



Hospital IQR Program Reference Checklist FY 2018 Payment Determination CY 2016 Reporting Period

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Hospital IPPS Final Rule for FY 2018

Eligible hospitals must follow requirements outlined in the applicable IPPS final rule with comment period. The requirements for FY 2018 are published in the *Federal Register* at <http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>. See also the previously finalized rules for all program requirements.

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 *QualityNet > Hospital Inpatient Quality Reporting (IQR) Program Overview* web page. This information is also available on the *Quality Reporting Center > Inpatient > Hospital IQR Program > Resources and Tools* web page, under the *Hospital IQR Program Requirements > Fiscal Year 2018 (Calendar Year 2016)* section.

These mandatory requirements are due **quarterly**:

- HCAHPS Survey Data
- Population and Sampling (for chart-abstracted measures only)
- Clinical Process of Care Measures (for chart-abstracted measures only)
- HAI Measures
- Perinatal Care Elective Delivery Measure (PC-01)

These mandatory requirements are due **annually**:

- Structural Measures (Submission period is April 1, 2016 – May 15, 2016)
- DACA (Submission period is April 1, 2016 – May 15, 2016)
- Influenza Vaccination Coverage Among HCP measure (Reporting period is flu season, October 1 – March 31, with a deadline of May 15 each year)
- eCQMs (Hospitals are required to submit eCQM data by the deadline of March 13, 2017)

NOTE: This is a new requirement for FY 2018. Hospitals must report at least four eCQMs and must submit one quarter of eCQM data from either quarter three or quarter four of CY 2016 with a submission deadline of March 13, 2017.

Best Practice: Submit data 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. 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 APU. Hospitals that do not meet Hospital IQR Program requirements receive a one-fourth reduction 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 on *Hospital Compare*.

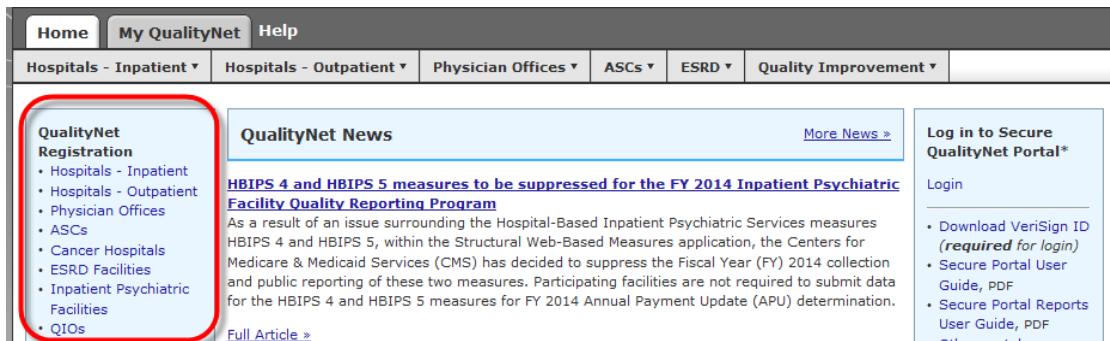
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Hospital IQR Program Requirements Checklist

- Register with *QualityNet*
- Maintain an Active *QualityNet* SA
- Complete Notice of Participation (for Newly Reporting Hospitals)
- Submit HCAHPS Survey Data
- Submit Aggregate Population and Sample Size Counts for Chart-Abstracted Measures
- Submit Clinical Process of Care Measure Data (via Chart-Abstraction)
- Submit Perinatal Care Elective Delivery Measure (PC-01) Data
- Submit HAI and Influenza Vaccination Coverage Among HCP Data (via NHSN)
- Submit eCQM Data
- 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* 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* 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, existing hospitals participating in the Hospital IQR Program for the first time, and existing hospitals that withdrew and are now participating again must complete a Hospital IQR Program Notice of Participation through the *QualityNet Secure Portal*. Hospitals must designate contacts and include the name and address of each hospital campus sharing the same CCN.

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Hospitals are responsible for updating their staff contacts. Please see the [Hospital Contact Change Form](#).

