

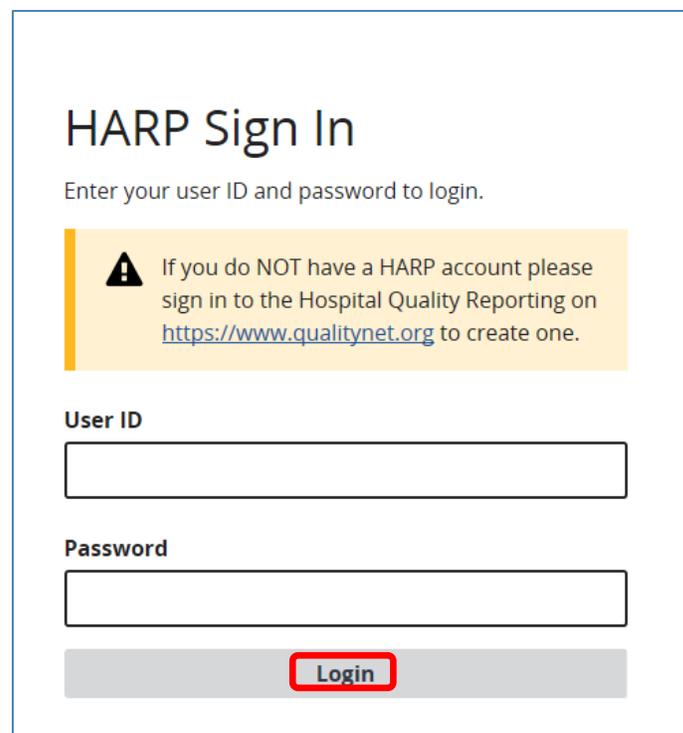
## Hospital Inpatient Quality Reporting Program Reference Guide Accessing and Using Your Provider Participation Report

### PPR Overview

The Hospital Inpatient Quality Reporting (IQR) Program Provider Participation Report (PPR) summarizes a provider's data submission. IQR-eligible providers can use this report to monitor their data submissions to make sure they have submitted all information necessary to comply with the program's annual payment update (APU) requirements. The information also assists healthcare systems, vendors, and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) in monitoring and supporting their providers' attempts to meet APU data submission requirements. However, the information provided does not guarantee that the provider will receive the full APU. The PPR updates nightly with the previous day's successfully submitted and processed data. Healthcare systems, inpatient hospitals, vendors, and QIN-QIOs may request authorization to view the reports for affiliated hospitals.

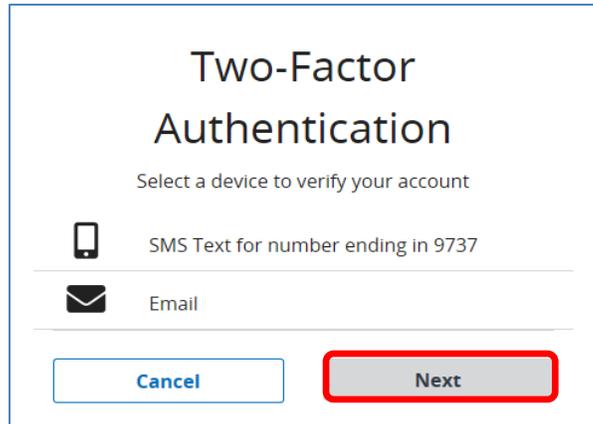
### Running and Viewing Your Hospital's PPR

1. In your Internet browser, navigate to <https://hqr.cms.gov>.
2. The Hospital Quality Reporting home page will open. Enter your HARP user ID and password. Click on **Login**.



The screenshot shows the HARP Sign In page. At the top, it says "HARP Sign In" and "Enter your user ID and password to login." Below this is a yellow warning box with a triangle icon and the text: "If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <https://www.qualitynet.org> to create one." There are two input fields: "User ID" and "Password". At the bottom, there is a "Login" button highlighted with a red box.

