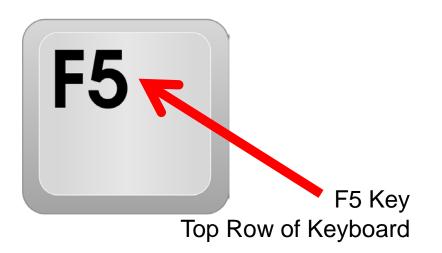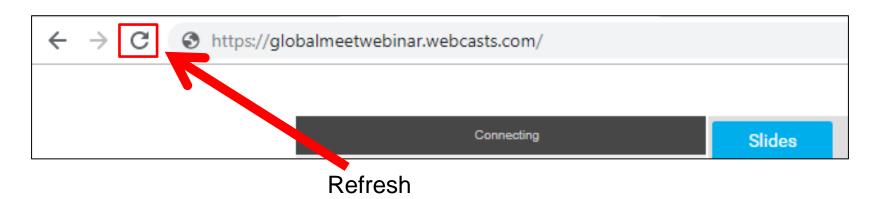# Welcome!

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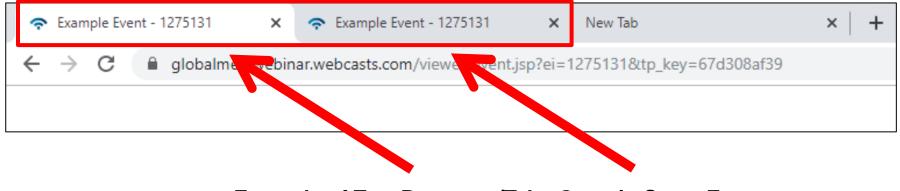
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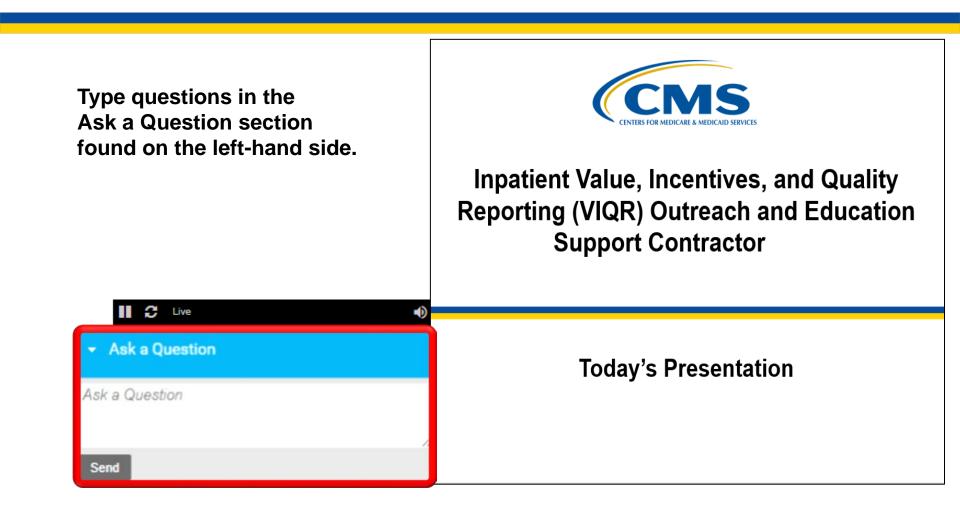https://globalmeetwebinar.webcasts.com/

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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Today's Presentation

Hospital Inpatient Quality Reporting 101: Your Guide to Successful Reporting

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Outreach and Education Support Contractor

April 20, 2022

Purpose

This webinar will provide an overview of the Hospital Inpatient Quality Reporting (IQR) Program and requirements to help ensure successful reporting.

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Objectives

Participants will be able to:

- Understand the Hospital IQR Program.

- Identify the quarterly and annual requirements for the Hospital IQR Program.

- Locate helpful resources for the Hospital IQR Program to ensure successful reporting.

