



# Hospital Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### Navigating *QualityNet* Pages and Reports: Inpatient Programs

### Presentation Transcript

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#### Moderator

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**Bethany Wheeler-Bunch:** Hello and welcome to our *Navigating QualityNet Pages and Reports: Inpatient Programs* webinar. This webinar will cover resource information for the Hospital Inpatient Quality Reporting Program, Hospital Value-Based Purchasing Program, Hospital-Acquired Condition Reduction Program, and the Hospital Readmissions Reduction Program. My name is Bethany Bunch and I am the Hospital Value-Based Purchasing Program Support Contract Lead at the VIQR Outreach and Educational Support Contractor. Before we begin, I'd like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the question and answers, will be posted to the inpatient website, [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com) in the upcoming week and will also be posted to *QualityNet* at a later date. If you registered for this event, a reminder email and the slides were sent out to your email about two hours ago. If you didn't receive that email, you can download the slides at our inpatient website, [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com). If you have a question as we move through the webinar, please type your question into the chat window with the slide number associated and we will answer as many applicable questions as time allows. Any applicable questions that are not answered during the webinar, will be posted to the [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com) website in the upcoming week.

Our speakers for today's events are: Candace Jackson, the Hospital IQR Program Lead from the VIQR Support Contract; Maria Gugliuzza, the Outreach and Education Lead from the VIQR Support Contract; April Compingbutra, HAC Reduction Program Lead from HQRPS; and Laura Blum, the Hospital Readmissions Reduction Program Lead from the HQRPS Contract. I would like to thank our speakers for presenting today.

This event will provide an overview of the resources available for the CMS inpatient quality programs on *QualityNet*. In addition, this event will provide an overview of how to retrieve reports through the *QualityNet Secure Portal*.

By the end of this presentation, you should be able to find the inpatient quality program *QualityNet* pages and other available resources, run

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reports in the *QualityNet Secure Portal*, and retrieve reports from the *AutoRoute\_inbox*.

Before we begin today's presentation, we would like everyone to respond silently to this question. Where can I find up-to-date information on CMS' inpatient programs? Is it *QualityNet*, *Quality Reporting Center*, or are you unsure? If you answered *QualityNet*, you are correct. The majority of the resources and information available for the inpatient programs are available on the *QualityNet* website. As many of you that have worked with these programs know, some of that information can be difficult to find with the wealth of information and resources that are out there. For those that answered *Quality Reporting Center*, you were also correct. To help you find some of the resources that are most frequently requested, we post many of the documents to *QualityReportingCenter.com*. In addition, the webinar calendar and the archived webinar recordings and question-and-answer documents are also posted to the *QualityReportingCenter.com* website. For those that answered that you are unsure—because your eyes are new to hospital quality, haven't had time to navigate these websites, or just find all the information overwhelming—that's okay, too, and we hope this webinar will help today. Each program team will walk through the most commonly used pages and resources to assist your hospital navigate the program.

Without further ado, I will hand the presentation to Candace Jackson to provide information on the Hospital IQR Program.

### **Candace Jackson:**

Thank you, Bethany. On the IQR landing page, you will find a brief description of how the IQR Program originated and the purpose of the program. Additionally, it includes the IQR Program resources that are available to assist you in meeting the program requirements.

On the IQR landing page, under Resources, you will find a link to the Hospital IQR [Program] Important Dates and Deadlines documents. This document provides the upcoming submission deadlines for many quarterly and annual IQR requirements. The mandatory requirements that are due quarterly include the Hospital Consumer Assessments of Healthcare

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Providers and Systems, or HCAHPS<sup>®</sup>, Survey data; chart-abstracted population and sampling; and clinical process of care measures, including PC-01 and the healthcare-associated Infection, or HAI, measures. Due annually is the Data Accuracy and Completeness Acknowledgement, or DACA; the Influenza Vaccination Coverage among Healthcare Personnel measure; and the submission of the electronic clinical quality measures, or eCQMs. And, as a note, the document on *QualityNet* has been updated and now covers second quarter 2018 through fourth quarter 2019 deadlines.

On the IQR landing page, you will find many useful topics related to the IQR Program. In the next few slides, I'd like to take this opportunity to highlight a few of them. The first is a Notice of Participation. All subsection (d) hospitals that wish to participate in the Hospital IQR Program must complete a Hospital IQR Program Notice of Participation through the *QualityNet Secure Portal* online tool. This is mainly for new hospitals and existing hospitals that wish to participate for the first time. Hospitals that have previously indicated their intent to participate are considered an active participant each year, unless they submit a withdrawal.