3. Select a device to verify your account. Click on **Next**.



Two-Factor Authentication

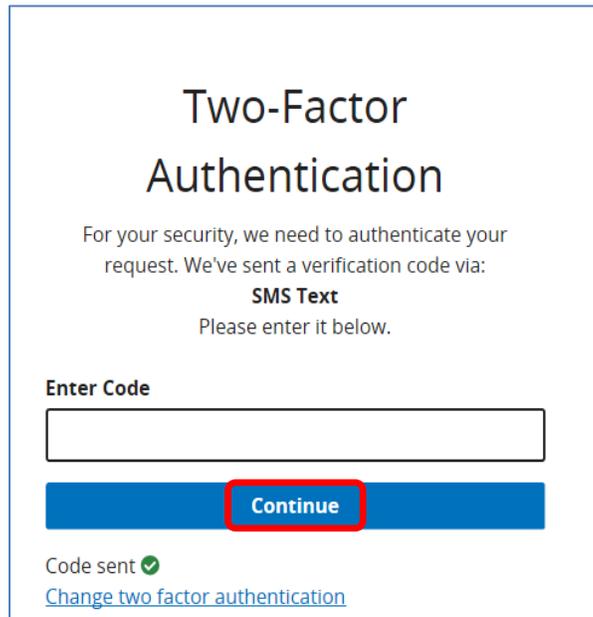
Select a device to verify your account

 SMS Text for number ending in 9737

 Email

[Cancel](#) [Next](#)

- Continue the two-factor authentication by entering your security code.  
Click on **Continue**.



Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:

**SMS Text**

Please enter it below.

Enter Code

[Continue](#)

Code sent 

[Change two factor authentication](#)

- On the Terms & Conditions page, scroll down to the bottom of the Terms & Conditions.  
Click on **Accept**.

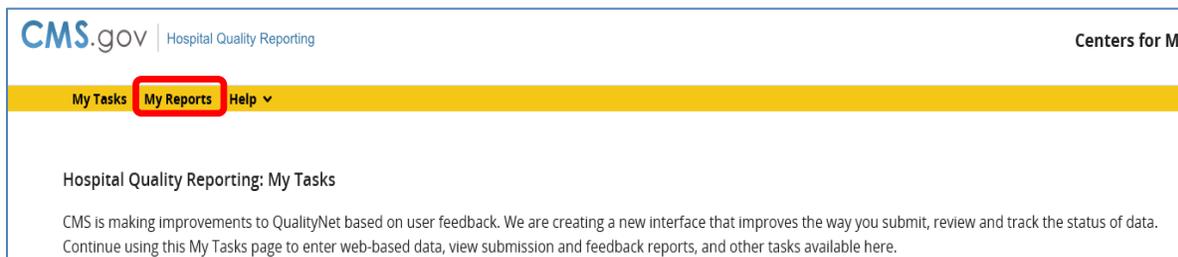
## Terms & Conditions

any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

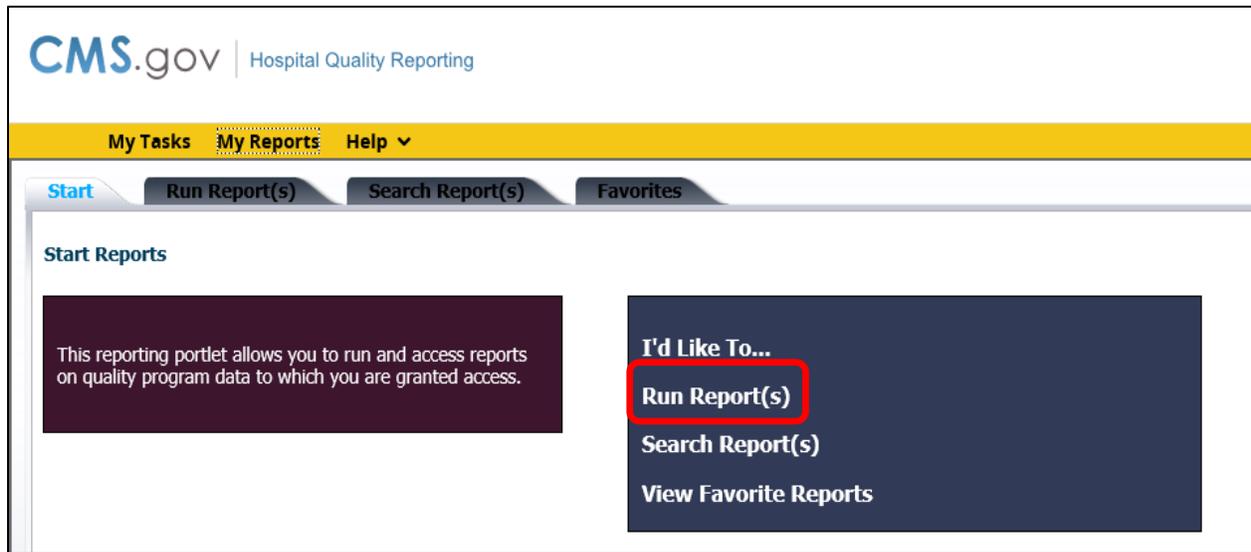
Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

