



Navigating the HQR Hospital IQR Program Reports

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Purpose

This webinar will provide an overview of Hospital Quality Reporting (HQR) Hospital Inpatient Quality Reporting (IQR) Program reports to help ensure providers meet Centers for Medicare & Medicaid Services (CMS) requirements.

Objectives

Participants will be able to:

- Locate the Hospital IQR reports within the HQR Secure Portal.
- Understand the different submission and feedback reports and the data contained within them.
- Locate helpful resources for the Hospital IQR Program to ensure successful reporting.

Acronyms and Abbreviations

| | | | | | |
|---------------|--|----------------|--|----------------|--|
| APU | Annual Payment Update | ED | emergency department | NOP | Notice of Participation |
| ASCQR | Ambulatory Surgical Care Reporting | FSN | Facility, State, and National | ONC | Office of the National Coordinator |
| B | Excluded | HAC | Hospital-Acquired Condition | OQR | Outpatient Quality Reporting |
| CAUTI | Catheter Associated Urinary Tract Infection | HACRP | Hospital-Acquired Condition Reporting Program | PC | Perinatal Care |
| CCN | CMS Certification Number | HAI | Healthcare-Associated Infections | PCHQR | PPS-Exempt Cancer Hospital Quality Reporting |
| CCSQ | Center for Clinical Standards and Quality | HCAHPS | Hospital Consumer Assessment of Healthcare Providers and Systems | PROD | production |
| CDC | Centers for Disease Control and Prevention | HCP | healthcare personnel | Q | quarter |
| CFR | Code of Federal Regulations | HQR | Hospital Quality Reporting | QRDA | Quality Reporting Document Architecture |
| CLABSI | Central Line | ICD | International Classification of Diseases | SEP | sepsis |
| CM | Clinical Modification | ID | identification | SHK | shock |
| CMS | Centers for Medicare & Medicaid Services | INFO | informational | SSICOLA | Surgical Site Infection Colon |
| CSV | comma separated values | IPFQR | Inpatient Psychiatric Facility Quality Reporting | SSIHYST | Surgical Site Infection Hysterectomy |
| D | Failed | IQR | Inpatient Quality Reporting | STK | stroke |
| DACA | Data Accuracy and Completeness Acknowledgement | IT | information technology | VBP | Value-Based Purchasing |
| DSRS | Dementia Severity Rating Scale | MRSABLD | Methicillin-resistant Staphylococcus aureus blood | VIQR | Value, Incentives, and Quality Reporting |
| E | Passed | NA | not applicable | VTE | venous thromboembolism |
| eCQM | electronic clinical quality measure | NHSN | National Healthcare Safety Network | | Back |

Webinar Questions

If we do not get to your question during the webinar, please submit your question to the [QualityNet](#) Inpatient Questions and Answers Tool:

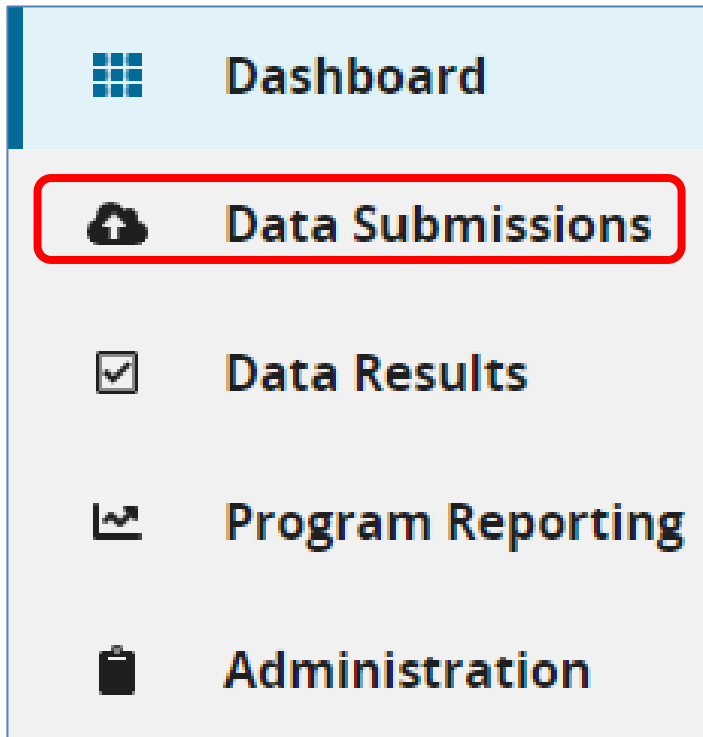
https://cmsqualitysupport.servicenowservices.com/qnet_qa

- 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 the question 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.

Navigating the HQR Hospital IQR Program Reports

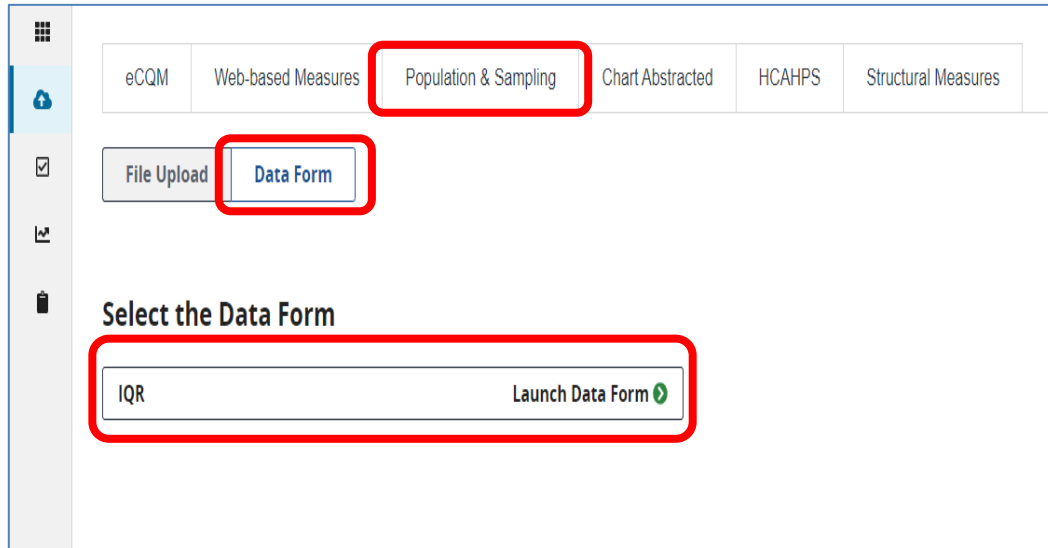
Data Submissions

Data Submissions



- Log into the *HQR Secure Portal*.
- The HQR home page will open.
- Under the Dashboard, on the left-hand side of the screen, click on **Data Submissions**.