The Measures page provides two resources: the annual Hospital IQR [Program] measures reference guide that is specific to the Hospital IQR Program and the annual Acute Care Hospital Quality Improvement Program Measures by Fiscal Year Payment Determination reference guide that provides a comparison of the measures across the multiple hospital quality improvement programs.

The Hospital IQR [Program] measures reference guide includes the measure name and its abbreviated or short name, the data source which includes the National Healthcare Safety Network, medical records or electronic health records, patient survey or claims, and whether or not it is reported on *Hospital Compare*.

On the Annual Payment Update recipients page, you will find the list of hospitals that receive their full annual market basket update; hospitals that received their annual market basket update with a reduction by one fourth of the applicable market basket update; and those hospitals that chose not

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to participate, which also resulted in receiving their annual market basket update with a reduction by one fourth of the applicable market basket update for the specific fiscal years.

On the Extraordinary Circumstances [Exceptions] Form page, you will find guidance related to eCQM and non-eCQM extraordinary circumstances, the ECE form, and instructions on how to submit the ECE form.

I would now like to turn the presentation over Maria, who will go over the Hospital Value-Based Purchasing Program. Maria, the floor is yours.

### **Maria Gugliuzza:**

Thanks, Candace. On the Hospital Value-Based Purchasing landing page, you will find a description of the history of the Hospital Value-Based Purchasing Program, the purpose of the Hospital Value-Based Purchasing Program, and why some hospitals are excluded from the Hospital Value-Based Purchasing Program. Here are some examples listed of why hospitals could be excluded from the Hospital Value-Based Purchasing Program: If they are subject to payment reductions under the Hospital Inpatient Quality Reporting Program in the same fiscal year; if they do not meet the minimum number of calculated domains for a Total Performance Score; or if they have been cited for deficiencies during the applicable fiscal year performance period that posed an immediate jeopardy, an IJ, to patients' health or safety.

If your hospital has been cited for an immediate jeopardy citation through the Medicare state survey and certification process, we realize that understanding the impact to your Hospital VBP Program reimbursement can be confusing. So, we developed a quick reference guide to assist you in determining the impact. The Hospital Value-Based Purchasing landing page provides a link to the quick reference guide, which is displayed on this slide. If you have questions determining the impact after reviewing this quick reference guide, please do not hesitate to contact our team. We will display our contact information a little later on in the presentation.

On this page, you will find the baseline and performance periods from fiscal year 2019 through fiscal year 2024. The Hospital Value-Based

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Purchasing Program utilizes two measurement periods so CMS can award achievement points and improvement points. The baseline and performance periods are published in the IPPS final rule. The last IPPS final rule was published in August 2018. For future updates to the baseline and performance periods, we recommend referencing the next IPPS final rule, anticipated to be released in fall of 2019. Shortly after the final rule is released, the *QualityNet* pages will be updated with the new information.

The Eligibility page describes the minimum data requirements for calculation of individual measures, domains, and the Total Performance Score. A few slides back, I mentioned that a hospital is excluded from the Hospital Value-Based Purchasing Program if they do not meet the minimum domains calculated to receive a Total Performance Score. This page will provide the specific information for each fiscal year. For example, this slide displays the requirements to use for fiscal year 2018. A hospital must have at least three of the four domains calculated in fiscal year 2018 in order to receive a Total Performance Score. In order to have the clinical care domain calculated, a hospital must have at least 25 cases and at least two of the three measures. Please be aware that the requirements at the domain level may change from year to year, based on the measures included in the domain. For example, in fiscal year 2020, the complication measure for THA/TKA was added to the clinical care domain. So, a hospital must have at least 25 cases and at least two of the four measures, which you would also be able to find on this page when you scroll down.

The Measures page displays which measures will be used to base the hospital's performance. In this table, you can see that the 30-Day Mortality Measure for Pneumonia will be included for fiscal year 2018 through fiscal year 2020. The next row, when scrolling, is for the updated cohort for the pneumonia mortality measure, which is applicable for fiscal year 2021 and after.

The Scoring landing page displays the weighting for each of the four domains included in the Hospital Value-Based Purchasing Program. In addition, an example of the calculation reweight the domains, when you

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have three out of the four domains calculated, is also included at the bottom of the page.

A subpage to the main scoring page is the Achievement and Improvement page. The Achievement and Improvement scoring pages provides a brief description of how the achievement and improvement scoring is used in the HVBP program. Hospitals will receive two scores on each measure and dimension, one for achievement and one for improvement. The achievement score measures how the hospital performed compared to the other hospitals. The improvement score measures how a hospital has improved compared to its own previous performance using a comparison of a hospital's rate during the performance period to the baseline period.

