

**Reference #:** 2021-88-IP  
**From:** Inpatient VIQR Support Contractor  
**Sent:** July 16, 2021  
**To:** IQR Improve  
**Subject:** **30-Day Stroke Mortality Measure with National Institutes of Health (NIH) Stroke Scale Confidential Reporting**

The purpose of this email is to provide notification to hospitals of the upcoming Confidential Reporting of the 30-Day Stroke Mortality Measure with National Institutes of Health (NIH) Stroke Scale. This measure aligns with the publicly reported stroke mortality measure in outcome, cohort, and measure calculation, but adjusts for stroke severity, using the NIH stroke scale, to better reflect hospitals' ability to influence survival and estimate more reasonable stroke mortality scores.

Confidential Reporting occurs from **August 2–31, 2021**. The measure results provided during Confidential Reporting will be calculated based on discharges from October 1, 2017 through December 1, 2019, and results will not be used for Public Reporting or payment determination.

The Centers for Medicare & Medicaid Services (CMS) will include the Stroke Mortality Measure with NIH Stroke Scale in the Inpatient Quality Reporting (IQR) Program measure set for fiscal year (FY) 2023 payment determination (as specified in the [FY 2018 Hospital Inpatient Prospective Payment \(IPPS\) and Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) Final Rule](#)).

#### **Purpose of the Confidential Reporting:**

The purpose of the Confidential Reporting period is to familiarize hospitals with the measure in advance of Public Reporting and payment determination. The Confidential Reporting period will:

- Allow hospitals to review the data used to calculate their results on the Stroke Mortality Measure with NIH Stroke Scale;
- Inform hospitals of how to interpret their measure results; and
- Provide hospitals with an opportunity to ask questions and provide feedback about the measure.

#### **What Your Hospital Will Receive During the Confidential Reporting:**

During the Confidential Reporting period, CMS will provide hospitals with several educational resources to support hospitals' understanding of the measure. These resources include:

- Hospital-Specific Reports (HSRs) for the measure, which are distributed via the *Managed File Transfer (MFT)* and accompanied by an HSR User Guide. The HSR contains patient-level data, hospital-specific results, and state and national results for the 30-day Stroke Mortality Measure with NIH Stroke Scale. CMS encourages hospitals to review their HSRs thoroughly and submit questions during Confidential Reporting of the measure. Detailed information about the measure and the Confidential Reporting process will be available on *QualityNet* shortly before the Confidential Reporting period begins. **Note that the HSR will contain Personally Identifiable Information (PII), so all safeguards to protect Patient Health Information (PHI) must be followed if sharing information from the HSR.**
- An opportunity to ask questions and submit comments to CMS via email during the Stroke Mortality Measure with NIH Stroke Scale Confidential Reporting. Send questions about the measure to [cmsconfidentialreporting@yale.edu](mailto:cmsconfidentialreporting@yale.edu). To ensure proper handling of inquiries, please reference the CMS Certification Number (CCN) to which your questions relate. **Do NOT email**

**your HSR or submit PII (e.g., Date of Birth, Social Security Number, Health Insurance Claim Number) to this address. Sending screenshots and/or describing a patient listed in your HSR is considered PHI.**

- Resources available on *QualityNet*:
  - The measure methodology report provides the background and rationale for measure development, describes the approach to risk model development and testing, and provides detailed measure specifications.
  - The measure code set file provides International Classification of Diseases (ICD) codes and Condition Categories (CCs) used to define the Stroke Mortality Measure with NIH Stroke Scale for this Confidential Reporting.
  - The Frequently Asked Questions (FAQ) document includes both general questions related to measure Confidential Reporting process and measure specification questions.
  - A fact sheet summarizes key information about the measure.

### **National Provider Call**

On August 17, 2021, CMS will hold a National Provider Call for the Stroke Mortality Measure with NIH Stroke Scale from 1 p.m. to 2 p.m. EST. Hospitals and other stakeholders are invited to participate.

The primary purpose of the call is to:

- Present an overview of the measure;
- Provide guidance on the interpretation of measure data and results; and
- Provide an opportunity for hospitals to ask questions.

Stakeholders unable to attend the call will be able to access the materials from the call and listen to the recording by visiting the *QualityNet* website.

### **Accessing HSRs on *QualityNet*:**

**Beginning August 2, 2021, hospitals are able to access their HSRs via MFT** by following these steps:

- After logging into the MFT application (<https://qnetmft.cms.gov/mft-signin/login>) with your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) email address and password, you will be directed to the main dashboard page.
- Click on “Mail” in the left-hand navigation pane and your Inbox should automatically open.
- Locate and click on your Auto-Route message.
- Once the message opens, your HSR file should be attached.
- Download the HSR file.

If hospitals have problems accessing their HSR, they should contact the *QualityNet Service Desk* at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

### **Gaining access to MFT:**

HSRs will be provided to users at a hospital that have approved **Auto-Route (IQR)** and MFT permissions associated with their Hospital Quality Reporting (HQR) profile. If you are not a Security Administrator/Official for your hospital or you have not recently taken action to request these permissions on your account, you **will not** have the permissions on your profile to receive an HSR.

Each hospital must have an HQR Security Administrator/Official (SA/SO). This individual is responsible for assigning HQR basic user access to the MFT system and providing the “Auto-Route (IQR)” permission for the claims-based HSRs. Hospitals can request access to the MFT by contacting their HQR SA/SO. Reference the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) email notification released on March 18, 2021, for instructions to request these permissions or to confirm these permissions are active on your profile.

After you register and have a QualityNet Auto-Route inbox, you must contact [cmsconfidentialreporting@yale.edu](mailto:cmsconfidentialreporting@yale.edu) to request an upload of your HSR. Please provide the name of your facility and the CCN assigned by CMS.

**Other Notes:**

Your hospital will not receive an HSR if your hospital:

- Was not open during the HSR reporting period;
- Did not have any eligible cases for the measure during the HSR reporting period; or
- Did not have one of the following:
  - HQR Security Administrator/Official (SA/SO) user; or
  - HQR Basic User with MFT and “Auto-Route (IQR)” permissions (must be assigned with the HQR system at the time of the HSR distribution).

**Please do not respond directly to this email.** For further assistance regarding the information contained in this message, please contact [cmsconfidentialreporting@yale.edu](mailto:cmsconfidentialreporting@yale.edu).