to be submitted after the deadline. The Centers for Medicare & Medicaid Services (CMS) allows four and a half months for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline.

**Hospital IQR Program Requirements for FY 2018**

This information outlines the requirements for subsection (d) hospitals, paid by Medicare under the IPPS, to receive a full Medicare IPPS annual payment update (APU). Hospitals that do not meet Hospital IQR Program requirements receive a one-fourth reduction in their IPPS APU for the applicable fiscal year (FY). Under Section 1886(d) of the Social Security Act, CMS makes data collected under the Hospital IQR Program available to the public on *Hospital Compare*.
CMS Hospital IQR Program
FY 2018 Reference Checklist
(CY 2016 Discharges)

Hospital IQR Program Requirements Checklist

☐ Register with QualityNet
☐ Maintain an Active QualityNet Security Administrator (SA)
☐ Complete an Notice of Participation (NoP) (for newly reporting hospitals)
☐ Submit HCAHPS Data
☐ Submit Aggregate Population and Sample Size Counts
☐ Submit Clinical Process of Care Measure Data
☐ Submit Perinatal Care Elective Delivery Measure (PC-01) Data
☐ Submit HAI and HCP Influenza Vaccination Data
☐ Submit eCQM Data (minimum of four measures) (New for FY 2018)
☐ Complete Structural Measures Information
☐ Complete the DACA

1. Register with QualityNet
First, a hospital must register for a QualityNet account. 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 (SA)
Hospitals are required to maintain an active QualityNet SA at all times. The QualityNet SA 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 one QualityNet SA. It is recommended that QualityNet SAs log into their accounts at least once per month to maintain an active account. Accounts that have not been logged into after 120 days will be disabled. Once an account is disabled, the user will need to contact the QualityNet Help Desk to have their account reset.

Best Practice: It is highly recommended that hospitals designate at least two QualityNet SAs - one to serve as the primary QualityNet SA and the other to serve as backup.

3. Complete an Notice of Participation (NoP) (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 NoP through the QualityNet Secure Portal online tool under “Quality Programs” then under “My Tasks.” Hospitals must designate contacts and include the name and address of each hospital campus sharing the same CMS Certification Number (CCN).
Hospitals are responsible for updating their staff contacts. The Hospital Contact Change Form can be found at [http://www.qualityreportingcenter.com/wp-content/uploads/2015/05/Hospital-Contact-Correction-Form-5.7.15.pdf](http://www.qualityreportingcenter.com/wp-content/uploads/2015/05/Hospital-Contact-Correction-Form-5.7.15.pdf) (direct link).

Once a hospital submits an NoP indicating participation in the Hospital IQR Program, it will remain active until a Withdrawal is submitted through the online tool.

4. **Submit HCAHPS Data**

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

- Hospitals with five or greater HCAHPS-eligible discharges in a month must submit the total number of HCAHPS-eligible cases for the month as part of the quarterly HCAHPS data submission.
- Hospitals with five or fewer HCAHPS-eligible discharges in a month are not required to submit HCAHPS surveys for that month. However, hospitals may voluntarily submit these data.
- If a hospital has no HCAHPS-eligible discharges in a given month, the hospital is required to submit a zero for that month as part of the quarterly HCAHPS data submission.

5. **Submit Aggregate Population/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](http://www.hcahpsonline.org/home.aspx) quarterly via the [QualityNet Secure Portal](http://www.hcahpsonline.org/home.aspx). NOTE: Perinatal Care (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 under “Quality Programs” then under “Manage Measures.”](http://www.hcahpsonline.org/home.aspx)

- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set [Emergency Department (ED)/Immunization (IMM), Sepsis (SEP), Stroke (STK)], and/or the combined Venous Thromboembolism (VTE) sub-populations in a quarter are not required to submit patient-level data for that measure set for that quarter. **However, hospitals are required to submit the aggregate population and sample size counts, even if the population is zero.**

  **NOTE:** 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.

- Population and Sample size counts are submitted in the [QualityNet Secure Portal](http://www.hcahpsonline.org/home.aspx) in the Hospital Inpatient Population and Sampling (HIPS) application, which is located under “Quality Programs” and then under “My Tasks” or via an XML file.

**Population and Sample size counts ARE NOT REQUIRED for eCQM data.** Beginning with the FY 2018 payment determination, hospitals will be required to submit population and sample size data only for those measures that a hospital submits as chart-abstracted measures under 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 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: Early Management Bundle, Severe Sepsis/Septic Shock
- STK-4: Thrombolytic Therapy
- VTE-5: Venous Thromboembolism Discharge Instructions
- 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, STK) and the combined VTE sub-populations in a quarter are not required to submit patient-level data for that measure set for that quarter.