The Reports page lists the reports that have been provided, or the date in which CMS anticipates providing reports, to hospitals for the Hospital Value-Based Purchasing Program. In each fiscal year, CMS provides the following reports: a Baseline Measures Report, which provides hospitals with their baseline period rates; and the Hospital VBP Program Performance Standards to assist in quality improvement, tracking, and setting targets for the performance period; a set of claims-based measure Hospital-Specific Reports, to review and correct calculation of the claims-based measures from the performance period; and a Percentage Payment Summary Report, which provides hospitals with their rates from the baseline and performance periods; the HVBP Performance Standards, the scoring, the achievement points, the improvement points, the domain, and the Total Performance Scores; and payment adjustment information. Later in the presentation, we will show how each of the reports is accessed in the *Secure Portal*.

If you are wanting specific targets for each measure in the Hospital VBP Program, we recommend referencing the Performance Standards pages for the specific fiscal year. For each measure, CMS releases a benchmark, which is the average of the top 10 percent of all hospitals, and an achievement threshold, which is the median of all hospitals. If your hospital reaches or surpasses the benchmark during the performance period, your hospital will receive the maximum measure score of 10. If



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your hospital is somewhere in between the achievement threshold and the benchmark, your hospital will receive one through nine achievement points. In order to receive improvement points, your hospital's performance period rates must be better than its baseline period rate. Hospitals meeting that criteria will receive zero to nine improvement points, with the greater of the achievement and improvement points becoming your hospital's measure score. The subpages under the Performance Standards landing page display the performance standards for each fiscal year.

The Payments page provides the withhold percentage per fiscal year. In fiscal year 2017 and subsequent fiscal years, the withhold or initial reduction is 2 percent, and hospitals can earn back a portion of the 2 percent, or more than the 2 percent, resulting in an overall increase in payments based on the hospital's Total Performance Score. If you scroll further down this page, there is also a table with links to the payment adjustment factor results for each CCN from fiscal year 2013 through fiscal year 2019.

The Resources page provides some excellent documents to assist your hospital with reading reports, understanding each fiscal year, and scoring. In addition, we provide links to each of the rules published with reference to the Hospital VBP Program, if you would like to read the official finalized policies from CMS.

Here are some of the examples of the specific resources available on the resources slide. The Scoring quick reference guide is great if you would like to dig in and really understand how your scores are calculated. The how-to-read-your-report documents walk you through each page of the report and provide a one-stop shop for your questions regarding eligibility, minimum requirements, what certain symbols or footnotes indicate on the report, and a list of formulas for the calculations. I would consider the how-to-read document to be in the weeds, but, if you would like a bit of a shorter read with just the major elements of the program, I would recommend the Program Summary document. The last document listed and displayed on this slide is our most requested and downloaded



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resource. This is a one-pager for the fiscal year that displays each of the domains, the domain weights, measures, baseline and performance periods, and the performance standard.

I would now like to introduce our next speaker, April Compingbutra. She is going to go over the Hospital-Acquired Condition Reduction Program. April, the floor is yours.

**April Compingbutra:** Thank you, Maria. Hello, my name is April Compingbutra, and I'm the Program Lead for the Hospital-Acquired Condition, or HAC, Reduction Program under HQRPSC.

This shows the home page of the HAC Reduction Program on *QualityNet*, which provides an overview of the program. You can find this section by going to the *QualityNet* main page, clicking the left-most Hospitals-Inpatient drop-down, and selecting the Hospital-Acquired Condition Reduction Program. The HAC Reduction Program was mandated, beginning with fiscal year 2015 discharges, by Section 3008 of the 2010 Affordable Care Act. The HAC Reduction Program aims to improve patient safety by encouraging hospitals to reduce hospital-acquired conditions and healthcare-associated infections. The program requires the Secretary of Health and Human Services to adjust payments to hospitals that rank in the worst performing 25 percent of all subsection (d) hospitals with respect to HAC quality measures.

This is the Measures page on *QualityNet*. This page shows what measures have been included in the HAC Reduction Program. For fiscal year 2019, Domain 1 includes the CMS Recalibrated PSI 90 patient safety and adverse events composite measures. Domain 2 includes the CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measures.