I accept the above Terms and Conditions

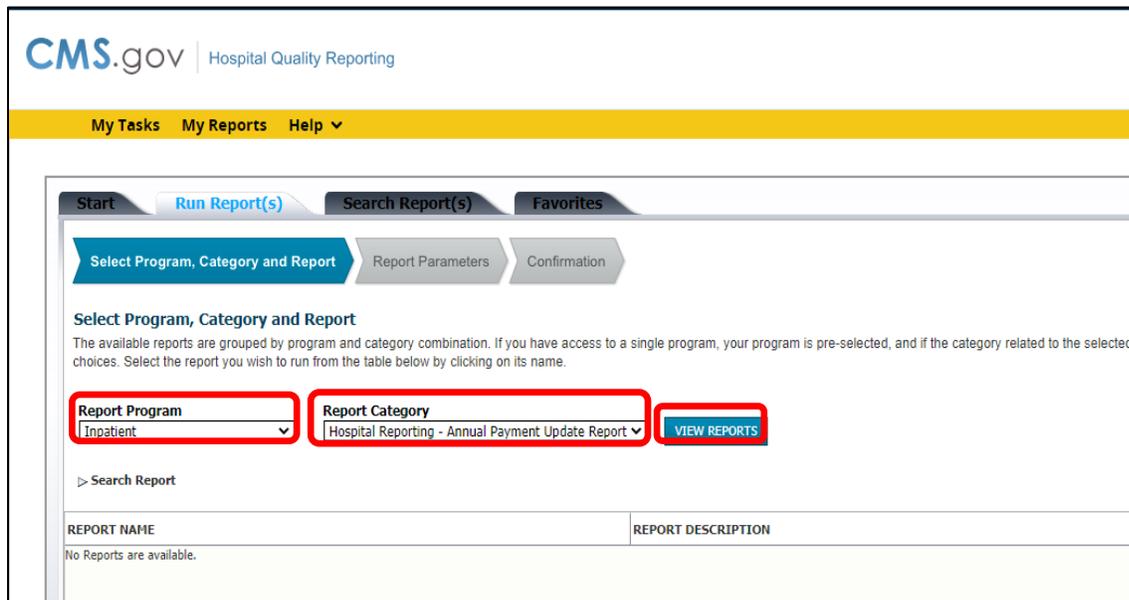
- The Hospital Quality Reporting: My Tasks page will open. Click on the **My Reports** link in the upper left-hand corner in the task bar.



- The Start Reports screen will open. In the *I'd Like To...* section, select the **Run Report(s)** link.



8. The Run Report(s) tab will open. On this page, you will see Select Program, Category and Report.
  - a. Under Report Program, select **Inpatient** from the drop-down menu.
  - b. Under Report Category, select **Hospital Reporting – Annual Payment Update Reports** from the drop-down menu.
  - c. Click on **VIEW REPORTS** to view your report choices.



9. The report choices will appear. Under REPORT NAME, select **Hospital Reporting – Provider Participation Report**.

# Hospital IQR Program Reference Guide Accessing and Using Your PPR



CMS.gov | Hospital Quality Reporting

My Tasks My Reports Help

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

**Select Program, Category and Report**  
The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it is selected. Select the report you wish to run from the table below by clicking on its name.