Population and Sampling



- On the Data Submission page, select **Population & Sampling** and **Data Form**.
- Under Select the Data Form, select **IQR** and **Launch Data Form**.

Population and Sampling

(continued)

Data Submission

Hospital Inpatient: Population & Sampling

Reporting Period: Q4 2021

✓ Hospital Inpatient: Population & Sampling Measure Sets Successfully Submitted

CMS Certification Number: 160082
Submission Period: 10/01/2021 - 12/31/2021
With Respect to Reporting Period: 10/01/2021 - 12/31/2021
Last Updated: 3/31/2022 7:13 AM

Current Submission Period: Open

✓ Enter ———— ✓ Preview ———— ✓ Submit

+ IQR-SEPSIS ✓ Complete
Severe Sepsis and Septic Shock

Export Data

- Under Reporting Period, select the applicable discharge quarter.
- Once the data has been submitted, it will display Complete.
- To view the data, click on **IQR-Sepsis** or **Export Data**.

Population and Sampling Reports

Data Form

Submission Period: 10/01/2021 - 05/02/2022
 With Respect to Reporting Period: 10/01/2021 - 12/31/2021
 Last Updated: 3/31/2022 7:13 AM

IQR - Population and Sampling

✔ All Measures Successfully Submitted!

| Measure | Submission Status | Last Updated |
|------------|-------------------|-------------------|
| IQR-SEPSIS | Submitted | 3/31/2022 7:13 AM |

IQR-SEPSIS

Sampling Frequency: Monthly

Population

| | October | November | December | Total |
|--------------|------------|------------|------------|------------|
| Medicare | 145 | 166 | 175 | 486 |
| Non-Medicare | 81 | 85 | 87 | 253 |
| Total | 226 | 251 | 262 | 739 |

Sampling

| | October | November | December | Total |
|--------------|-----------|-----------|-----------|-----------|
| Medicare | 21 | 23 | 24 | 68 |
| Non-Medicare | 12 | 9 | 10 | 31 |
| Total | 33 | 32 | 34 | 99 |

Export Data CSV Report

| Report Run Date | Provider ID | Submitter ID | Encounter Quarter | Provider | Submission T Date | Upload Date | Batch ID | File ID | Filename | File Status | Code | Feedback Message |
|-----------------|-------------|--------------|-------------------|----------|-------------------|-------------|----------|---------|------------|-------------|---------|---|
| 4/19/2022 | 160082 | J051101 | 10/01/2021- | ABC Hosp | PROD | 3/31/2022 | 4E+06 | 27a0 | 160082.xml | ACCEPTED | [19160] | Hospital Initial Patient Population Data XML file successfully accepted |

Web-Based Measures

- On the Data Submission page, select **Web-based Measures**.
- Select **Data Form**.

The screenshot displays a web interface for data submission. At the top, a horizontal navigation bar contains six tabs: 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', and 'Structural Measures'. The 'Web-based Measures' tab is highlighted with a red rectangular border. Below the navigation bar, the main content area is titled 'How would you like to submit your data?'. This area is divided into two columns. The left column contains the text 'How would you like to submit your data?'. The right column contains two options: 'File Upload' with a cloud upload icon and the text 'Upload files for program credit here.', and 'Data Form' with a list icon and the text 'Enter data for program credit here.'. The 'Data Form' option is highlighted with a red rectangular border. On the far left, a vertical sidebar contains four icons: a grid, a cloud with a plus sign, a checkmark, and a clipboard.

Web-Based Measures

(continued)

On the Data Form Submission page, under the **Select the Data Form**, select **IQR** and **Launch Data Form**.

The screenshot shows a web interface for data submission. On the left is a vertical sidebar with icons for a grid, a cloud upload, a checkmark, a refresh, and a clipboard. The main content area has a horizontal menu with tabs: 'eQIM', 'Web-based Measures' (highlighted with a blue bar), 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', and 'Structural Measures'. Below this menu are two buttons: 'File Upload' and 'Data Form' (highlighted with a blue border). A message reads: 'You have selected Data Form submission. You can choose a different method at any time.' Below the message is the heading 'Select the Data Form'. Under this heading is a list of data forms, with 'IQR' highlighted by a red box. To the right of the list is a button labeled 'Launch Data Form' with a green arrow icon, also highlighted by a red box.

Web-Based Measures

(continued)

Inpatient Quality Reporting (IQR)

Discharge Quarter: 4Q2021

✓ Inpatient Quality Reporting (IQR) Measures Successfully Submitted

CMS Certification Number:
Submission Period: 04/01/2022 - 05/16/2022
With Respect to Reporting Period: 10/01/2021 - 12/31/2021
Last Updated: 4/4/2022 8:46 AM

Current Submission Period: Open

Enter — Preview — Submit

+ PC-01 ✓ Complete
Elective Delivery

Rate for this measure

| | | |
|----|-----------|-------------|
| 3% | 1 | 31 |
| | Numerator | Denominator |

Lower rates are better

Export Data

- Under Discharge Quarter, select the applicable discharge quarter.
- Once the data has been submitted, it will display Complete.
- To view the data, click on **PC-01** or **Export Data**.

Web-Based Measures Reports

Data Form

Inpatient Quality Reporting (IQR) Discharge Quarter
4Q2021

Inpatient Quality Reporting (IQR) Measures Successfully Submitted

CMS Certification Number: 1600X [Export Data](#)

Submission Period: 04/01/2022 - 05/16/2022
With Respect to Reporting Period: 10/01/2021 - 12/31/2021
Last Updated: 4/4/2022 8:46 AM

Current Submission Period: Open

Enter Preview Submit

PC-01 Complete
Elective Delivery

Rate for this measure

| | | |
|-----------|-----------|-------------|
| 3% | 1 | 31 |
| | Numerator | Denominator |

Lower rates are better

Population

What was your hospital's Total Mother Population?
1253

What was your hospital's sample size?
252

What was your hospital's sampling frequency?
Monthly

Numerator

What was the number of patients with elective deliveries?
1

Export Data CSV Report

Submission Period: 04/01/2022 - 05/16/2022
With Respect to Reporting Period: 10/01/2021 - 12/31/2021
Last Updated: 4/4/2022 8:46 AM

IQR

All Measures Successfully Submitted!

| Measure | Submission Status | Last Updated |
|---------|-------------------|------------------|
| PC-01 | Submitted | 4/4/2022 8:46 AM |

PC-01

What was your hospital's Total Mother Population?
1253

What was your hospital's sample size?
252

What was your hospital's sampling frequency?
Monthly

What was the number of patients with elective deliveries?
1

What was the total number of patients delivering newborns with >= 37 and < 39 weeks of gestation completed?
31

What was the exclusion count for the ICD-10-CM Principal or Other Diagnosis Code for Elective Delivery?