This page describes what hospitals are subject to the HAC Reduction Program and what hospitals are exempt. As defined under the Social Security Act, all subsection (d) hospitals are subject to the HAC Reduction Program. For a full description of subsection (d) hospitals, refer to the Social Security Act on the Social Security Administration's website. CMS

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exempts certain hospitals and hospital units from the HAC Reduction Program. These include critical access hospitals [CAHs]; rehabilitation hospitals and units; long-term care hospitals; psychiatric hospitals and units; children's hospitals; prospective payment system-exempt cancer hospitals; short-term acute care hospitals located in Guam, the U.S. Virgin Islands, the Northern Mariana Islands, and American Samoa; religious non-medical healthcare institutions; and Maryland hospitals, which are exempt from payment reductions under the HAC Reduction Program. These hospitals currently operate under a waiver agreement between CMS and the state of Maryland.

This page discusses the Scoring Methodology. CMS uses the total HAC score to determine the worst performing quartile of all subsection (d) hospitals. As mentioned previously, for fiscal year 2019, the total HAC score is based on data for six quality measures in two domains. The HAC Reduction Program uses the Winsorized z-score approach, which was adopted in fiscal year 2018. This page provides greater detail on how the Winsorized z-score approach works. The Hospital-Specific Report user guide also has a lot of great information on the scoring methodology and how to replicate your hospital's results. Later on, we will show you where you can find the Scoring Methodology infographic.

The Payment Adjustment page contains the order in which CMS applies payment adjustments. Subsection (d) hospitals with a total HAC score greater than the 75th percentile of all total HAC scores, or worst performing quartile, will be subject to a 1 percent payment reduction. The payment reduction occurs when CMS pays hospital claims. Hospitals that do not rank in the worst performing quartile will not be subject to a payment reduction. In fiscal year 2019, CMS notified hospitals whether they will receive a payment reduction in the HAC Reduction Program Hospital-Specific Report, or HSR.

The HSR page details the contents of the HAC Reduction Program HSR. CMS sent a fiscal year 2019 HSR for each eligible hospital to allow hospitals to review results for the program and submit corrections during a 30-day scoring calculations review and corrections period prior to

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releasing the information to the public. Each eligible subsection (d) hospital receives a HAC Reduction Program HSR that contains a detailed summary of the total HAC score, Domain 1 and Domain 2 scores, measure results, and Winsorized z-scores for CMS PSI 90, CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measures. The HSR will contain the information to replicate Winsorized z-scores for each measure. You can also find a link to the mock HSR and HSR user guide on this page.

The Resources page provides links to the HAC Reduction Program information. This includes the scoring methodology infographic, timeline for the implementation of the program, frequently asked questions, program fact sheet, and matrix of key dates.

This gives a preview of some of the resource documents that we discussed previously. This slide provides links to the HAC Reduction Program resources that are currently available, such as resources on *QualityNet*, the fiscal year 2018 final rule which finalized these changes, measure methodology materials, and scoring methodology materials.

Another useful page that is not located under the HAC Reduction Program section is the CMS Patient Safety Indicators Resources page. Go to Hospitals-Inpatient in the above menu and select Claims-Based and Hybrid Measures, then click on Resources. Here you can find the data and software CMS uses to calculate the recalibrated PSI. This way, hospitals can replicate their program results. If you scroll further down the page, there's a link to the PSI 90 fact sheet and a link to the fiscal year 2019 replication Instructions.

This concludes the HAC Reduction Program presentation. Thank you for your time. And now, I'd like to hand it over to my colleague, Laura, to talk about HRRP.

**Laura Blum:**

Thank you, April. Hello, everyone. My name is Laura Blum and I'm Program Lead with the Hospital Readmissions Reduction Program, also known as HRRP, along with Katie Warren.

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The slide shows the HRRP home page on *QualityNet*, which provides an overview of the program. You can find the HRRP home page by hovering over the Hospitals-Inpatient drop-down menu at the top of the page and selecting Hospital Readmissions Reduction Program. HRRP is a Medicare Value-Based Purchasing Program that reduces payments to hospitals with excess readmissions. Established under section 3025 of the Affordable Care Act, HRRP supports CMS' national goal of improving healthcare for Americans by linking payment to quality of hospital care. Payment reductions for HRRP started with fiscal year 2013 discharges. In other words, discharges beginning October 1, 2012. In December 2016, the 21st Century Cures Act requires CMS to assess hospitals performance relative to other hospitals with a similar proportion of patients who are duly eligible for Medicare and full benefit Medicaid.

This slide shows the HRRP Eligibility page on *QualityNet*, which describes which hospitals are eligible for and exempt from HRRP. As defined under the Social Security Act, all subsection (d) hospitals are subject to HRRP. For a full description of subsection (d) hospitals, refer to the Social Security Act on the Social Security Administration's website.