Report Program: IQR Report Category: Hospital Reporting - Annual Payment Update Report [VIEW REPORTS](#)

Search Report

| REPORT NAME  | REPORT DESCRIPTION  |
|--|---|
| Hospital Reporting - Claims Detail Report          | The Claims Detail Report identifies claims in final action status in the Data Warehouse.  |
| Hospital Reporting - Confidence Interval Report    | This report displays cumulative and quarterly estimated reliability, along with the validation confidence interval upper bound and lower bound for the Inpatient Annual Payment Update. |
| Hospital Reporting - Provider Participation Report | The Provider Participation report displays a summary of requirements data for participation in the Hospital Quality Reporting Program.  |

10. The Report Parameters page will open. Select the **State**, **Provider**, and **Calendar Year**. You will also have the option to select the **Discharge Quarter**. The **Report Format** field will auto populate as PDF format. Click the **RUN REPORT** button.

**Note:** If you do not select a discharge quarter, the system will default to “All” quarters.

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My Tasks My Reports Help

Start Run Report(s) Search Report(s) Favorites

\* State: [Dropdown]

\* Provider: [Dropdown]

\* Calendar Year: Please select [Dropdown]

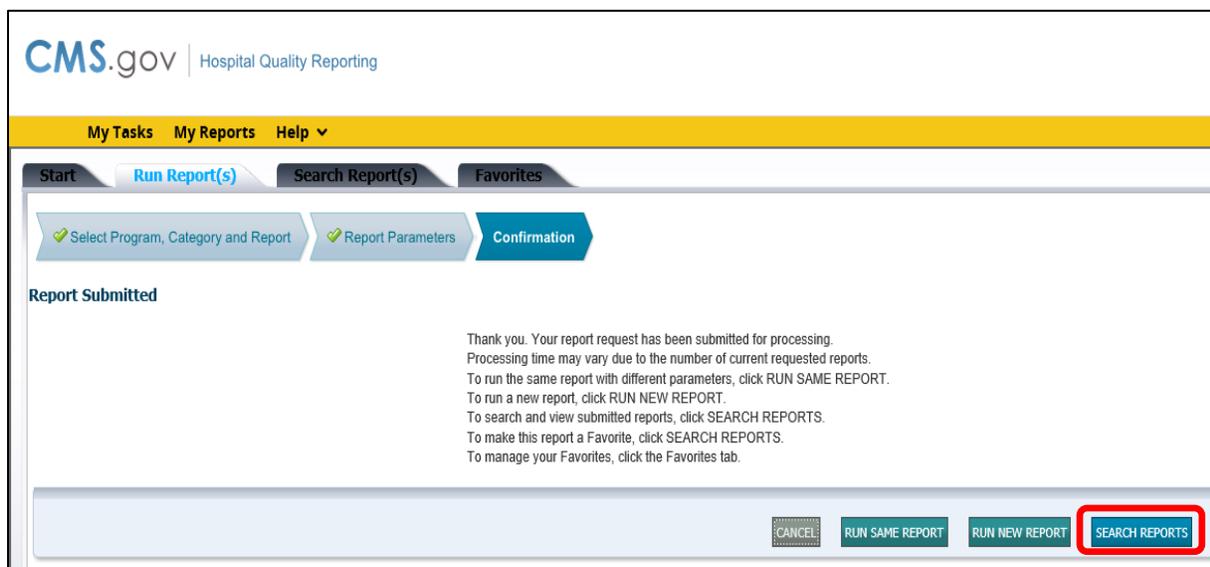
Discharge Quarter: [Dropdown]

\* Report Format: PDF [Dropdown]

CANCEL RESET **RUN REPORT**

**Important Note:** For the State and Provider fields, your assigned *QualityNet* role determines the parameters you can select. Multi-state users must select one or more states. For single-state/single-provider users, State and Provider drop-downs are set to user defaults. The screen view will vary depending on your assigned role.

11. The Confirmation screen will open. To search and view the submitted reports, click on the **SEARCH REPORTS** button.



**HELPFUL TIP:** Please check the *Known Issues – Hospital Reporting* document on *QualityNet* for any issues affecting the PPR

12. The Search Report(s) screen will open. Select **Refresh Report Status** periodically until a green check mark appears in the STATUS column. Then, select the **View Report** icon, shown as a magnifying glass.



