



## Hospital Inpatient Quality Reporting (IQR) Program Reference Checklist: Fiscal Year (FY) 2019 Payment Determination Calendar Year (CY) 2017 Reporting Period

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### Hospital IPPS Final Rule for FY 2019 Payment Determination

Eligible hospitals must follow requirements outlined in the applicable inpatient prospective payment system (IPPS) final rule with comment period. New and modified requirements for FY 2019 payment determination are published in the *Federal Register* at <https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>. See also previously finalized rules for all program requirements.

### Hospital IQR Program Data Submission Deadlines for FY 2019 Payment Determination

Information on data submission deadlines and reporting quarters used for FY 2019 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 > FY 2019 Payment Determination* 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 (for chart-abstracted measures only)
- Healthcare-Associated Infection (HAI) measures
- Perinatal Care Elective Delivery measure (PC-01)

These mandatory requirements are due **annually**:

- Structural Measures (Submission period is April 1, 2017 – May 15, 2017)
- Data Accuracy and Completeness Acknowledgement (DACA) (Submission period is April 1, 2017 – May 15, 2017)
- Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure (Reporting period is flu season, October 1 – March 31, with a deadline of May 15 each year)
- Electronic Clinical Quality Measures (eCQMs) (Hospitals are required to submit eCQM data by the deadline of February 28, 2018)

**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 and feedback reports. The *QualityNet Secure Portal* does not allow data to be submitted or corrected after the deadline. The Centers for Medicare & Medicaid Services (CMS) typically 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 2019 Payment Determination

This information outlines the requirements for subsection (d) hospitals, paid by Medicare under 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. Under Section 1886(d) of the Social Security Act, CMS makes data collected under the Hospital IQR Program available to the public on the *Hospital Compare* website.

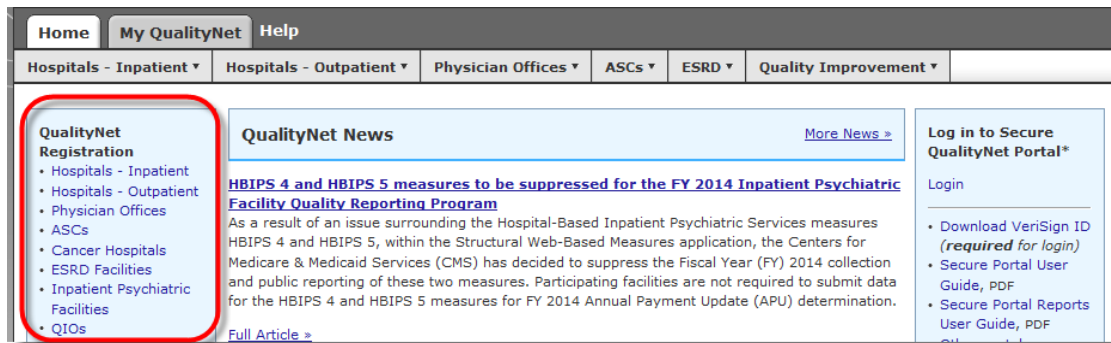
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### Hospital IQR Program Requirements Checklist

- Register with *QualityNet*
- Maintain an Active *QualityNet* Security Administrator
- Complete Notice of Participation (for Newly Reporting Hospitals)
- Submit HCAHPS Survey Data
- Submit Aggregate Population/Sample Size Counts for Chart-Abstracted Measures
- Submit Clinical Process of Care Measure Data (via Chart-Abstraction)
- Submit PC-01 Data
- Submit HAI and HCP Influenza Vaccination Data via National Healthcare Safety Network (NHSN)
- Submit eCQM Data
- Complete Structural Measures Information
- Complete the Data Accuracy and Completeness Acknowledgement (DACA)

#### 1. Register with *QualityNet*

A hospital must initially register for a *QualityNet* account. *QualityNet* registration directions can be found at [www.qualitynet.org](http://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 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 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 at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) 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 from participating and are now participating again must complete a Hospital IQR Program Notice of Participation through the *QualityNet Secure*

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*Portal.* 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. Please see the [Hospital Contact Change Form](#) (direct link).

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 **monthly** 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 (0) 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, quarterly** via the *QualityNet Secure Portal*.

**NOTE:** Perinatal Care Elective Delivery (PC-01) aggregate population and sample size counts 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 with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set [Emergency Department (ED)/Immunization (IMM), Sepsis (SEP), and/or Venous Thromboembolism (VTE)] 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 (0) 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 (HIPS) application or via an XML file.

**Population and sample size counts are not required for eCQM data.** Hospitals are 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: Early Management Bundle, Severe Sepsis/Septic Shock
- 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, and/or VTE) 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](#) (direct link). 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 Measures for the FY 2019 Payment Update](#) (direct link).

**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* on the *Specifications Manual* 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 ( $\geq$ ) 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/>.

These data are manually entered into the *QualityNet Secure Portal*. They 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 in *Quality Reporting Center > Inpatient > Hospital IQR Program > Resources and Tools* and is updated every quarter. It is important to select the correct payment year, which is 2019.

**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.

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**8. Submit HAI and HCP Influenza Vaccination Data via National Healthcare Safety Network (NHSN)**

Hospitals must collect and submit data **quarterly** to the Centers for Disease Control and Prevention (CDC) through the NHSN, for the following measures:

- Central Line-Associated Bloodstream Infection (CLABSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Colon and Abdominal Hysterectomy Surgical Site Infection (SSI)
- Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia
- *Clostridium difficile* Infection (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 NHSN after the submission deadline will not be reflected in the data CMS uses and cannot be changed.