This slide shows the HRRP Measures page on *QualityNet*, which describes the measures included in the HRRP and when they were introduced to the program. HRRP consists of readmission measures for six conditions and procedures: Acute myocardial infarction, or AMI; chronic obstructive pulmonary disease, or COPD; heart failure, or HF; pneumonia; coronary artery bypass graft surgery, or CABG; and elective primary total hip and or total knee arthroplasty, or THA/TKA.

This slide shows the HRRP Excess Readmission Ratio page on *QualityNet*, which defines the excess readmission ratio, also known as the ERR, its components, and how it is calculated. CMS calculates an ERR for each of the measures in HRRP to measure hospital performance for use in payment adjustment factor calculations. ERRs are the ratio of predicted-to-expected readmissions for each measure in HRRP. If a hospital performs better than an average hospital that admitted similar patients, the ERR will be less than one. If a hospital performs worse than average, the

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ERR will be greater than one. If a hospital has fewer than 25 eligible discharges for a measure, CMS will not use the ERR for that measure and its payment adjustment factor calculations.

This slide shows the HRRP Payment Adjustment Factor page on *QualityNet*, which defines the payment adjustment factor, its components, and how it is calculated. CMS uses the ERRs discussed on the previous slide to determine the payment adjustment factor. To assess the hospital's performance relative to the performance of hospitals with similar patient populations, hospitals are stratified into five peer groups based on their proportion of dual-eligible stays. A hospital's proportion of dual-eligible stays is the proportion of Medicare fee for service and managed care stays, where the patient was duly eligible for Medicare and full benefit Medicaid. The peer group median ERR is the threshold CMS uses to assess hospital performance relative to other hospitals with similar patient populations. Hospitals whose ERR is greater than the peer group median are considered to have excess readmissions. Measures with 25 or more eligible discharges and an ERR above the peer group median ERR enter the payment adjustment factor formula. A budget neutrality modifier is applied to scale payment adjustments to retain a similar amount of Medicare savings under the non-stratified methodology used in fiscal year 2018 and prior years and the stratified methodology currently in use. The payment adjustment factor formula determines the size of the payment reduction. Hospitals can calculate their payment reduction percentage based on their payment adjustment factor. To determine the percentage of their payment reduction, hospitals must subtract the payment adjustment factor from one and multiply the result by 100. If the payment adjustment factor is equal to one, then the hospital will not receive a payment reduction. CMS caps the payment reduction at 3 percent, in other words, a minimum payment adjustment factor of 0.97.

This slide shows the HRRP Hospital-Specific Reports page on *QualityNet*, which provides an overview of Hospital-Specific Reports, or HSRs, and includes resources to help stakeholders understand their HSRs. Hospitals participating in HRRP receive an HSR with detailed information about

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their payment adjustment factor, dual proportion, peer group assignment, as well as national readmission rates, detailed discharge-level data, and risk factor information for the six condition-and-procedure, risk-standardized readmission measures during the 30-day review and corrections period. HSRs are released to hospitals via the *QualityNet* Secure File Transfer system. Stakeholders can also find the HSR user guide on this page, which includes instructions for understanding the HSR data and replicating hospital results.

This slide shows the Resources page on *QualityNet*, which provides links to additional information about HRRP. This includes the frequently asked questions, fact sheet, matrix of key dates, and payment adjustment determination infographic.

This slide highlights two of the resources mentioned on the previous slide. The HRRP payment adjustment determination infographic is a visual representation of the steps CMS takes to determine payment adjustment under the stratified methodology, and the HRRP matrix of key dates includes important information regarding the HRRP measures and deadlines.

This concludes the HRRP portion of the presentation. Thank you for your time. Now, I would like to hand it back over to Maria to talk about retrieving reports.

**Maria Gugliuzza:**

Thank you, Laura. I would now like to cover retrieving reports from the *QualityNet Secure Portal*.

Please answer the following questions silently. Where in the *QualityNet Secure Portal* can you retrieve reports? The Run Reports interface, the AutoRoute\_inbox, or are you unsure? Like the first question Bethany asked earlier, the answer is both.

There are two ways in which the CMS provides reports for the hospitals, with the correct user roles depending on the report. The first way in which hospitals receive reports is through their Run Reports option in the *QualityNet Secure Portal*. Many of the Hospital IQR Program reports and

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Hospital VBP Program reports, such as the Baseline Measures Reports and the Percentage Payment Summary Reports, are available to run through this process. The second way in which CMS sends reports to the hospitals is through the Secure File Transfer inbox. Examples of reports provided through Secure File Transfer include the HAC Reduction Program Report, the HRRP Report, and the claims-based measures Hospital-Specific Report.