Structural Measures

- On the Data Submission page, select **Structural Measures**.
- Select **Data Form**.
- Select **IQR** and **Launch Data Form**.

The screenshot shows a web interface for data submission. At the top, there is a horizontal menu with five tabs: eCQM, Web-based Measures, Population & Sampling, Chart Abstracted, and HCAHPS. The 'Structural Measures' tab is selected and highlighted with a red box. Below this menu, there are two buttons: 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted with a red box. Below the buttons, there is a message: 'You have selected Data Form submission. You can choose a different method at any time.' Below the message, there is a section titled 'Select the Data Form'. In this section, there are two buttons: 'IQR' and 'Launch Data Form'. The 'IQR' button is highlighted with a red box, and the 'Launch Data Form' button is also highlighted with a red box.

Structural Measures

(continued)

The screenshot displays the 'Inpatient Quality Reporting' section. At the top right, there is a 'Fiscal Year' dropdown menu set to '2023'. Below this, a green banner indicates 'Inpatient Quality Reporting Measures Successfully Submitted'. A progress bar shows three steps: 'Enter', 'Preview', and 'Submit', all marked with green checkmarks. On the right side, there is a blue 'Export Data' button. At the bottom left, a red-bordered box highlights a '+ Maternal Morbidity' link with a green checkmark and the word 'Complete'. The left sidebar contains navigation icons for home, list, search, and a folder.

- Under Fiscal Year, select the applicable year.
- Once the data has been submitted, it will display Complete.
- To view the data, either click on **Maternal Morbidity** or **Export Data**.

Structural Measure Reports

Data Form

Inpatient Quality Reporting Fiscal Year
2023

Inpatient Quality Reporting Measures Successfully Submitted

CMS Certification Num...
Submission Period: 04/01/2022 - 05/16/2022 Export Data
With Respect to Reporting Period: 10/01/2021 - 12/31/2021
Last Updated: 4/1/2022 3:43 PM

Current Submission Period: Open

Enter Preview Submit

Maternal Morbidity Complete

Maternal Morbidity

Does your hospital or health system participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes during inpatient labor, delivery and postpartum care, and has implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis?

Yes

Export Data Report

Submission Period: 04/01/2022 - 05/16/2022
With Respect to Reporting Period: 10/01/2021 - 12/31/2021
Last Updated: 4/1/2022 3:43 PM

Structural Measures

All Measures Successfully Submitted!

| Measure | Submission Status | Last Updated |
|--------------------|-------------------|------------------|
| Maternal Morbidity | Submitted | 4/1/2022 3:43 PM |

Maternal Morbidity

Does your hospital or health system participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes during inpatient labor, delivery and postpartum care, and has implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis?

Yes

Electronic Clinical Quality Measure (eCQM): Denominator Declarations

- On the Data Submission page, select **eCQM**.
- Select **Data Form**.
- Under **Select a Submission Type** select **Production**.

The screenshot displays a web interface for data submission. At the top, a horizontal menu contains several categories: 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', and 'Structural Measures'. The 'eCQM' category is highlighted with a red box. Below this menu, there are two buttons: 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted with a red box. Below the buttons, there is a text instruction: 'Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.' Underneath, there is a section titled 'Select a Submission Type' with two buttons: 'Test' and 'Production'. The 'Production' button is highlighted with a red box.

eCQM: Denominator Declarations

(continued)

Under the **Data Form**, select **Denominator Declaration** and **Launch Data Form**.

The screenshot displays the eCQM interface. At the top, there is a navigation bar with tabs for 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', and 'Structural Measures'. Below this, there are two main buttons: 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted with a red box. Below the buttons, the text 'Select the Data Form' is displayed. Underneath, there are two buttons: 'Denominator Declaration' and 'Launch Data Form'. Both buttons are highlighted with red boxes. The 'Launch Data Form' button includes a green arrow icon.

eCQM: Denominator Declarations

(continued)

Select the applicable Discharge Quarter.

Denominator Declaration

If your total cases are 5 or less for your reporting quarter please use the drop down below to identify Zero Denominator Declaration or Case Threshold Exemptions.