Acronyms

Acronyms and Abbreviations

APU	annual payment update	**HSR**	Hospital Specific Reports
CAH	Critical Access Hospital	**HWR**	Hospital Wide Readmission
CDC	Centers for Disease Control and Prevention	**IPPS**	Inpatient Prospective Payment System
CMS	Centers for Medicare & Medicaid Services	**IQR**	Inpatient Quality Reporting
DACA	Data Accuracy and Completeness Acknowledgement	**NHSN**	National Healthcare Safety Network
ECE	Extraordinary Circumstance Exemption	**NOP**	Notice of Participation
eCQM	electronic clinical quality measures	**ONC**	Office of National Coordination
ED	emergency department	**PC**	Perinatal Care
EHR	electronic health record	**PY**	Payment Year
FY	fiscal year	**QRDA**	Quality Reporting Document Architecture
HARP	HCQIS Access Roles and Profiles	**SEP**	Sepsis
HARP	HCQIS Access Roles and Profiles	**SO**	Security Official
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	**STK**	Stroke
HCP	Healthcare Personnel	**VBP**	Value-Based Purchasing
HCQIS	Health Care Quality Information System	**VIQR**	Value, Incentives and Quality Reporting
HIQR	Hospital Inpatient Quality Reporting	**VTE**	Venous Thromboembolism
HQR	Hospital Quality Reporting	**XML**	Extensible Markup Language

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Webinar Questions

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https://cmsqualitysupport.servicenowservices.com/qnet_qa

- If your question is about a specific slide, please include the slide number.

- If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers Tool. If you do not find an answer, then submit your question to us via the same tool.

Hospital Inpatient Quality Reporting 101:
Your Guide to Successful Reporting

Hospital Inpatient Quality Reporting Program Quick Start

Introduction

Hospitals that participate in the Hospital IQR Program report data related to inpatient quality of care measures to the Centers for Medicare & Medicaid Services (CMS).

- The Hospital IQR Program is known as a "pay for reporting" program because hospitals that participate in the program and successfully meet all requirements are paid more than hospitals that do not participate.

- Hospitals that wish to participate in the Hospital IQR Program must let CMS know by submitting a Notice of Participation (NOP).

  o By submitting the NOP, the hospital agrees to have CMS publicly report its Hospital IQR data.

Calendar Year, Fiscal Year and Payment Year

Hospital IQR Program reporting done for any calendar year affects the hospital's Medicare reimbursement during a future year. This future year is known as the fiscal year (FY) or the payment year (PY).

- For example, Hospital IQR Program data submissions related to 2022 discharges will affect the hospital's Medicare reimbursement between October 1, 2023, and September 30, 2024. The time frame between October 1, 2023, and September 30, 2024, is known as FY 2024, or PY 2024.

- For more information, refer to the infographic [Understanding Calendar Years & Fiscal Years](#).

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Hospital IQR Measures

Type	Definition
Claims-Based	These pertain to patient outcomes and healthcare costs. CMS uses Medicare enrollment data and Part A and Part B claims data for these measures. All information is provided by the hospital on the claim it sends to Medicare to obtain reimbursement for the care provided to the patient. Hospitals do not have to submit any additional data to CMS.
Clinical Process of Care	Data for these measures are related to the processes used to care for patients, not directly patient outcomes. The hospital or hospital's vendor abstract data from medical records and submit to CMS.
Public Health Registry	Hospitals submit these to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN). Hospitals must enroll in NHSN and finish NHSN training to do this. The CDC sends the public health registry data to CMS immediately following each submission deadline for quality measurement purposes.
HCAHPS Survey	The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a standardized survey for measuring patients' perspectives on their hospital care during their inpatient stay. The hospital or the hospital's vendor reports data from completed surveys to CMS.
eCQMs	Electronic clinical quality measures (eCQMs) were developed specifically to allow an electronic health record (EHR) to capture, export, calculate, and report measure data.
Hybrid	These differ from claim-based measures as they merge EHR data elements with claims data to calculate a risk-standardized rate.
Structural	Assess features of a healthcare organization or clinician relevant to its capacity to provide care. Data from structural measures help assess infrastructure of capacity, systems, and processes.

Hospital Inpatient Quality Reporting 101:
Your Guide to Successful Reporting

Hospital IQR Program Overview

Overview

- The Hospital IQR Program is a quality reporting program with the goal of driving quality improvement through measurement and transparency.

- Hospitals participate by submitting data to CMS on measures of inpatient quality of care.