Reports are only available on the *QualityNet Secure Portal* for either retrieval method to the hospital users who are active, registered *QualityNet* users and assigned the roles listed on this slide; but, you may ask: How will I know when a report is available to be retrieved?

CMS provides ListServe notifications when reports are ready and available to run. For example, this ListServe notification was used to notify hospitals that the Hospital Value-Based Purchasing Program Percentage Payment Summary Reports were available on July 27, 2018. In addition, steps are provided within the ListServe to assist in finding and running the specific report.

To sign up for the program ListServes, go to the *QualityNet* home page and select Notifications and Discussions under Join ListServes.

Once you subscribe to the ListServes, you will receive a confirmation email such as the one displayed on this screen.

In addition, we often post *QualityNet* news articles for you to reference regarding major program milestones, such as report releases. The second news article listed on this slide is an article for the release of the fiscal year 2019 HRRP HSRs and details about the review and correction period. To run a report such as the Hospital VBP Program Baseline Measures Report, click Log In at the top of the *QualityNet* page to log in to the *QualityNet Secure Portal*.

After logging into the *QualityNet Secure Portal* from the home page, select Run Reports from the My Reports drop-down.



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Click Run Reports.

Again, select Run Report(s).

From the Report Program drop-down, select IQR.

From the Report Category, select Hospital Value-Based Purchasing - Feedback Reports.

Then, click on the View Reports box in blue.

There are two reports available to the Hospital Value-Based Purchasing hospitals: The Percentage Payment Summary Report and the Baseline Measures Report. [Let's] first discuss the Hospital Value-Based Purchasing Percentage Payment Summary Report. After clicking on the Hospital Value-Based Percentage Payment Summary Report, you will then be prompted to select a reporting period. The reporting period is listed by fiscal years. Currently, the available reporting periods for the Percentage Payment Summary Reports are from fiscal year 2015 through fiscal year 2019. For help with choosing which fiscal year you would like, please reference the Hospital Value-Based Purchasing quick reference guide found on *QualityReportingCenter.com*.

The next report available is the Hospital Value-Based Purchasing Baseline Measures Report. After clicking on the Hospital Value-Based Purchasing Baseline Measures Report, you will also need to select a reporting period. Again, the reporting period is listed by fiscal years. Currently, the available Baseline Measures Reports are from fiscal year 2015 through fiscal year 2020.

After choosing the report you would like and for what fiscal year, select Run Report.

Now that you have run your report, let's locate where to find the report. Again, from the *QualityNet* home page, select Search Reports.

Once again, you'll need to click Search Report(s).

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On the Search Reports screen, you'll see the reports you just ran in the queue. When the reports are ready for download, a green arrow will appear. Click on the green arrow to download your report. If your report is not in your dashboard, click Refresh Report Status.

Once you click on the green arrow, you'll have the option to open or save.

The other retrieval method of reports is through the AutoRoute\_inbox. Similar to the reports released by running the reports, a ListServe notification is also sent to hospitals describing the steps to access the reports. In addition, you will receive an Auto Route email notification once you have received a report. The Auto Route notification will be very similar to the email displayed on this slide. Again, the reports that are sent through this method are the HAC Reduction Program HSR, the HRRP HSR, and the claims-based measures HSRs.

After logging into the *QualityNet Secure Portal*, select Secure File Transfer from the home page.

On the left-hand side, you will select AutoRoute\_inbox. You will then see the file containing the report. You can select the desired file and then click Download. Please note that the files will be deleted after a specific period of time after transmission, normally about 30 to 60 days. So, please download the report timely after receiving the notification. If you are not able to download the report in time, you can contact the applicable team via the contact information on the next slide or listed on the ListServe communication for another copy of the report to be sent.

If you have any questions as you are navigating the resources and information available for these four programs, please do not hesitate to contact our teams. Our contact information is listed on this slide. I would now like to turn the presentation back over to Bethany for the question-and-answer session.

**Bethany Wheeler-Bunch:** Thank you, Maria, and thank you to everyone that submitted questions. Our first set of questions is for the Hospital IQR Program. Candace, do the

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pass/fail lists get updated, if a provider has their APU failure reversed through the CMS reconsideration request process?

**Candace Jackson:** The three APU recipient lists are not posted to *QualityNet* until after phase two of the reconsideration process has been completed and the reconsideration decision letters have been sent to the providers. If CMS reversed an APU failure, this will occur prior to the posting of the list and the provider would be included in receiving their full market basket update list. However, if a reconsideration decision was appealed and reversed by the Provider Reimbursement Review Board, the lists on *QualityNet* would be updated.