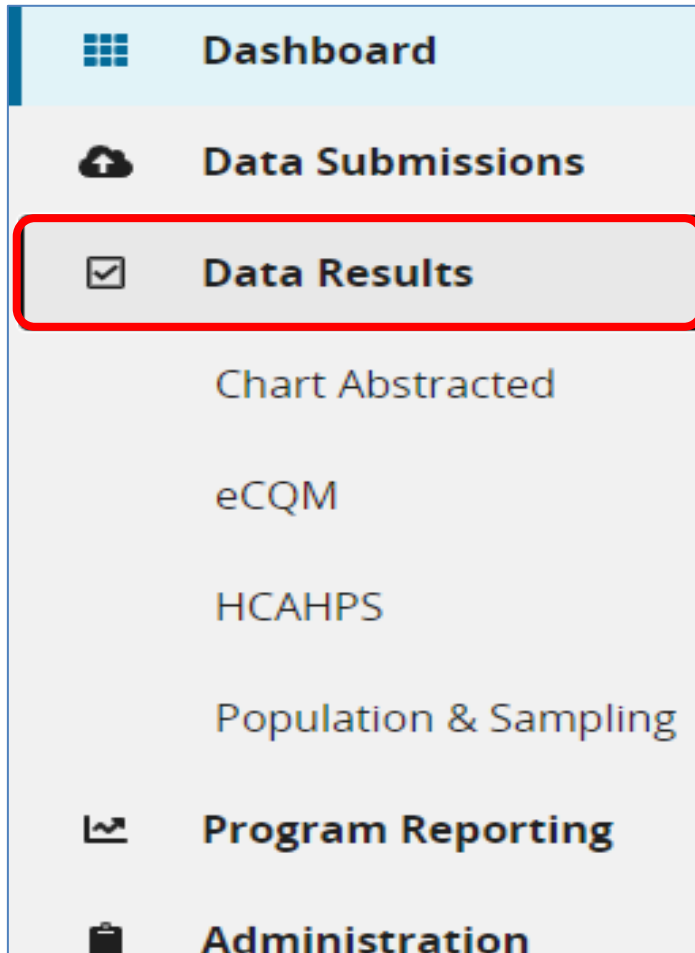
Discharge Quarter
Q4 2021

| Measure | | Zero Denominator Declaration * / Case Threshold Exemption ** |
|---------------------|---|--|
| ED-2 | Median Admit Decision Time to ED Departure Time for Admitted Patients | N/A |
| PC-05 | Exclusive Breast Milk Feeding | N/A |
| STK-2 | Discharge on Antithrombotic Therapy | N/A |
| STK-3 | Anticoagulation Therapy for Atrial Fibrillation/Flutter | N/A |
| STK-5 | Antithrombotic Therapy by End of Hospital Day 2 | N/A |
| STK-6 | Discharge on Statin Medication | N/A |
| VTE-1 | Venous Thromboembolism Prophylaxis | N/A |
| VTE-2 | Intensive Care Unit Venous Thromboembolism Prophylaxis | N/A |
| Safe Use of Opioids | Safe Use of Opioids - Concurrent Prescribing | N/A |

Navigating the HQR Hospital IQR Program Reports

Data Results

Data Results



- Log into the *HQR Secure Portal*.
- The HQR home page will open.
- Under the Dashboard, on the left-hand side of the screen, click on **Data Results**.

Chart-Abstracted Reports

| Report | Description |
|---------------------|--|
| Submission Detail | Provides details of each case submitted to the <i>HQR Secure Portal</i> |
| Potential Duplicate | Identifies cases submitted to the <i>HQR Secure Portal</i> that are potentially duplicates |
| Case Status Summary | Displays how many unique cases were submitted to the <i>HQR Secure Portal</i> , how many were accepted, and how many were rejected |
| Claims Detail | Identifies the claims in the Claims Warehouse that meet the measure set (Sepsis, Initial Patient Population) |

Submission Detail Report

- On the **Data Results – Chart Abstracted** page, click on **File Accuracy**.
- Select **IQR** under **Program**, **Submission Detail** under **Report**, and the applicable **Discharge Quarter**.
- Click on **Export CSV**.

Data Results - Chart Abstracted

File Accuracy Claims Details

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

| | | | |
|------------------------|----------------------------|--------------------------|-------------------|
| Program | Report | Discharge Quarter | Export CSV |
| IQR | Submission Detail | Q4 2021 | |
| File Status (optional) | Submission Type (optional) | Batch ID (optional) | |
| | | | |

Submission Detail Report

(continued)

| IQR - Submission Detail Report | | | | | | | | | | | |
|----------------------------------|------------|------------|----------|------------|----------------|-------------|-------------|-----------|-------------|-----------|---|
| Quarter: 10/01/2021 - 12/31/2021 | | | | | | | | | | | |
| Provider(s): 123456 | | | | | | | | | | | |
| Provider ID | Measure ID | Patient ID | Batch ID | Admit Date | Discharge Date | Upload Date | Action Code | File Name | File Status | Test Case | Message |
| 123456 | IQR-SEP | 371796525 | 3599646 | 9/22/2021 | 10/4/2021 | 3/31/2022 | ADD | 2022033 | ACCEPTED | No | 63815 Informational Message: SEP-1: EXCLUDED (B) - Severe Sepsis was not present |
| 123456 | IQR-SEP | 372157377 | 3599646 | 9/30/2021 | 10/2/2021 | 3/31/2022 | ADD | 2022033 | ACCEPTED | No | 63890 Informational Message: SEP-1: PASSED (E)- Case has met the intent of the measure |
| 123456 | IQR-SEP | 372174172 | 3599646 | 9/30/2021 | 10/3/2021 | 3/31/2022 | ADD | 2022033 | ACCEPTED | No | 64425 Informational Message: SEP-1: FAILED (D) - a broad spectrum or other antibiotic administered was not in the time window 24 hours prior to or 3 hours following the presentation of severe sepsis, or unable to determine. |

| Column | Description |
|-------------|--|
| Patient ID | The number used by the hospital to identify the patient's stay |
| Action Code | Add: Used to add a new case or replace an existing case in the <i>HQR Secure Portal</i> Delete: Used to delete a case from the <i>HQR Secure Portal</i> |
| File Status | Accepted or Rejected |
| Test Case | Yes: Indicates that the file was submitted to the test environment No: Indicates that the file was submitted into production |
| Message | Indicates the outcome of the file |

Potential Duplicate Report

- On the **Data Results – Chart Abstracted** page, click on **File Accuracy**.
- Select **IQR** under **Program**, **Potential Duplicate** under **Report**, and the applicable **Discharge Quarter**.
- Click on **Export CSV**.

The screenshot shows the 'Data Results - Chart Abstracted' interface. At the top, there are two tabs: 'File Accuracy' (highlighted with a red box) and 'Claims Details'. Below the tabs, the section is titled 'File Accuracy'. A descriptive paragraph states: 'This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.' Below this, there are three dropdown menus: 'Program' (highlighted with a red box) with 'IQR' selected, 'Report' (highlighted with a red box) with 'Potential Duplicate' selected, and 'Discharge Quarter' (highlighted with a red box) with 'Q4 2021' selected. To the right of these filters is a blue 'Export CSV' button (highlighted with a red box). A vertical sidebar on the left contains several icons: a grid, a lock, a checkmark, a list, and a trash can.

Potential Duplicate Report

(continued)

- Cases submitted to the *HQR Secure Portal*, that match on one or more of the key identifiers, are considered potential duplicates.
- Key identifiers are Provider ID, Patient ID, Measure Set, Admit Date, and Discharge Date.

| | | | | | | | | | | | | | | | |
|--|----------------|-------------|-------------|------------|-----------|------------|-----|------------|-------------|-------------|-----------|------------------|-----------------|--------------------|-------------|
| IQR - Potential Duplicate Records Report | | | | | | | | | | | | | | | |
| Quarter: 10/01/2021 - 12/31/2021 | | | | | | | | | | | | | | | |
| Provider(s): 123456 | | | | | | | | | | | | | | | |
| Admit Date | Discharge Date | Measure Set | Provider ID | Patient ID | Last Name | First Name | Sex | Birth Date | Postal Code | Upload Date | File Name | Upload User Name | Upload Batch ID | Import Provider ID | Matching ID |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Case Status Summary Report

- On the **Data Results – Chart Abstracted** page, click on **File Accuracy**.
- Select **IQR** under **Program**, **Case Status Summary** under **Report**, and the applicable **Discharge Quarter**.
- Click on **Export CSV**.