- CMS makes quality and cost measure data from the Hospital IQR Program available to the public on [Care Compare](#).

- Acute care hospitals paid for treating Medicare beneficiaries under the inpatient prospective payment system can receive the full Medicare annual payment update (APU).

- Those subsection (d) hospitals that do not participate, or participate but fail to meet program requirements, are subject to a **one-fourth reduction** of the applicable percentage increase in their APU for the applicable fiscal year.

Critical Access Hospitals

- Critical access hospitals (CAHs) are not included in the Hospital IQR Program, but they are encouraged to participate in voluntary reporting and have their data publicly reported on the public reporting website.

- To participate in voluntary reporting, CAHs must let CMS know by submitting an [Optional Public Reporting Notice of Participation](#), which may be submitted at any time.

- CAHs **are** required to participate in the Medicare Promoting Interoperability Program, which is a separate, but related program to the Hospital IQR Program.

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CMS Communications

- Email Updates

  Email notification is one way that CMS communicates important program information to hospitals. Make sure you are signed up for these communications and that we have your hospital's up-to-date contact information so that we may send you targeted communications. You can register for these communications by going to the [Sign Up for Email Updates](#) webpage.

- Targeted Communications

  The CMS provider contact database contains contact information for key staff members in each Hospital IQR Program-participating hospital. Information in this database is used to provide critical targeted communications to hospitals about meeting the requirements of the Hospital IQR Program and other CMS quality reporting programs. It is important to keep your hospital's contact information current, so you do not miss our reminders. The fillable [Hospital Contact Change Form](#) is available electronically on QualityNet.

Data Submission Deadlines

Information on the Hospital IQR Program data submission deadlines and reporting quarters used for payment determination is available on QualityNet and Quality Reporting Center.

Quarterly Requirements	Annual Requirements
HCAHPS Survey Data	DACA (Submission period: April 1–May 15 each year)
Aggregate Population and Sampling	Maternal Morbidity Structural Measure (Submission period: April 1–May 15 each year)
Clinical Process of Care Measures: SEP-1 and PC-01	Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure (Submission deadline: May 15 each year)
COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)	eCQMs (Submission deadline: February 28 each year)

DACA=Data Accuracy and Completeness Acknowledgement

Submission Deadline Best Practices and Tips

- CMS typically allows four-and-a-half months for hospitals to add new data and submit, resubmit, change, and delete existing data up until the submission deadline. Data should be submitted well before the deadline to allow time to review them for accuracy and make necessary corrections. (Submission deadlines that fall on a weekend or holiday will move to the next business day.)

- **Clinical Process of Care, Population and Sampling, and PC-01**: The *Hospital Quality Reporting (HQR) Secure Portal* does not allow data to be submitted or corrected after the quarterly deadline.

- **Influenza Vaccination Coverage Among Healthcare Personnel (HCP) and COVID-19 Vaccination Coverage Among HCP:** Data can be modified in NHSN at any time. Data modified in NHSN after the quarterly submission deadline are not sent to CMS and will not be publicly reported.

- **HCAHPS Survey:** Data may be corrected during the designated seven-day review and correction period following each submission deadline. However, data cannot be changed, nor new data submitted after the quarterly deadline.

- **DACA and Structural Measures:** Information cannot be added/changed after the deadline.

- **eCQMs:** The *HQR Secure Portal* does not allow data to be submitted or corrected after the applicable submission deadline.

Hospital Inpatient Quality Reporting 101:
Your Guide to Successful Reporting

Hospital IQR Program Requirements

Register Staff Within the *HQR Secure Portal*

- Hospitals must register staff within the *HQR Secure Portal* to submit a NOP and begin reporting data.

- To register as a Basic User or Security Official (SO):

    1. Log into [HARP Sign In](https://hqr.cms.gov/hqrng/login) at https://hqr.cms.gov/hqrng/login with your HARP username and password.

        - To create a HARP account, visit the [HCQIS Access Roles and Profile page](https://harp.qualitynet.org/) at https://harp.qualitynet.org/.

    2. Go to **My Profile** under your username in the upper-right corner. Select **Request Access** or **View Current Access**.

    3. Select **Basic User** or **Security Official** when prompted.

    4. Select your required permissions and click **Submit an Access Request**. An email will notify you when your request is approved.