Once a hospital submits a Hospital IQR Program Notice of Participation indicating participation in the Hospital IQR Program, the account will remain active until a withdrawal is submitted through the online tool.

4. Submit HCAHPS Survey Data

Hospitals must continuously collect and submit HCAHPS Survey data in accordance with the current *HCAHPS Quality Assurance Guidelines*, found at <http://www.hcahpsonline.org/home.aspx>. HCAHPS is a quarterly submission for the Hospital IQR Program.

- Hospitals with six or more HCAHPS-eligible discharges in a month must submit the total number of HCAHPS-eligible cases for the month as part of the quarterly HCAHPS Survey 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 Survey 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. These submissions are quarterly via the *QualityNet Secure Portal*.

NOTE: PC-01 aggregate population and sample size are not broken down by Medicare and non-Medicare discharges. Data are collected through a web-based tool on the *QualityNet Secure Portal* under “*Quality Programs*” and then “*Manage Measures*.”

- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (ED/IMM, SEP, STK), and/or the combined 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* in the Hospital Inpatient Population and Sampling application, which is located under “*Quality Programs*” and then “*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.

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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 (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)
- 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: Hospitals that do not have an ED may submit an [IPPS Measure Exception Form](#). Otherwise, hospitals that do not have an ED must submit ED data each discharge quarter.

For a complete list of measures, please reference the [CMS Hospital IQR Program Measure Comparison Tables: FY 2018 \(CY 2016\)](#).

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

For further information, please reference the *Specifications Manual for National Hospital Inpatient Quality Measures* page on *QualityNet* at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099>.

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 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/>.

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

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

Hospitals must collect and submit data quarterly to the CDC through the NHSN, for the following measures:

- CLABSI
- CAUTI
- 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 through March 31), and data for this measure are due annually by May 15 of 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 NHSN 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

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ward, step-down unit) will not be required for CMS Hospital IQR Program HAI reporting. Hospitals that have no units mapped as medical, surgical, medical/surgical, or ICU can request an exception from submitting CAUTI and CLABSI measures. Any data reported from non-required units in NHSN will not be submitted to CMS.

NOTE: Hospitals that meet HAI exception requirements for SSI, CAUTI, and CLABSI as indicated above may submit an [IPPS Measure Exception Form](#).

9. Submit eQCM Data

New for the FY 2018 payment determination is the requirement that hospitals must report at least four eQCMs. Hospitals are required to submit one quarter of eQCM data from either the third or fourth quarter CY 2016 with a submission deadline of March 13, 2017. Hospitals will need to select and successfully submit data for at least four of the 28 eQCMs available, which are listed below.

Electronic Clinical Quality Measures (Must Select at Least Four)	
Short Name	Measure Name
AMI-2	Aspirin Prescribed at Discharge for AMI
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
AMI-10	Statin Prescribed at Discharge
CAC-3	Home Management Plan of Care (HMPC) 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
HTN	Healthy Term Newborn
PC-01*	Elective Delivery Prior to 39 Completed Weeks Gestation.
PC-05	Exclusive Breast Milk Feeding and the subset measure: PC-05a Exclusive Breast Milk Feedings considering Mother's Choice
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients
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
STK-2	Discharged on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-4*	Thrombolytic Therapy
STK-5	Antithrombotic Therapy By End of Hospital Day 2
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
VTE-3	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

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Electronic Clinical Quality Measures (Must Select at Least Four)	
Short Name	Measure Name
VTE-4	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram
VTE-5*	Venous Thromboembolism Discharge Instructions
VTE-6*	Incidence of Potentially Preventable Venous Thromboembolism

*Required chart-abstracted measure

NOTE: All hospitals must chart-abstract and report quarterly the ED-1, ED-2, PC-01, STK-4, VTE-5, and VTE-6 measures even if they are also selected as one of the four 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 electronic health record 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. PSVA is a downloadable tool that operates on the user's system and allows submitters 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* [eCQMs Overview](#) 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:

- 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 reporting period of January 1 through December 31 of the preceding year.

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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*.