Data Results - Chart Abstracted

File Accuracy Claims Details

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program IQR

Report Case Status Summary

Discharge Quarter Q4 2021

Export CSV

Case Status Summary Report

(continued)

- These are Unique Cases that were abstracted and submitted to the *HQR Secure Portal*. Identical cases that are resubmitted are only counted once.
- Accepted Cases met the acceptance criteria and were successfully submitted and stored in the CMS Clinical Data Warehouse.
- Rejected Cases DO NOT count toward successful submission. For specific information on this case detail, please see the Hospital Reporting - Submission Detail Report.
- Deleted cases and test cases have been removed from all case counts.

| | | | | |
|----------------------------------|-------------|------------------------|----------------|----------------|
| IQR - Case Status Summary Report | | | | |
| Quarter: 10/01/2021 - 12/31/2021 | | | | |
| Provider(s): 123456 | | | | |
| Provider | Measure Set | Unique Cases Submitted | Cases Accepted | Cases Rejected |
| 123456 | IQR-SEP | 99 | 99 | 0 |

Claims Detail Report

- On the **Data Results – Chart Abstracted** page, click on **Claims Detail**.
- Select **IQR** under **Program** and the applicable **Discharge Quarter**.
- Click on **Export CSV**.

Data Results - Chart Abstracted

File Accuracy **Claims Details**

Claims Details

This is where you see the submission results of your Chart Abstracted measures. It encompasses data from the Quality Net legacy reports, including: Claims Detail.

Program **Discharge Quarter** **Export CSV**

IQR Q4 2021

Claims Detail Report

(continued)

This includes pure Medicare Part A claims that are in a final status within the CMS Claims Warehouse.

| provider_id | medicare_beneficiary_number | claim_start_date | claim_end_date | measure_set | last_name | first_name | birth_date | gender | data_as_of |
|-------------|-----------------------------|------------------|----------------|-------------|-----------|------------|------------|--------|------------|
| 123456 | xxxxxxxxxxxx | 2021-12-04T | 2021-12-06T | IQR-SEP | Mouse | Minnie | 4/7/1951 | Female | 3/14/2022 |
| 123456 | yyyyyyyyyyyy | 2021-12-09T | 2021-12-16T | IQR-SEP | Duck | Donald | 12/19/1951 | Male | 3/14/2022 |
| | | | | | | | | | |

eCQM Accuracy Report

- On the **Data Results – eCQM** page, click on **Accuracy**.
- Select **Production** under **Submission** and the applicable **Quarter**.
- Click on **Export Results**.

The screenshot displays the eCQM Accuracy Report interface. At the top, there are three tabs: 'Files', 'Accuracy' (highlighted with a red box), and 'Outcomes'. Below the tabs, the page title is 'eCQM Submission'. A descriptive paragraph explains that the table below displays all file uploads for test or production submissions, and that individual files can be deleted. Below this text, there are two dropdown menus: 'Submission' (set to 'Production', highlighted with a red box) and 'Quarter' (set to 'Q3 2021', highlighted with a red box). A 'Change Selection' button is located below these dropdowns. To the right of the dropdowns, there are four summary cards: '5317 Total Files', '5317 Accepted Files', '0 Rejected Files', and '0 Deleted Files'. Below the summary cards, there is a search bar with a 'Search' input field, a magnifying glass icon, and a 'Reset' button. To the right of the search bar is a blue 'Export Results' button (highlighted with a red box). Below the search bar is a table with the following columns: Patient File Name, Batch ID, Batch File Name, Upload Date, Uploaded By, Status, Errors, and Actions. The table contains one row of data: Patient File Name: 160082_z78..., Batch ID: 3491368, Batch File Name: 2022021711..., Upload Date: 02/18/2022, Uploaded By: PREMIER HE..., Status: Accepted, Errors: 0*, and Actions.

| Patient File Name | Batch ID | Batch File Name | Upload Date | Uploaded By | Status | Errors | Actions |
|-------------------|----------|-----------------|-------------|---------------|----------|--------|---------|
| 160082_z78... | 3491368 | 2022021711... | 02/18/2022 | PREMIER HE... | Accepted | 0* | |

eCQM Accuracy Report: CSV

| | Discharge Quarter | Discharge Year | CCN | UploadedBy | SubmitterID | CMS Certification Number | BatchID | PatientFileName | BatchFileName | UploadDate | Status | ErrorD |
|---|-------------------|----------------|--------|------------|-------------|--------------------------|---------|------------------|-----------------|------------|----------|--------|
| 2 | Q3 | 2021 | 160082 | XYZ Vendor | T051101 | 001XXXXXXXXXXD | 3491368 | 160082_Z1439235_ | 202202171124_16 | 2/18/2022 | ACCEPTED | INFO: |

eCQM Outcomes Report

Files Accuracy **Outcomes**

Submission Results

Below are your submitted files. You can review how episodes of care are evaluated by measure logic or download reports.

Submission: Production
Quarter: Q3 2021

Select Measures: All Measures

[Change Selection](#)

Performance Summary [View Summary](#)

[Export Results](#)

| Patient File Name | Measure(s) | Evaluated Episodes | Upload Date ▾ | Batch ID |
|-------------------------|------------|--------------------|---------------|----------|
| 160082_Z1004534_E100... | VTE-2* | 1 | 02/18/2022 | 3491368 |

- On the **Data Results – eCQM** page, click **Outcomes**.
- Select **Production** under **Program** and applicable **Quarter**.
- Click on **View Summary** or **Export Results**.

eCQM Outcome Report: View Summary

Performance Summary

Q3 2021 [Export CSV](#)

| Measure | Score |
|---------------------|----------------------------------|
| ED-2 | Stratum 1: N/A Stratum 2: N/A |
| PC-05 | N/A |
| STK-2 | 98.00% - Performance |
| STK-3 | N/A |
| STK-5 | 88.00% - Performance |
| STK-6 | 97.00% - Performance |
| VTE-1 | N/A |
| VTE-2 | 96.00% - Performance |
| Safe Use of Opioids | N/A |