**Helpful Tip:** Make sure to allow ample time before the deadline to review and, if necessary, correct your data. Hospitals can update/correct their submitted clinical data until the Centers for Medicare & Medicaid Services (CMS) submission deadline, immediately after which the data warehouse will be locked. Any updates made after the submission deadline will not be reflected in the data CMS uses.

## Hospital IQR Program Reference Guide Accessing and Using Your PPR



### PPR Information – Page 1

Page 1 of the PPR displays clinical measure sets information, as indicated in the sample report below, and includes Total Cases Accepted, Total Medicare Claims, Total Patient Population, Total Sample Size, and Discharge Quarter Sample Frequency.

**Note:** The data displayed in the below screenshot are shown only as an example. Actual data will vary by provider.

| State:  | CEO Name:                                | Active QualityNet Security Administrator: Yes      |                                       |                                |   |
|---|--|--|---------------------------------------|--------------------------------|---|
| Provider ID:  | Medicare Accept Date: 07/01/1966         | Data Accuracy and Completeness Acknowledgement: No |                                       |                                |   |
| Provider Name:  | Notice of Participation Date: 08/06/2007 |  |                                       |                                |   |
| Provider City:  | Withdrawal or Non-Participation Date:    |  |                                       |                                |   |
| EHR Measures Submitted: N/A - Please refer to the eCQM Submission Status Report |  |  |                                       |                                |   |
| Selected for Chart-Abstracted Validation: No                                    |  |  |                                       |                                |   |
| Selected for eCQM Validation:   |  |  |                                       |                                |   |
| Measure Sets <sup>1</sup>   | Total Cases Accepted <sup>2</sup>        | Total Medicare Claims <sup>3</sup>                 | Total Patient Population <sup>4</sup> | Total Sample Size <sup>4</sup> | Discharge Quarter Sample Frequency <sup>4</sup> |
| IQR-SEP   | 102                                      | 418  | 856                                   | 102                            | Monthly   |

#### **Associated Footnotes**

<sup>1</sup>Note: The Measure Set column contains Measure Set, Strata and Sub-population data. Hospitals that have five or fewer discharges (Medicare and non-Medicare, combined) within a measure set in a quarter are not required to submit patient-level data for that measure set for that quarter, but must still submit the aggregate population and sampling data even if the population is zero.

<sup>2</sup>“Accepted” is defined as including all Medicare and non-Medicare cases submitted to the Data Warehouse that met all data submission requirements.

<sup>3</sup>Total Medicare Claims column will be updated monthly with a cumulative total until approximately 15 days prior to the submission deadline for that quarter.

<sup>4</sup>“No” indicates that data has not been submitted for aggregate population and sampling.

\* Vendor is not authorized to submit data for this measure set.

Note: Claims-based measures do not require data submission by the hospital and are calculated based on Medicare claims data.

**Disclaimer: This report provides a snapshot of pertinent information for overall monitoring of Hospital IQR program requirements. It does not confirm or deny whether a provider qualifies for the annual payment update.**

**Note:** For non-IQR eligible hospitals (e.g., critical access, territorial, and Maryland) that submit data, the following message will display on the PPR, and no data will be displayed:

**You are not an APU eligible hospital or are currently closed in our system.**

### PPR Information – Page 2

Page 2 of the PPR displays Clinical Web-Based Measure Set, IQR-HAI Quality Measure Data, and HCAHPS Survey Data, as indicated in the sample report below.