**NOTE:** As of Q3 2015 discharges, hospitals that do not have an Emergency Department (ED) may submit an [IPPS Measure Exception Form](https://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=OnetPublic%2FPage%2FQualityNetTier2&cid=1138115987129), located on Quality Reporting Center; this form is also available on QualityNet at [https://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=OnetPublic%2FPage%2FQualityNetTier2&cid=1138115987129](https://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=OnetPublic%2FPage%2FQualityNetTier2&cid=1138115987129). Otherwise, hospitals that do not have an ED must submit ED files each discharge quarter.


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


7. Submit PC-01 Data
Hospitals are required to complete the Web-Based Measure 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 \((\geq)\ 37\) and less than \((<)\ 39\) weeks of gestation completed. For more information on PC-01, please reference the *Specifications Manual for Joint Commission National Quality Core Measures*, which can be located at [https://manual.jointcommission.org/](https://manual.jointcommission.org/).

These data are manually entered in the Secure Portal of QualityNet. They cannot be submitted via an XML file. For more information, please view the *Quick Start Guide: Entering Perinatal...*
PC-01 Data into the Secure Portal. This document is housed on Quality Reporting Center > Hospital IQR Program > Resources and Tools and is updated every quarter. It is important to select the correct Payment Year, which is 2018.

NOTE: As of Q3 2015 discharges, hospitals that do not deliver babies may submit an IPPS Measure Exception Form (direct link), located on Quality Reporting Center; this form is also available on QualityNet at https://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=QnetPublic%2FPage%2FQn etTier2&cid=1138115987129. Otherwise, hospitals that do not deliver babies must enter a zero (0) for each of the data entry fields each discharge quarter.

8. Submit Healthcare-Associated Infection (HAI) and Healthcare Personnel (HCP) Influenza Vaccination Data

Hospitals must collect and submit data quarterly 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
- SSI Colon Surgery
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- *Clostridium difficile* Infection (CDI)
- HCP Influenza Vaccination (Data for this measure are due annually by May 15)

NOTE: As of January 1, 2015, acute care hospitals are required to report CLABSI and CAUTI 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:

<table>
<thead>
<tr>
<th>CDC Location Label</th>
<th>CDC Location Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Ward</td>
<td>IN:ACUTE:WARD:M</td>
</tr>
<tr>
<td>Medical/Surgical Ward</td>
<td>IN:ACUTE:WARD:MS</td>
</tr>
<tr>
<td>Surgical Ward</td>
<td>IN:ACUTE:WARD:S</td>
</tr>
<tr>
<td>Pediatric Medical Ward</td>
<td>IN:ACUTE:WARD:M_PED</td>
</tr>
<tr>
<td>Pediatric Medical/Surgical Ward</td>
<td>IN:ACUTE:WARD:MS_PED</td>
</tr>
<tr>
<td>Pediatric Surgical Ward</td>
<td>IN:ACUTE:WARD:S_P</td>
</tr>
</tbody>
</table>

Any unit that meets the definition of – and is mapped as – a specific type that is not an ICU, NICU, 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 IPPS reporting in 2016; any data reported from non-required units in NHSN will not be submitted to CMS.

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 HAI exception for SSI measures to fulfill the CMS Hospital IQR Program NHSN reporting requirement.
Hospitals that meet HAI exception requirements may submit an IPPS Measure Exception Form (direct link), located on Quality Reporting Center. This form is accessible on the QualityNet > Hospitals – Inpatient > Healthcare-Associated Infections page at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021, by clicking the Inpatient Prospective Payment System (IPPS) Measure Exception Form link.

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


New for the FY 2018 payment determination is the requirement that hospitals must report at least four electronic Clinical Quality Measures (eCQMs). Hospitals are required to submit one quarter of eCQM data from either Quarter 3 or Quarter 4 of CY 2016 with a submission deadline of February 28, 2017. Hospitals will need to select and successfully submit data for at least four of the 28 eCQMs available, which are listed below.