[Okay](#)

eCQM Outcome Report: CSV

| CCN | Submitter ID | Uploaded By | PatientID | BatchID | Upload Date | Admission Date | Discharge Date | PatientFile Name | SubmissionType | MeasureVersionNumber | Measure Name | Strata | Strata Description | FeedbackMessage | MessageType | MeasureDescription | CaseID |
|--------|--------------|-------------|-----------|---------|-------------|----------------|----------------|------------------|----------------|----------------------|--------------|--------|--------------------|---|---------------------|--|-----------|
| 123456 | J051101 | Vendor A | 92584951 | 3491368 | 2/18/2022 | 9/1/2021 | 9/4/2021 | 160082_Z2 | PRODUCTION | 0 | VTE-2 | | | DENOMINATOR NOT MET: Patient does not meet criteria for inclusion in measure denominator. | DENOMINATOR_NOT_MET | Intensive Care Unit Venous Thromboembolism Prophylaxis | 5.74E+08 |
| 123456 | J051101 | Vendor A | 97717925 | 3491368 | 2/18/2022 | 9/10/2021 | 9/13/2021 | 160082_Z7 | PRODUCTION | 0 | VTE-2 | | | DENOMINATOR NOT MET: Patient does not meet criteria for inclusion in measure denominator. | DENOMINATOR_NOT_MET | Intensive Care Unit Venous Thromboembolism Prophylaxis | 53768787 |
| 123456 | J051101 | Vendor A | 97509027 | 3491368 | 2/18/2022 | 8/10/2021 | 8/11/2021 | 160082_Z7 | PRODUCTION | 0 | STK-6 | | | NUMERATOR MET: Patient meets the criteria for inclusion in the numerator population. | NUMERATOR_MET | Discharged on Statin Medication | -1.47E+08 |

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Reports

| Report | Description |
|--------------------------------|--|
| Provider Survey Status Summary | Displays the number of accepted administrative and survey data |
| Submission Summary | Displays if each unique file was accepted or rejected |
| Data Submission Detail | Displays the status of each unique file and any error messages and error details |
| Submission Results | Displays the question and value submitted for each file and the frequency and percentage of that value |

HCAHPS: Provider Survey Status Summary

- On the **Data Results – HCAHPS** page, click on **File Accuracy**.
- Select **Provider Survey Status Summary** under **Report** and the applicable **Discharge Quarter**.
- Click on **Export CSV**.

Data Results - HCAHPS

File Accuracy

Submission Results

File Accuracy

This is where you see the accuracy of your HCAHPS files. It encompasses data from the Quality Net legacy reports, including: Provider Survey Status Summary, Submission Summary, and Data Submission Detail.

Report

Provider Survey Status Summary

Discharge Quarter

Q4 2021

Export CSV

Provider Survey Status Summary

| Discharge Quarter | Discharge Year | Provider Id | Provider | Discharge Month | Accepted Admin Data | Accepted Survey Data | |
|-------------------|----------------|-------------|--------------|-----------------|---------------------|----------------------|--|
| Q4 | 2021 | 123456 | ABC Hospital | OCTOBER | 1134 | 177 | |
| Q4 | 2021 | 123456 | ABC Hospital | NOVEMBER | 1121 | 157 | |
| Q4 | 2021 | 123456 | ABC Hospital | DECEMBER | 1151 | 202 | |
| | | | | | | | |

HCAHPS: Submission Summary

- On the **Data Results – HCAHPS** page, click on **File Accuracy**.
- Select **Submission Summary** under **Report** and the applicable **Discharge Quarter**.
- Click on **Export CSV**.

Data Results - HCAHPS

File Accuracy | Submission Results

File Accuracy

This is where you see the accuracy of your HCAHPS files. It encompasses data from the Quality Net legacy reports, including: Provider Survey Status Summary, Submission Summary, and Data Submission Detail.

Report | **Discharge Quarter** | **Export CSV**

Submission Summary | Q4 2021

Submission Summary

| Provider ID | Provider Name | Batch ID | File Name | Accepted | Rejected |
|-------------|---------------|----------|--------------------|--------------------|----------|
| 123456 | ABC Hospital | 3598512 | 2021-11-160082.xml | 2021-11-160082.xml | |
| 123456 | ABC Hospital | 3599086 | 2021-12-160082.xml | 2021-12-160082.xml | |
| | | | | | |

HCAHPS: Data Submission Detail

- On the **Data Results – HCAHPS** page click on **File Accuracy**.
- Select **Data Submission Detail** under **Report** and applicable **Discharge Quarter**.
- Click on **Export CSV**.

The screenshot shows the 'Data Results - HCAHPS' interface. On the left sidebar, there are icons for home, checkmark, list, and trash. The main content area has a title 'Data Results - HCAHPS' and two tabs: 'File Accuracy' (highlighted with a red box) and 'Submission Results'. Below the tabs is the heading 'File Accuracy' and a descriptive paragraph: 'This is where you see the accuracy of your HCAHPS files. It encompasses data from the Quality Net legacy reports, including: Provider Survey Status Summary, Submission Summary, and Data Submission Detail.' At the bottom, there are two dropdown menus: 'Report' (highlighted with a red box) with 'Data Submission Detail' selected, and 'Discharge Quarter' (highlighted with a red box) with 'Q4 2021' selected. To the right of these dropdowns is a blue 'Export CSV' button (highlighted with a red box).

Data Submission Detail

| Upload | | | | | | | | | | |
|----------|----------|-------------|---------------|------------|----------------|--------------------|----------|---------------|---------------|--|
| Date | Batch ID | Provider ID | Provider Name | Patient ID | Discharge Date | File Name | Status | Error Details | Error Message | |
| 4/2/2022 | 3598512 | 123456 | ABC Hospital | 2776730576 | 11/1/2021 | 2021-11-160082.xml | ACCEPTED | | | |
| 4/2/2022 | 3598512 | 123456 | ABC Hospital | 2776730594 | 11/1/2021 | 2021-11-160082.xml | ACCEPTED | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

HCAHPS: Submission Results

- On the **Data Results – HCAHPS** page, click on **Submission Results**.
- Select the applicable **Discharge Quarter**.
- Click on **Export CSV**.