**Note:** The data displayed in the below screenshot are shown only as an example. Actual data will vary by provider.

# Hospital IQR Program Reference Guide Accessing and Using Your PPR



| Provider ID:                               |                               | EHR Measures Submitted: N/A - Please refer to the eCQM Submission Status Report |                                       |   |   |   |       |
|--|-------------------------------|---|---------------------------------------|---|---|---|-------|
| Provider Name:                             |                               |   |                                       |   |   |   |       |
| <b>Clinical Web-Based Measures</b>         |                               |   |                                       |   |   |   |       |
| Measure Set: PC                            | Total Numerator <sup>11</sup> | Total Denominator <sup>11</sup>   | Total Mother Population <sup>11</sup> | Total Sample Size <sup>11</sup>           | Discharge Quarter Sample Frequency <sup>11</sup>                | Total Exclusions <sup>11</sup>  |       |
| PC-01 Elective Delivery                    | 5                             | 38  | 1284                                  | 314                                       | Monthly   | 276   |       |
|  |                               |   |                                       |   |   | Exclusion   | Count |
|  |                               |   |                                       |   |   | ICD-10-CM Principal or Other Diagnosis Code for elective delivery <sup>11</sup> | 158   |
|  |                               |   |                                       |   |   | Gestational age patients < 37 or >= 39 weeks gestation <sup>11</sup>            | 118   |
|  |                               |   |                                       |   |   | History of Stillbirth <sup>11</sup>   | 0     |
| NHSN Quality Measure Data <sup>7</sup>     |                               | NHSN Data Submitted <sup>8</sup>  |                                       | Last NHSN File Update to CMS <sup>9</sup> |   |   |       |
| Healthcare Personnel Influenza Vaccination |                               | No  |                                       |   |   |   |       |
| HCAHPS Survey Data <sup>5</sup>            |                               | Verified Files Accepted to Date   |                                       |   | Verified "Zero Cases" Information Accepted to Date <sup>6</sup> |   |       |
|  |                               | Jan   | Feb                                   | Mar                                       | Jan   | Feb   | Mar   |
| HCAHPS                                     |                               | No  | No                                    | No  | No  | No  | No    |

## Associated Footnotes

<sup>5</sup>Hospitals that have five or fewer HCAHPS-eligible discharges in a month are not required to conduct and submit HCAHPS surveys for that month; however, they must submit the total number of HCAHPS-eligible cases that they had for that month as part of their quarterly HCAHPS data submission.

<sup>6</sup>Hospitals that have zero HCAHPS-eligible discharges and have submitted a file indicating zero cases will display a "Yes" in the "Unverified 'Zero Cases' Information Accepted to Date" field.

<sup>7</sup>HAI (Healthcare-Associated Infection) data is updated monthly until the submission deadline for the respective quarter. For more information regarding HAI data, please access the NHSN website: <http://www.cdc.gov/nhsn/acute-care-hospital/index.html>

<sup>8</sup>The Last NHSN file update to CMS date is the date the HAI data was last updated for the Provider for the discharge quarter.

<sup>9</sup>The HAI Data Submitted is N/A for the Healthcare Personnel Influenza Vaccination measure during non-flu season quarters.

<sup>11</sup>"No" indicates that data has not been submitted for Clinical Web Based Measures.

\* Vendor is not authorized to submit data for this measure set.

Note: Claims-based measures do not require data submission by the hospital and are calculated based on Medicare claims data.

**Disclaimer: This report provides a snapshot of pertinent information for overall monitoring of Hospital IQR program requirements. It does not confirm or deny whether a provider qualifies for the annual payment update.**

## PPR Clarifications – Page 2

As indicated by the area outlined in green in the screenshot below, if your hospital submitted a [Measure Exception Form](#) for Perinatal Care (PC)-01, your PPR will continue to display "No" for submission of this measure.

| <b>Hospital Reporting - Provider Participation Report – Inpatient</b><br>Quarter 1 - 2019 Discharges |                               |   |                                       |                                 |  |                                |       |
|--|-------------------------------|---|---------------------------------------|---------------------------------|--|--------------------------------|-------|
| Provider ID:   |                               | EHR Measures Submitted: N/A - Please refer to the eCQM Submission Status Report |                                       |                                 |  |                                |       |
| Provider Name:   |                               |   |                                       |                                 |  |                                |       |
| <b>Clinical Web-Based Measures</b>   |                               |   |                                       |                                 |  |                                |       |
| Measure Set: PC  | Total Numerator <sup>11</sup> | Total Denominator <sup>11</sup>   | Total Mother Population <sup>11</sup> | Total Sample Size <sup>11</sup> | Discharge Quarter Sample Frequency <sup>11</sup> | Total Exclusions <sup>11</sup> |       |
| PC-01 Elective Delivery  | No                            | No  | No                                    | No                              | No   | No                             |       |
|  |                               |   |                                       |                                 |  | Exclusion                      | Count |