Hospital IQR Program Additional Information

Data Submission

Data are submitted in different ways, depending on the measure type, which include eCQMs, 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 in the *Important Dates and Deadlines* document located on the *Quality Reporting Center > Inpatient > Hospital IQR Program > [Resources and Tools](#)* web page, under the *Hospital IQR Program Requirements > Hospital IQR Program Important Dates and Deadlines* section.

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 \(& CART\)](#)* section 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](#)* 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.

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.

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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.

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 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, please refer to the [eCQMs Overview](#) web page.

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 additional hospital data submission is required to calculate the measure rates. The claims-based measures are listed below.

Claims-Based Measures	
Short Name	Measure Name
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate
MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate
MORT-30-STK	Stroke (STK) 30-Day Mortality Rate
MORT-30-CABG	Coronary Artery Bypass Graft (CABG) 30-day Mortality Rate
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate
READM-30-THA/TKA	Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) 30-Day Readmission Rate
READM-30-HWR	Hospital-Wide All-Cause Unplanned Readmission (HWR)
READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate
READM-30-STK	Stroke (STK) 30-Day Readmission Rate
READM-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Readmission Rate
MSPB	Medicare Spending per Beneficiary
AMI Payment	AMI Payment per Episode of Care
HF Payment	HF Payment per Episode of Care

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Claims-Based Measures	
Short Name	Measure Name
PN Payment	PN Payment per Episode of Care
Hip/Knee Complications	Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication Rate
PSI-4	Death Among Surgical Patients with Serious Treatable Complications (Harmonized with Nursing Sensitive Care Measure, Failure to Rescue)
PSI-90	Complication/Patient Safety for Selected Indicators (PSI) (composite)
THA/TKA Payment (New for FY 2018)	THA/TKA Payment per Episode of Care
AMI Excess Days (New for FY 2018)	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction
HF Excess Days (New for FY 2018)	Excess Days in Acute Care after Hospitalization for Heart Failure

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&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912).

The quarters included in FY 2018 Validation are 3Q 2015, 4Q 2015, 1Q 2016, and 2Q 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 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*.

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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 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 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>.

ECE Requests

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 there are extraordinary circumstances beyond the control of the hospital.

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 [ECE Request Form](#), 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 or unforeseen circumstances. Infrastructure challenges could be a setback such as a hospital being in an area without sufficient Internet access. Unforeseen circumstances could be 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](#).

For eCQM-related ECE requests only, hospitals must submit an [ECE Request Form](#) by April 1, following the end of the calendar year for the reporting period. 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 (Meaningful Use), 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 EHRIC at (888) 734-6433.

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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/>

The 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 Support Contractor**

(844) 472-4477 or (866) 800-8765 (8 a.m. – 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 for CMS Contractors in the 11th SOW**

This helpful scope-of-work list can be located on the *Quality Reporting Center* website under *Hospital IQR 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.

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- **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, such as a *Guide to Reading eCQMs*.
 - **EHR ListServe**

<http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Registrar>
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

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Acronyms

AMI	Acute Myocardial Infarction
APU	Annual Payment Update
CABG	Coronary Artery Bypass Graft
CAC	Children's Asthma Care
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	<i>Clostridium difficile</i> Infection
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
CY	Calendar Year
DACA	Data Accuracy and Completeness Acknowledgement
ECE	Extraordinary Circumstances Extension/Exemption
eCQM	Electronic Clinical Quality Measures
eCQI	Electronic Clinical Quality Improvement
ED	Emergency Department
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
HF	Heart Failure
HQR	Hospital Quality Reporting
HTN	Healthy Term Newborn
ICU	Intensive Care Unit
IMM	Immunization
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
MORT	Mortality
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
PC	Perinatal Care
PN	Pneumonia
PSI	Patient Safety Indicators
PSVA	Pre-Submission Validation Application
QRDA	Quality Reporting Document Architecture
READM	Readmission
SA	Security Administrator
SC	Support Contractor
SCIP	Surgical Care Improvement Project
SOW	Scope of Work
SSI	Surgical Site Infection

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STK	Stroke
THA	Total Hip Arthroplasty
TKA	Total Knee Arthroplasty
VTE	Venous Thromboembolism
XML	Extensible Markup Language