The screenshot shows the 'Data Results - HCAHPS' interface. On the left is a navigation sidebar with icons for home, checkmarks, and a trash can. The main content area has a title 'Data Results - HCAHPS' and two tabs: 'File Accuracy' and 'Submission Results', with the latter highlighted by a red box. Below the tabs is the section 'Submission Results' with a descriptive paragraph: 'This is where you see the submission results of your HCAHPS submissions. It encompasses data from the Quality Net legacy reports, including: Review and Correction.' At the bottom, there is a 'Discharge Quarter' dropdown menu, also highlighted by a red box, which currently shows 'Q4 2021'. To the right of the dropdown is a blue 'Export CSV' button, also highlighted by a red box.

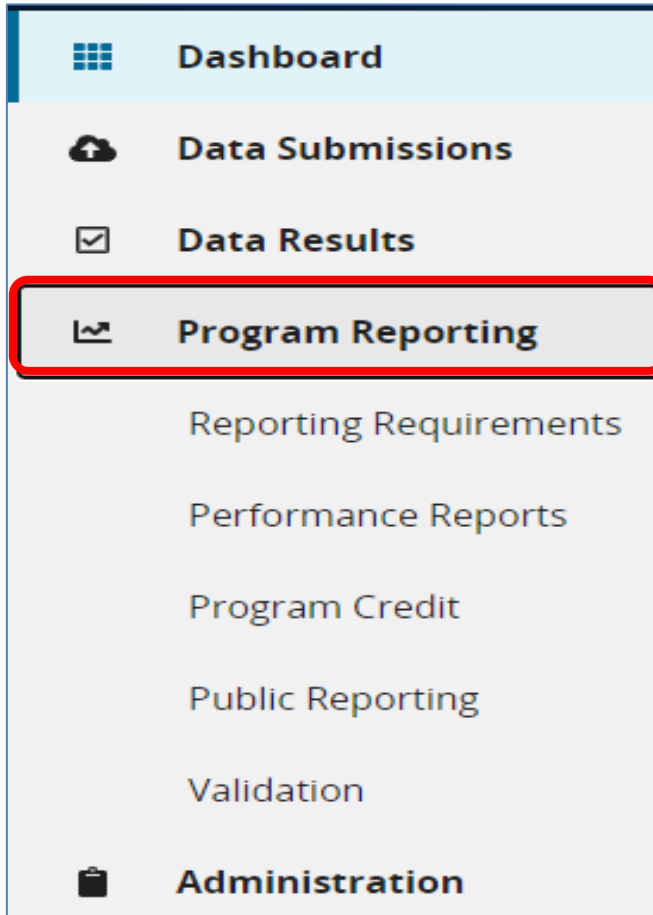
Submission Results: Review and Corrections

| Eligible Discharges | Sample Size | Total Inpatient Discharges | Survey Mode | Determination Of Service Line | Type Of Sampling | DSRS Strata Name | DSRS Eligible | DSRS Inpatient | Question | Valid Value | Frequency | Percentage |
|---------------------|-------------|----------------------------|---------------|-----------------------------------|------------------|------------------|---------------|----------------|------------------|----------------------------------|-----------|------------|
| 1695 | 1134 | 2652 | 1 - Mail only | 1 - MS-DRG codes (V.25 or higher) | 2 - PSRS | | | | admission-source | 1 - Nonhealthcare Facility | 1057 | 93.21% |
| 1695 | 1134 | 2652 | 1 - Mail only | 1 - MS-DRG codes (V.25 or higher) | 2 - PSRS | | | | admission-source | 2 - Clinic or Physician's Office | 3 | 0.26% |
| | | | | | | | | | | | | |

Navigating the HQR Hospital IQR Program Reports

Program Reporting

Program Reporting



- Log into the *HQR Secure Portal*.
- The HQR home page will open.
- Under the Dashboard, on the left-hand side of the screen, click on **Program Reporting**.

Reporting Requirements: Provider Participation Report

- Under **Program Reporting**, select **Reporting Requirements**.
- On the **Reporting Requirements** page, select **IQR** under **Program** and the applicable discharge period under **Discharge Quarter**.
- Select **Export CSV**.

Reporting Requirements

This is where you check to see if your organization is meeting reporting requirements. This encompasses data from Quality Net reports, including: eCOM Submission Status, Provider Participation (IQR, OQR, IPFQR). Access is dependent upon permissions.

Program (dropdown menu showing IQR)

Discharge Quarter (dropdown menu showing Q4 2021)

Export CSV (button)

Provider Participation Report

| Column(s) | Requirement | Description |
|-----------|--|---|
| G | Active Security Official | Displays either “Yes” or “No” |
| I | Validation | Displays either “Selected” or “Not Selected” |
| N – R | Population and Sampling and Clinical Submissions | Displays: <ul style="list-style-type: none"> • Total number of cases accepted into the <i>HQR Secure Portal</i> • Total number of Medicare Claims • Population and sample sizes and sampling frequency (i.e., quarterly, monthly, not sampling, N/A) |
| S | DACA | Displays “Submitted” or “Not Submitted” |
| T | Maternal Morbidity Structural Measure | Displays “Submitted” or “Not Submitted” |
| V – AD | PC-01 | Displays: <ul style="list-style-type: none"> • Numerator and denominator • Population and sampling size and sampling frequency • Total number of exclusions and number of each individual exclusion |
| AE – AG | HCAHPS | Displays “Submitted” or “Not Submitted” for each month in the quarter |
| AH – AI | COVID-19 HCP Vaccination | Displays “Submitted” or “Not Submitted” and the last date that CMS received a file from Centers for Disease Control and Prevention (CDC) |

Performance Reports: Facility, State, and National Report

- Under **Program Reporting** select **Performance Reports**.
- On the **Performance Reports** page, select **IQR** under **Program** and the applicable discharge period under **Discharge Quarter**.
- Select **Export CSV**.

Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program: IQR

Discharge Quarter: Q4 2021

Export CSV

⚠ State and National Rates are subject to change
Data is not final until both the Submission Period and the Comparative Analysis Phase end for this program and period.