**NOTE:** 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 intensive care units (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 intensive care unit, 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 reporting for 2016 and beyond. 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](#)



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(direct link).

For more information, please visit *CMS Resources for NHSN Users* web page 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 at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

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

### 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 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. Hospitals are required to self-select and successfully submit data for at least eight of the 15 eCQMs **available**, which are listed below.

Electronic Clinical Quality Measures (Must Select at Least Eight)	
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
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
ED-3**	Median Time from ED Arrival to ED Departure for Discharged ED 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

\*\*ED-3 is an outpatient Measure and not applicable to the Hospital IQR Program.

Please note that if ED-1, ED-2, and/or PC-01 are selected as one of the eight eCQMs, they must also be chart-abstracted and submitted on a quarterly basis for the full calendar year.

For the reporting of eCQMs, hospital electronic health record (EHR) 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 file format.

For additional information on eCQMs, please refer to the *QualityNet eCQMs Overview* page.

### 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*,



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*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 *2019* from the drop-down box. Click on *CONTINUE*.

Select the hyperlink associated with each of the following structural measures:

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

Answer each structural measure appropriately, and select *Submit*.

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 Data Accuracy and Completeness Acknowledgement (DACA)

Hospitals are required to complete and sign the DACA **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 *2019* from the drop-down box. Click on *CONTINUE*.

Select the DACA hyperlink. Complete the DACA by clicking on “*Yes, I Acknowledge*” and entering your *Position*. Then, select *Submit*.

The DACA is a requirement for hospitals participating in the Hospital IQR Program to electronically acknowledge the data submitted 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 of the preceding year.

## Hospital IQR Program Additional Information

### Data Submission

Data are submitted in different ways, depending on the measure type, which include eCQMs, as well as, chart-abstracted, web-based, structural, 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/>.

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 Data 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

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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 Data Warehouse.
- All files and data exchanged with CMS via the *QualityNet 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 Data 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 *QualityNet Secure Portal* at [https://cportal.qualitynet.org/QNet/pgm\\_select.jsp](https://cportal.qualitynet.org/QNet/pgm_select.jsp). For more information, please refer to the *Training* web page 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. Please see the tables below for the claims-based outcome and payment measures.

Claims-Based Outcome Measures	
MORT-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
MORT-30-CABG	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery
MORT-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
MORT-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization
MORT-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke
READM-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization

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<b>Claims-Based Outcome Measures</b>	
READM-30-CABG	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery
READM-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
READM-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization
READM-30-HWR	Hospital-Wide, All-Cause, Unplanned Readmission Measure (HWR)
READM-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
READM-30-STK	30-Day, Risk-Standardized Readmission Rate Following Stroke Hospitalization
READM-30-THA/TKA	Hospital-Level 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia
Hip/Knee Complications	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
PSI 04	Death Rate among Surgical Patients with Serious Treatable Complications
PSI 90	Patient Safety and Adverse Events Composite

<b>Claims-Based Payment Measures</b>	
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty
MSPB	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)
Cellulitis Payment	Cellulitis Clinical Episode-Based Payment Measure
GI Payment	Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure
Kidney/UTI Payment	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure
AA Payment	Aortic Aneurysm Procedure Clinical Episode-Based Payment Measure
Chole and CDE Payment	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure
SFusion Payment	Spinal Fusion Clinical Episode-Based Payment Measure

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### Validation

#### Chart-Abstracted Data Validation

CMS performs random and targeted provider selection of hospitals participating in the Hospital IQR Program for data validation 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 or go to [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).

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

Hospitals selected for FY 2019 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](mailto: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 a candidate case that CMS selected for validation. Medical record submission questions should be directed to the CDAC Help Desk at [cdachelpdesk@hcqis.org](mailto:cdachelpdesk@hcqis.org).

#### 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 sample. The following hospitals will be excluded:
  - Any hospital selected for chart-abstracted measure validation
  - Any hospital that has been granted a Hospital IQR Program extraordinary circumstances exemption (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

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- 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.

### 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 have their quality data displayed for public viewing on *Hospital Compare* at [www.medicare.gov/hospitalcompare](http://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 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.

### 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 Extensions/Exemptions Request Form

#### Non-eCQM-Related 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 for one or more quarters when there are extraordinary circumstances beyond the control of the hospital. Hospitals must submit an Extraordinary Circumstances Extensions/Exemptions (ECE) Request Form within **90 days** of the date the extraordinary circumstance occurred for the Hospital IQR Program.

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&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228762258913>, under the *Extraordinary Circumstances Extension/Exemption Request* section, by clicking on the *Extraordinary Circumstances Extensions/Exemptions (ECE) Request Form* link. The form may also be located on the *Quality Reporting Center* website at <http://www.qualityreportingcenter.com/wp-content/uploads/2016/10/Extraordinary-Circumstances-Form-09062016.508.pdf>.

#### 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



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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](#) document (direct link).

**For eCQM-related ECE requests only**, hospitals must submit an ECE request form 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 More Information

#### CMS

##### CMS Website

[www.cms.gov](http://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 (SCHIP), and several other health-related programs.

#### QualityNet

- **QualityNet Website**

[www.qualitynet.org](http://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](mailto:qnetsupport@hcqis.org)

#### Hospital IQR Program Support Contractor (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](mailto:iqr@hsag.com)



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- **[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 11<sup>th</sup> SOW](#) (direct link)**  
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](http://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.

***Federal Register***

***Federal Register Website***

[www.federalregister.gov](http://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.