<table>
<thead>
<tr>
<th>Electronic Clinical Quality Measures (must select at least 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI-2 Aspirin Prescribed at Discharge for AMI</td>
</tr>
<tr>
<td>AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</td>
</tr>
<tr>
<td>AMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
</tr>
<tr>
<td>AMI-10 Statin Prescribed at Discharge</td>
</tr>
<tr>
<td>CAC-3 Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver</td>
</tr>
<tr>
<td>ED-1* Median Time from ED Arrival to ED Departure for Admitted ED Patients</td>
</tr>
<tr>
<td>ED-2* Admit Decision Time to ED Departure Time for Admitted Patients</td>
</tr>
<tr>
<td>EHDI-1a Hearing Screening Prior to Hospital Discharge</td>
</tr>
<tr>
<td>HTN Healthy Term Newborn</td>
</tr>
<tr>
<td>PC-01* Elective Delivery Prior to 39 Completed Weeks Gestation.</td>
</tr>
<tr>
<td>PC-05 Exclusive Breast Milk Feeding and the subset measure: PC-05a Exclusive Breast Milk Feedings considering Mother’s Choice</td>
</tr>
<tr>
<td>PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient</td>
</tr>
<tr>
<td>SCIP-Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</td>
</tr>
<tr>
<td>SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients</td>
</tr>
<tr>
<td>SCIP-Inf-9 Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery being Day Zero</td>
</tr>
<tr>
<td>STK-2 Discharged on Antithrombotic Therapy</td>
</tr>
<tr>
<td>STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
</tr>
<tr>
<td>STK-4* Thrombolytic Therapy</td>
</tr>
<tr>
<td>STK-5 Antithrombotic Therapy By End of Hospital Day 2</td>
</tr>
<tr>
<td>STK-6 Discharged on Statin Medication</td>
</tr>
<tr>
<td>STK-8 Stroke Education</td>
</tr>
<tr>
<td>STK-10 Assessed for Rehabilitation</td>
</tr>
<tr>
<td>VTE-1 Venous Thromboembolism Prophylaxis</td>
</tr>
<tr>
<td>VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis</td>
</tr>
<tr>
<td>VTE-3 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy</td>
</tr>
</tbody>
</table>
Electronic Clinical Quality Measures (must select at least 4)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE-4</td>
<td>Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram</td>
</tr>
<tr>
<td>VTE-5*</td>
<td>Venous Thromboembolism Discharge Instructions</td>
</tr>
<tr>
<td>VTE-6*</td>
<td>Incidence of Potentially Preventable Venous Thromboembolism</td>
</tr>
</tbody>
</table>

*Required chart-abstracted measure

Please note that if ED-1, ED-2, PC-01, STK-4, VTE-5, and/or VTE-6 are selected as one of the four eCQMs, they must also be chart-abstracted for a full calendar year.

The National Quality Strategy (NQS) domain distribution will NOT be required. For the reporting of eCQMs, hospital electronic health record systems must be certified to either the CEHRT 2014 or 2015 Edition and data must be submitted utilizing the Quality Reporting Document Architecture (QRDA) Category I format.

For additional information on eCQMs, please go to [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716).

NOTE: 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.

10. Complete Structural Measures Information

Hospitals are required to complete the Structural Measure questions on an annual basis via the QualityNet Secure Portal under “Quality Programs”; select “Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR.” From the screen labeled “My Tasks,” locate the blue box with the header “Manage Measures” and select the hyperlink “View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA).” Select “Inpatient Structural Measures/DACA”; under “Payment Year,” select 2018 in the drop-down box.

The Structural Measures include:
- Patient Safety Culture (New for FY 2018)
- Registry for Nursing Sensitive Care
- Registry for General Surgery
- Safe Surgery Checklist

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

11. Complete the DACA

Hospitals are required to sign and complete the DACA on an annual basis via the QualityNet Secure Portal under “Quality Programs” then by selecting “Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR.” From the screen labeled “My Tasks,” locate the blue box with the header “Manage Measures” and select the hyperlink “View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA).” Select “Inpatient Structural Measures/DACA”; under “Payment Year,” select 2018 from the drop-down box.
The DACA is a requirement for hospitals participating in the IQR Program to electronically acknowledge the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge. The submission period for signing and completing the DACA is April 1 through May 15, with respect to the time period of January 1 through December 31.

Hospital IQR Program Additional Information

Data Submission

Data are submitted in different ways, depending on the measure type, which include eCQMs and 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 on the Hospital IQR Program Important Dates and Deadlines of the Quality Reporting Center website at the following link:


Clinical data submission is accomplished in one of two ways:

1. CMS Abstraction & Reporting Tool (CART)

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, SAs 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.

NOTES:

- The 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 (HIPAA) 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.
- 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 located on QualityNet at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetBasic&cid=1140190183112.
- The EHR Data Upload role is required for hospitals or vendors to upload eCQM data. For more information, refer to the eCQM Program Overview located on QualityNet at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716.
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:

<table>
<thead>
<tr>
<th>Claims-Based Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORT-30-AMI</td>
</tr>
<tr>
<td>MORT-30-HF</td>
</tr>
<tr>
<td>MORT-30-PN</td>
</tr>
<tr>
<td>MORT-30-COPD</td>
</tr>
<tr>
<td>MORT-30-STK</td>
</tr>
<tr>
<td>READM-30-AMI</td>
</tr>
<tr>
<td>READM-30-HF</td>
</tr>
<tr>
<td>READM-30-PN</td>
</tr>
<tr>
<td>READM-30-THA/TKA</td>
</tr>
<tr>
<td>READM-30-HWR</td>
</tr>
<tr>
<td>READM-30-COPD</td>
</tr>
<tr>
<td>MSPB</td>
</tr>
<tr>
<td>AMI Payment</td>
</tr>
<tr>
<td>HF Payment</td>
</tr>
<tr>
<td>PN Payment</td>
</tr>
<tr>
<td>Hip/Knee Complications</td>
</tr>
<tr>
<td>PSI-4</td>
</tr>
<tr>
<td>PSI-90</td>
</tr>
<tr>
<td>THA/TKA Payment (New for FY 2018)</td>
</tr>
<tr>
<td>AMI Excess Days (New for FY 2018)</td>
</tr>
<tr>
<td>HF Excess Days (New for FY 2018)</td>
</tr>
</tbody>
</table>