Acronyms

Maintain an SO

- Hospitals submitting data via the *HQR Secure Portal* or using a vendor to submit data on their behalf are required to designate at least one QualityNet SO.

- It is recommended that SOs log into their accounts at least once per month to maintain an active account.

- Accounts that have been inactive for 120 days will be disabled. Once an account is disabled, the user must contact the QualityNet Service Center to have the account reset.

> **Best Practice:**
> **It is highly recommended that hospitals designate at least two QualityNet SOs. One serves as the primary SO and the other serves as backup. A minimum of <u>two</u> SOs ensures compliance with this requirement if one SO becomes unavailable.**

Acronyms 22

Complete Notice of Participation

Subsection (d) hospitals that wish to participate in the Hospital IQR Program must complete a [Hospital IQR Program NOP](#) through the *HQR Secure Portal* online tool.

- New subsection (d) hospitals:
  - Must submit a NOP no later than 180 days from the hospital's Medicare accept date.
  - Must start submitting Hospital IQR Program data for the quarter after they sign their NOP.

- Subsection (d) hospitals with Medicare accept dates greater than 180 days in the past may also participate in the Hospital IQR Program.
  - They must complete an NOP by December 31 of the calendar year prior to the first quarter of the calendar year in which the Hospital IQR Program data submission is required for any given fiscal year.

Withdrawing NOP

Hospitals may withdraw their participation in the Hospital IQR Program using the NOP tool in the *HQR Secure Portal*.

- When a hospital chooses to withdraw from the Hospital IQR Program, it must withdraw the NOP (using the NOP tool in the *HQR Secure Portal)* **by May 15 prior to the start** of the affected fiscal year.

- Hospitals choosing to **withdraw** from the Hospital IQR Program will automatically receive a **one-fourth reduction** of the applicable percentage increase of their APU and will be **excluded** from the Hospital Value-Based Purchasing (VBP) Program.

Acronyms

Submit HCAHPS Data

- Hospitals must collect HCAHPS Survey data monthly and submit the data to CMS no later than each quarterly submission deadline.

- Participation in HCAHPS requires hospitals to either:

  o Contract with an approved HCAHPS Survey vendor that will conduct the survey and submit the data on the hospital's behalf.

    OR

  o Self-administer the survey without using a survey vendor. Hospital staff must attend HCAHPS Survey training, become approved to self-administer the survey, and meet minimum survey requirements as specified on the HCAHPS website.

Important Note:
When a vendor submits data for a hospital, the hospital remains responsible for the accuracy and the timeliness of the submission.

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Submit Population and Sampling

- Each quarter prior to the submission deadline, hospitals must submit aggregate population and sample size counts for chart-abstracted measure sets via the Population and Sampling tool or Extensible Markup Language (XML) file through the *HQR Secure Portal*.

- These counts include both Medicare and non-Medicare discharges.

> **Important Note:**
> **Fields may not be left blank. If the hospital had no discharges for the measure set, a zero (0) must be entered, if appropriate.**

Acronyms 26

Submit Clinical Data

Each quarter prior to the submission deadline, hospitals must submit chart-abstracted data through the *HQR Secure Portal* for the clinical process of care measures.

Chart-abstracted Clinical Process of Care Measures	
Short Name	**Measure Name**
PC-01	Elective Delivery
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)

PC-01: Elective Delivery

- This measure documents the number of patients with elective vaginal deliveries or elective Cesarean sections at more than or equal to (≥) 37 and less than (<) 39 weeks of gestation completed.

- Hospitals are required to submit aggregate data (population and sampling, numerator, denominator, and exclusion counts) electronically via the *HQR Secure Portal* inpatient web-based measures collection tool.

- Hospitals that do not deliver babies may opt out of reporting PC-01 measure data for the Hospital IQR Program by submitting an IPPS Quality Reporting Program Measure Exception Form.

  o Hospitals that do not deliver babies must enter a zero (0) for each of the PC-01 data-entry fields prior to each quarterly submission deadline unless they submit this form.

Note:
Hospitals seeking an exception would submit this form at least annually.

SEP-1: Severe Sepsis and Septic Shock: Management Bundle

- For SEP-1, providers must submit XML files through the *HQR Secure Portal*.

- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (Sepsis) in a quarter **are not** required to submit patient-level data for that measure set for that quarter. However, population and sampling data must still be entered for the Sepsis measure set.

Acronyms   29

Submission Tips

- When a vendor submits data for a hospital, the *hospital* remains responsible for the accuracy and the timeliness of the submission.

- Hospitals can update/correct their submitted clinical data until the CMS submission deadline. The CMS clinical data warehouse will be locked immediately afterward. Any cases or updates submitted after the submission deadline will be rejected and will not be reflected in the data CMS uses.

- Hospitals may use **paper tools** as optional, informal abstraction mechanisms to assist in data collection for the Hospital IQR Program. Please note that the data abstracted in the paper tools must be converted into the appropriate XML file for submission via the *HQR Secure Portal*. Hospitals cannot submit the paper tools to CMS through the *HQR Secure Portal*.

Acronyms 30

Submit COVID-19 HCP Vaccination Measure Data

Hospitals must collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter and submit data to NHSN at least quarterly prior to each quarterly submission deadline.

Acronyms   31

Submit HCP Influenza Vaccination Measure Data

- Influenza Vaccination Coverage Among Healthcare Personnel (HCP) data are submitted to the CDC's NHSN. CDC transmits this data to CMS immediately following the annual submission deadline for use in CMS quality programs, as well as CDC surveillance programs.

- Hospitals **must** collect and submit Influenza Vaccination Coverage Among HCP data **annually**. 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 following the end of the flu season.

Acronyms   32

NHSN Tips

- It is recommended that hospitals sign up for NHSN communications via newsletters and email updates at www.cdc.gov/nhsn > Newsletters/Members Meeting Updates.

- It is highly recommended that hospitals have at least two active NHSN users who can enter HCP data. **This practice may help hospitals meet data submission deadlines in the event one of the NHSN users becomes unavailable.**

- Make sure to allow ample time before the submission deadline to review and, if necessary, correct your HCP data. Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be publicly reported.

Acronyms 33

Submit eCQMs

- Report the total number of required eCQMs.

  o Hospitals are required to submit the Safe Use of Opioids – Concurrent Prescribing eCQM and self-select three available eCQMs from the measure set.

- Report **the required number of self-selected quarters** of data for four eCQMs using EHR technology certified to the Office of the National Coordinator (ONC) for Health Information Technology's existing 2015 Edition certification criteria, 2015 Edition Cures Update criteria, or a combination of both.

- Report using the required eCQM specifications.

- Report using the required CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide.

- Hospitals may successfully report by submitting a combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and/or case threshold exemptions.

Acronyms 34

eCQMs

Electronic Health Record-Based Clinical Process of Care Measures (Electronic Clinical Quality Measures)	
Short Name	**Measure Name**
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients
PC-05	Exclusive Breast Milk Feeding
STK-02	Discharged on Antithrombotic Therapy
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05	Antithrombotic Therapy by the End of Hospital Day Two
STK-06	Discharged on Statin Medication
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing

Claims and Electronic Data (Hybrid) Measures

Beginning with FY 2024, hospitals can voluntarily submit the Hybrid Hospital-Wide Readmission (HWR) measure. The Hybrid HWR measure differs from the claims-based HWR measure as it merges EHR data elements with claims data to calculate the risk-standardized readmission rate.

Acronyms   36

Complete DACA

- The DACA is an annual requirement for hospitals participating in the Hospital IQR Program to electronically acknowledge that the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge.

- The open period for signing and completing the DACA is April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year.

- Hospitals are required to complete and sign the DACA **on an annual basis** by the May 15 deadline via the *HQR Secure Portal*.

Acronyms   37

Complete Maternal Morbidity Structural Measure

- Hospitals are required to complete the structural measure question on an annual basis via the *HQR Secure Portal*.

- The submission period for completing the structural measure is between April 1 and May 15 with respect to the time period of January 1 through December 31.

Hospitals that do not deliver babies must complete and submit the structural measure data even if they have submitted an Inpatient Prospective Payment System (IPPS) Quality Reporting Program Measure Exception Form for PC-01.

