

Hospital Inpatient Quality Reporting (IQR) Program Maternal Morbidity Structural Measure Quick Reference Guide Fiscal Year (FY) 2023

<h3 style="text-align: center;">Accessing and Completing the Maternal Morbidity Structural Measure in the <i>Hospital Quality Reporting (HQR) Secure Portal</i></h3>	<h3 style="text-align: center;">Helpful Tips</h3>
<ul style="list-style-type: none"> • In your Internet browser, navigate to https://hqr.cms.gov. • The HQR home page will open. Enter your HARP user ID and Password. Click on Login. • Select a device to verify your account. Click on Next. • Continue the two-factor authentication by entering your security code. Click on Continue. • On the Terms & Conditions page, scroll down to the bottom of the Terms & Conditions. Click on Accept. • The HQR home page will open. • Under the Dashboard, on the left-hand side of the screen, click on Data Submissions. • Click on Structural Measures. • Click on the Select a Response drop-down box and select your response: <ul style="list-style-type: none"> ○ Yes ○ No ○ N/A (Our hospital does not provide inpatient labor/delivery care) • Click on Save and Return. • The structural measure data should display as “Submitted” on the Provider Participation Report. 	<ul style="list-style-type: none"> • CMS defines a statewide or national Perinatal Quality Improvement (QI) Collaborative as a statewide or multi-state network working to improve maternal and child health outcomes by addressing the quality and safety of perinatal care. <ul style="list-style-type: none"> ○ Examples include the Centers for Disease Control and Prevention’s (CDC’s) National Network of Perinatal Quality Collaboratives or Health Resources and Services Administration’s (HRSA’s) Alliance for Innovation on Maternal Health (AIM) program. • There are two parts to this measure’s question. Both parts of the measure’s question must be considered by hospitals when determining which final answer choice is appropriate. <ul style="list-style-type: none"> ○ For example, part one of the question assesses a hospital’s participation in a statewide and/or national Perinatal QI Collaborative. Part two of the question assesses a hospital’s implementation, through participation in the collaborative(s), of patient safety practices and/or bundles related to maternal morbidity. In order to select (A) Yes, a hospital must be able to answer “Yes” to both parts of the question. If a hospital deems a “No” response is correct to either part of the question, then their attestation for the entire question must be (B) No. • If a facility does not provide labor/delivery care, the IPPS Measure Exception Form (used for the PC-01 measure) cannot be applied to the Maternal Morbidity Structural Measure. The facility will need to provide a response to the measure by selecting (C) N/A (Our hospital does not provide inpatient labor/delivery care). • Facilities should allow ample time before the deadline to review and, if necessary, correct their response. Facilities can update/correct their submitted response until the submission deadline. Immediately after that deadline, the <i>HQR Secure Portal</i> will be locked.
<h3 style="text-align: center;">Reporting and Submission Periods</h3>	
<ul style="list-style-type: none"> • For the CY 2021 reporting period/FY 2023 payment determination, the reporting period is a shortened period from October 1, 2021 through December 31, 2021. <ul style="list-style-type: none"> ○ For CY 2021, if a facility participated in a perinatal quality improvement (QI) collaborative anytime during Q4 2021 (October 1 through December 31, 2021), it would satisfy the requirement. • The submission period will be April 1 through May 16, 2022. 	