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 the applicable four quarters. Additional information and documents about data validation are located on QualityNet by selecting the Data Validation link from the Hospitals – Inpatient tab drop-down (www.qualitynet.org/dcs/ContentServer?c=Page&pagemenu=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912).
The quarters included in FY 2018 Validation are Q3 2015, Q4 2015, Q1 2016, and Q2 2016.

Hospitals selected for FY 2018 validation will provide two of four quarterly lists of positive cultures. Hospitals will submit either (but not all four):

- MRSA and CDI Validation Templates

**OR**

- CLABSI and CAUTI Validation Templates

Please direct Validation questions to Validation@hcqis.org.

Each quarter, the Clinical Data Abstraction Center (CDAC) will send hospitals a written request to submit a patient medical record for each case and candidate case that CMS selected for validation. Medical Record Submission questions should be directed to CDACHelpDesk@hcqis.org.

**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. Hospitals participating in the IQR Program are required to display quality data for public viewing on *Hospital Compare*, www.medicare.gov/hospitalcompare. 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*.

**NOTE:** For CY 2016/FY 2018 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 the CY 2017/FY 2019 rule following the conclusion and assessment of the validation pilot.

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

**Extraordinary Circumstances Extension/Exemption (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 for one or more quarters when there are extraordinary circumstances beyond the control of the hospital. Hospitals must submit Extraordinary Circumstances Extension/Exemption (ECE) Request Forms within **30 days** of the date the extraordinary circumstance occurred for the Hospital IQR Program (90 days for Hospital Value-Based Purchasing).

**NOTE (New for FY 2018):** Effective starting with the FY 2018 payment determination, hospitals may utilize the existing ECE Request Form to request an exemption from the Hospital IQR Program’s electronic Clinical Quality Measure (eCQM) reporting requirement for the
applicable program year based on hardships preventing hospitals from electronically reporting. Such hardships could include, but are not limited to, infrastructure challenges (hospitals must demonstrate that they are in an area without sufficient Internet access or face insurmountable barriers to obtaining infrastructure) or unforeseen circumstances, such as vendor issues outside of the hospital’s control (including a vendor product losing certification).

In addition, hospitals newly participating in the Hospital IQR Program, that are required to begin data submission under Hospital IQR Program procedural requirements at 42 CFR 412.140(c)(1), which describes submission and validation of Hospital IQR Program data, may also be considered undergoing hardship and can apply for an exemption.

The ECE Request Form is located on the QualityNet > Hospitals – Inpatient > Hospital Inpatient Quality Reporting Program > Extraordinary Circumstances Form page at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemenu=QnetPublic%2FPage%2FQnetTier3&cid=1228762258913, under the Extraordinary Circumstances Extensions/Exemptions Request section, by clicking on the Extraordinary Circumstances Extensions/Exemptions Request form link. The form may also be located on the Quality Reporting Center website at http://www.qualityreportingcenter.com/wp-content/uploads/2016/01/Extraordinary-Circumstances-Form-Final-03.03.2015-fF1.pdf (direct link).

**Contact Information**

**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**
  [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com)
  This site 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**
  3000 Bayport Drive, Suite 300
  Tampa, FL 33607
  844.472.4477 or 866.800.8765 (8 a.m. to 8 p.m. ET, Monday through Friday)
  iqr@hsag.com

- **Quick Support Reference Card**
  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 of CMS Contractors in the 11th SOW**
  This helpful list can be located on our website under Hospital IQR Resources at: [http://www.qualityreportingcenter.com/resources/tools/iqu/](http://www.qualityreportingcenter.com/resources/tools/iqu/).
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, timeline or process/policy modifications, and alerts about applications and initiatives.

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

QualityNet

- **QualityNet Website**
  www.qualitynet.org
  Established by CMS, the QualityNet website provides healthcare quality improvement news, resources, and 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 Secure Portal and QualityNet Registration.
  12000 Ridgemont Drive
  Urbandale, IA 50323
  Phone: 866.288.8912
  Fax: 888.329.7377
  qnetsupport@hcqis.org

CMS

- **CMS Website**
  www.cms.gov
  CMS is the U.S. Department of Health and Human Services’ agency responsible for administering Medicare, Medicaid, SCHIP (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 daily publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.