**Bethany Wheeler-Bunch:** Thank you, Candace. The next question: For the completion of the Notice of Participation, can you clarify the differences between hospitals that wish to participate and hospitals that would like to participate for the first time or that have previously withdrawn?

**Candace Jackson:** If a hospital has just opened, so they are a brand-new hospital, they have 180 days from their Medicare accept date to complete their Notice of Participation. So, for example, if hospital A just opened and has a Medicare accept date of January 2, 2019, they would have until July 1, 2019, to complete their Notice of Participation. Depending on when they signed the NOP will determine what quarter of data they will need to start submitting. So, if they sign their NOP on July 1, then they would start submitting with quarter four 2019 data. If they signed their NOP on January 3, 2019, then they would start submitting with second quarter 2019 data. Now, let's say this same hospital did not sign their NOP by July 1, 2019, and, in October of 2019, they decided that they would like to start participating in the program. They would have until December 31, 2019, to sign their NOP and then they would start submitting data with first quarter 2020 discharges.

**Bethany Wheeler-Bunch:** Thank you for that clarification, Candace. The next question: Are critical access hospitals required to sign the Notice of Participation and submit data by the established deadline?

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**Candace Jackson:** Critical access hospitals are not eligible to participate in the hospital IQR reporting program. However, they can voluntarily submit quality measure data and have it publicly reported. A non-IQR participating hospital, such as a CAH, must complete an Inpatient Optional Public Reporting Notice of Participation agreement via the *QualityNet Secure Portal* to be able to submit, preview, and have their quality measure data published. If a non-IQR participating hospital wants to voluntarily submit the quality measure data, then they must adhere to the IQR submission deadline.

**Bethany Wheeler-Bunch:** Thank you, Candace. Our next set of questions are for the Hospital VBP Program. Maria, the question is: I am new to the hospital and would like to find the fiscal year 2015 Percentage Payment Summary Report for our hospital. How long are Percentage Payment Summary Reports available to download on *QualityNet*?

**Maria Gugliuzza:** Thank you, Bethany. Currently, on the *QualityNet Secure Portal*, the available Percentage Payment Summary Reports are from fiscal year 2015 through 2019.

**Bethany Wheeler-Bunch:** Thank you, Maria. The next question: I was able to retrieve my Baseline Measures Report, but I need help understanding my report. Who can I go to for help or where can I find additional information on the report?

**Maria Gugliuzza:** Great question. If you can go back to Slide 29, please.

On the Resources page found on *QualityNet*, you will be able to find a great document labeled How to Read Your Fiscal Year 2020 Baseline Measures Report. Also, on this page, you will find the previous year's health guides as well, with additional resources to the other reports available for the Hospital Value-Based Purchasing Program.

**Bethany Wheeler-Bunch:** Thank you. The next question: I am looking at the Search Report screen, but my report has disappeared from the queue. What should I do?

**Maria Gugliuzza:** My first suggestion is to try and rerun the report, and, if that doesn't work, please contact the *QualityNet* Help Desk. You can reach them by phone number at (866) 288-8912 or email them at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org).

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**Bethany Wheeler-Bunch:** Thank you, Maria, and we do have a few more questions regarding the report retrieval portion of our webinar. I'll go ahead and ask those now. How do registered *QualityNet* users get assigned the correct roles to receive reports?

**Maria Gugliuzza:** This is a question we often get. The registered *QualityNet* users get assigned roles by their facility's *QualityNet* Security Administrators. So, I suggest you contact your facility's *QualityNet* Security Administrators so they can assign you the correct roles to receive those reports.

**Bethany Wheeler-Bunch:** The next question is: I am having trouble downloading a report. Where can I go to for help?

**Maria Gugliuzza:** If you're having trouble downloading reports, please contact the *QualityNet* Help Desk at (866) 288-8912 or email them at [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org).

**Bethany Wheeler-Bunch:** Thank you. The next question is regarding the ListServes. I find the ListServe notifications on *QualityNet*, but I'm not receiving the communication. Can you help?

**Maria Gugliuzza:** If you are signed up for the ListServe notifications but are not receiving the communications, I would check with your facility's IT team to check if there are any firewalls preventing the notifications in your email box.

**Bethany Wheeler-Bunch:** Thank you, Maria. Our next set of questions are for the HAC Reduction Program. April, where do I find the link to the CMS PSI technical specifications?

**April Compingbutra:** Visit the CMS PSI Resources page on *QualityNet* or contact the HAC Reduction Program support team at hacrp—H-A-C-R-P—@Lantanagroup.com for questions about CMS PSI 90. On the CMS PSI Resources page, look at the basic summary of methods and software in each program table for the PSI technical specifications.