Acronyms 38

Meet Validation Requirements

- CMS will perform a random selection of up to 200 subsection (d) hospitals, and up to 200 targeted subsection (d) hospitals.

- CMS will use one single sample of hospitals selected through random selection and one sample of hospitals selected using targeting criteria, for both chart-abstracted measures and eCQMs.
  - Under the aligned validation process, any hospital selected for validation will be expected to submit data to be validated for both chart-abstracted measures and eCQMs.

- CMS will validate up to eight cases for chart-abstracted clinical process of care measures per quarter per hospital.

- Additionally, 16 cases (individual patient-level reports; 8 cases for each of the two selected quarters) will be randomly selected from the QRDA Category I files submitted per hospital selected for eCQM validation.

- Additional information can be found on the QualityNet [Data Validation](#) pages.

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Hospital IQR Program Additional Information

Claims-Based Measures

- CMS collects information for certain quality measures using the data that hospitals provide on their Part A and Part B claims for fee-for-service Medicare patients.

- **No additional data submission by the hospital is necessary.** CMS calculates the measure rates based solely on data provided by the hospitals on their claims.

- Hospital-Specific Reports (HSRs) for the claims-based measures are made available for hospitals via the *HQR Secure Portal*.

  o HSRs contain discharge-level data, hospital-specific results, and state and national results for the claims-based measures. HSRs will be accompanied by a user guide describing the details of the HSR.

  o HSRs are only accessible for a specific time, depending on the HSR, and should be downloaded as soon as they are available.

  o The HSRs contain personally identifiable information and protected health information.

Acronyms   41

Public Reporting

- The CMS public reporting website presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals.
  - Hospitals participating in the Hospital IQR Program are required to display quality data for public viewing on the [Care Compare](#) website.
  - Prior to the public release of data, hospitals can review their data during a 30-day preview period via the *HQR Secure Portal*.
- CMS has developed a methodology to calculate and display overall hospital-level quality using a star rating system.
  - The overarching goal of the Overall Star Ratings is to improve the usability and interpretability of information posted on the public reporting website.

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When Hospital IQR Program Requirements Are Not Met

Extraordinary Circumstance Exception (ECE)

CMS offers a process for hospitals to request exceptions from the reporting of required quality data (including eCQM data) for one or more quarters when a hospital experiences an [extraordinary circumstance](#) beyond the hospital's control.

Non-eCQM Related ECEs

- Hospitals may request an exception with respect to quality data reporting requirements in the event of extraordinary circumstances beyond the control of the hospital.
  Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data-collection systems that directly affected the ability of the hospital to submit data.

- For non-eCQM ECEs, hospitals must submit a CMS Quality Program Extraordinary Circumstances Exceptions (ECE) Request Form with **all** required fields completed **within 90 calendar days of the extraordinary circumstance**.

eCQM-Related ECEs

- Hospitals may use the same ECE request form to request an exception from the Hospital IQR Program eCQM reporting requirement for the applicable program year, based on hardships preventing the hospital from electronically reporting.

- Such circumstances could include, but are not limited to, infrastructure challenges (e.g., 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 eCQM-related ECE requests only**, hospitals must submit an ECE request form, including supporting documentation, by **April 1, following the end of the reporting period calendar year**.

Reconsiderations

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.

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Contact Information and Resources

HIQR Resources

- Hospital IQR Program [Website](#):
  - [https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/](#)
  - QualityReportingCenter.com > Inpatient > [Hospital Inpatient Quality Reporting (IQR) Program](#)
- Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor
  - Phone: (844) 472-4477 or (866) 800-8765 (8 a.m.–8 p.m. Eastern Time, Monday–Friday)
  - Email: [https://cmsqualitysupport.servicenowservices.com/qnet_qa](#)
  - Live Chat: QualityReportingCenter.com > Inpatient > [Talk to Us](#)
- Hospital Inpatient [Question and Answer Tool](#)

Additional Resources

- QualityNet Website: https://qualitynet.cms.gov/
- QualityNet Service Center
  - Phone Number: (866) 288-8912
  - Fax Number: (888) 329-7377
  - Email: qnetsupport@hcqis.org

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Thank You

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

Note: To verify continuing education approval for any other state, license, or certification, please check with your licensing or certification board.

Acronyms

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