**Bethany Wheeler-Bunch:** Thank you. The next question: I have a question about the CDC healthcare-associated infection measures. Where do I go for answers?

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**April Compingbutra:** Visit the healthcare-associated infections page on *QualityNet*, the CDC National Healthcare Safety Network page, or NHSN, or contact NHSN at CDC.gov, indicating the measure the question is about in the subject line of the email. The questions and comments page on *QualityNet* also lists contact information for the HAC Reduction Programs score team. Remember to not submit patient identifiable information to the addresses.

**Bethany Wheeler-Bunch:** Thank you. The next question is: I need help downloading a Hospital-Specific Report from my hospital. Who do I contact?

**April Compingbutra:** For assistance downloading the HSR from the *QualityNet Secure Portal*, or registering for a *QualityNet Secure Portal* account, contact the *QualityNet* Help Desk at qnetsupport—Q-N-E-T-S-U-P-P-O-R-T—@hcqis—H-C-Q-I-S—.org. Include the name and CMS certification number of your hospital in the email.

**Bethany Wheeler-Bunch:** Now, we'll move on to the Hospital Readmission Reduction Program questions that we received. The first one is for Laura. Where do I go for additional help with the Hospital Readmission Reduction Program?

**Laura Blum:** Thank you for your question. The HRRP Questions and Comments page on *QualityNet* list contact information for the HRRP support team. For questions about the technical specifications and methodology of the CMS 30-Day readmission measures, please email CMSreadmissionmeasures@yale.edu. For calculation review requests and HRRP questions that are unrelated to technical specifications of the CMS readmission measures, please email HRRP@Lantanagroup.com. The HRRP support team is not able to answer inquiries by phone.

**Bethany Wheeler-Bunch:** Thank you for providing that resource, Laura. The next question is: Where can I find answers to the frequently asked questions about HRRP?

**Laura Blum:** Thank you for your question. The link to the HRRP frequently asked questions and fact sheet documents can be found on most HRRP *QualityNet* pages in the blue box in the upper right-hand corner of the page.

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**Bethany Wheeler-Bunch:** Thank you, and the last question for today: Where can I find my HRRP Hospital-Specific Report?

**Laura Blum:** Thank you for your question. HRRP Hospital-Specific Reports, or HSRs, contain discharge-level information, which includes personally identifiable information and protected health information. CMS produces HSRs for all hospitals participating in HRRP and releases them during their review and corrections period via the *QualityNet* Secure File Transfer system. To request HSR delivery to your *QualityNet* account outside of the reviewing corrections period, please email [HRRP@Lantanagroup.com](mailto:HRRP@Lantanagroup.com).

**Bethany Wheeler-Bunch:** Thank you, Laura. That's all the time we have for today. If your question was not answered, please look for the answer on the *QualityReportingCenter.com* website in the future. If it's an urgent question, please reach out to our team directly. I will now pass the presentation over to Dr. Debra Price for information on continuing education credits. Thank you for joining us today.

**Dr. Debra Price:** Hi everyone. Thanks for attending today's event, and the presentation has been approved for continuing education credits by the boards listed on this slide. If your board is not one of those boards listed, you can forward the certificate to your own board and see if they accept this certificate across state lines. Now, you can always reach out to me if you have issues.

There are three easy steps for completing your credits. The first step: Complete the survey at the end of this event. It will automatically pop up. The second step: Register either as a New User or an Existing User on our HSAG Learning Management Center website. The third step: Print out your certificate from the website. One precaution for everyone is that this is a separate registration than the one that you use to get into ReadyTalk and the webinar. Also, we prefer you use your personal email because your healthcare emails have blocks that seem to be blocking our automatic links.

Okay. This is what will pop up at the end of our slides. It's the bottom of the survey. What you do is, you finish the survey and click that grey button on the right-hand bottom that says Done, and this page will pop up.



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You note that there are two green links. The first one is the New User link, and please use that if you have had any kind of issues before, or if you are a New User. The second link is the Existing User link. Use that if you haven't had any issues before.

Depending on the link that you clicked on, you will be taken to one of these screens. For the New User screen on the left, use your personal email and the personal phone number. If you've had any problems getting your credit, please go back and use this New User screen. The Existing User screen on the right is for you to complete if you haven't had any problems with past events. Your complete email is your user name and that includes whatever is after the @ sign.

Finally, we would like to thank everyone for attending today's event. If we didn't get to your question, all submitted questions relating to this webinar will be posted to our *QualityReportingCenter.com* website at a later date. Now, we hope you learned something today. Thank you and enjoy the rest of your day. Goodbye, everyone.