Facility, State, and National Report

| type | quality | measure | measure | quarter | year | organization | state | numerator | denominator | median | rate/ratio | total | Abstr | diagnosis | gestation | still | Birth | total | Exclu | patient/pi | onsite | Cou | offsite | Cou | constrain | decline | Co | group | last | NHS | Update | Date | | |
|--|---------|-----------|----------|--|------|--------------|--------|-----------|-------------|--------|------------|--------|-------|-----------|-----------|-------|--------|-------|-------|------------|--------|-----|---------|-----|-----------|---------|----|-------|------|-----|--------|-------|-------|--|
| NATIONAL | IQR | Perinatal | PC_01 | Q4 | 2021 | | NATION | 748 | 32400 | | 2 | | | 234225 | 111535 | 751 | 346511 | | | | | | | | | | | | | | | | | |
| NATIONAL | IQR | Sepsis | SEP_1 | Q4 | 2021 | | NATION | 60186 | 105509 | | 57 | 220869 | | | | | | | | | | | | | | | | | | | | | | |
| NATIONAL | IQR | Sepsis | SEP_3_HR | Q4 | 2021 | | NATION | 82460 | 105737 | | 78 | 220869 | | | | | | | | | | | | | | | | | | | | | | |
| NATIONAL | IQR | Sepsis | SEP_6_HR | Q4 | 2021 | | NATION | 52372 | 59212 | | 88 | 220869 | | | | | | | | | | | | | | | | | | | | | | |
| NATIONAL | IQR | Sepsis | SHK_3_HR | Q4 | 2021 | | NATION | 20406 | 32968 | | 62 | 220869 | | | | | | | | | | | | | | | | | | | | | | |
| NATIONAL | IQR | Sepsis | SHK_6_HR | Q4 | 2021 | | NATION | 12776 | 15420 | | 83 | 220869 | | | | | | | | | | | | | | | | | | | | | | |
| PROVIDER | IQR | HAI | CAUTI | Q4 | 2021 | 123456 | IA | 10 | 7.711 | | 1.297 | | | | | | | | | | | | | | | | | | | | ##### | | | |
| PROVIDER | IQR | HAI | CDIFF | Q4 | 2021 | 123456 | IA | 20 | 21.022 | | 0.951 | | | | | | | | | | | | | | | | | | | | | ##### | | |
| PROVIDER | IQR | HAI | CLABSI | Q4 | 2021 | 123456 | IA | 15 | 6.941 | | 2.161 | | | | | | | | | | | | | | | | | | | | | | ##### | |
| PROVIDER | IQR | HAI | MRSABLD | Q4 | 2021 | 123456 | IA | 2 | 4.16 | | 0.481 | | | | | | | | | | | | | | | | | | | | | | ##### | |
| PROVIDER | IQR | HAI | SSICOLO | Q4 | 2021 | 123456 | IA | 3 | 3.59 | | 0.836 | | | | | | | | | | | | | | | | | | | | | | ##### | |
| PROVIDER | IQR | HAI | SSIHYST | Q4 | 2021 | 123456 | IA | 0 | 0.415 | | | | | | | | | | | | | | | | | | | | | | | | ##### | |
| PROVIDER | IQR | Perinatal | PC_01 | Q4 | 2021 | 123456 | IA | 1 | 31 | | 3 | | | 133 | 88 | 0 | 221 | | | | | | | | | | | | | | | | | |
| PROVIDER | IQR | Sepsis | SEP_1 | Q4 | 2021 | 123456 | IA | 20 | 49 | | 41 | 99 | | | | | | | | | | | | | | | | | | | | | | |
| PROVIDER | IQR | Sepsis | SEP_3_HR | Q4 | 2021 | 123456 | IA | 32 | 49 | | 65 | 99 | | | | | | | | | | | | | | | | | | | | | | |
| PROVIDER | IQR | Sepsis | SEP_6_HR | Q4 | 2021 | 123456 | IA | 18 | 23 | | 78 | 99 | | | | | | | | | | | | | | | | | | | | | | |
| PROVIDER | IQR | Sepsis | SHK_3_HR | Q4 | 2021 | 123456 | IA | 5 | 9 | | 56 | 99 | | | | | | | | | | | | | | | | | | | | | | |
| PROVIDER | IQR | Sepsis | SHK_6_HR | Q4 | 2021 | 123456 | IA | 2 | 5 | | 40 | 99 | | | | | | | | | | | | | | | | | | | | | | |
| STATE_SU | IQR | Perinatal | PC_01 | Q4 | 2021 | | IA | 5 | 284 | | 2 | | | 1499 | 1120 | 2 | 2621 | | | | | | | | | | | | | | | | | |
| STATE_SU | IQR | Sepsis | SEP_1 | Q4 | 2021 | | IA | 572 | 1077 | | 53 | 2137 | | | | | | | | | | | | | | | | | | | | | | |
| STATE_SU | IQR | Sepsis | SEP_3_HR | Q4 | 2021 | | IA | 822 | 1078 | | 76 | 2137 | | | | | | | | | | | | | | | | | | | | | | |
| STATE_SU | IQR | Sepsis | SEP_6_HR | Q4 | 2021 | | IA | 485 | 560 | | 87 | 2137 | | | | | | | | | | | | | | | | | | | | | | |
| STATE_SU | IQR | Sepsis | SHK_3_HR | Q4 | 2021 | | IA | 222 | 363 | | 61 | 2137 | | | | | | | | | | | | | | | | | | | | | | |
| STATE_SU | IQR | Sepsis | SHK_6_HR | Q4 | 2021 | | IA | 115 | 148 | | 78 | 2137 | | | | | | | | | | | | | | | | | | | | | | |
| The Facility | | State | | and National data is hospital reported and for comparison purposes only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The State and National rates can change until approximately 30 days after the submission deadline. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Program Credit

Program Credit Report

Review how the data you have uploaded applies toward program credit.

Discharge Quarter: Q4 2021

Reporting Period Due: 3/31/2022
Last Updated: N/A

Change Selection

Inpatient Quality Reporting (IQR)

eCQM

Submission Requirements Met

Required:

- In two discharge quarters, submit the same four measures.

Optional (encouraged):

- Submit extra measures in any quarter.
- Extra measures can be different in each quarter.

Facilities must submit calendar year 2021 data for payment in fiscal year 2023

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted." To view a list of all measures, refer to the [eCQM measure set](#).

To submit successfully:

- Under **Program Reporting** select **Program Credit**.
- On the **Program Credit Report** page select IQR and the applicable discharge period under **Discharge Quarter**.
- Select **Export Report**.

Program Credit Report

Inpatient Quality Reporting (IQR)

Discharge Quarter: Q4 2021

eCQM

✔ Submission Requirements Met

Required:

- In two discharge quarters, submit the same four measures.

Optional (encouraged):

- Submit extra measures in any quarter.
- Extra measures can be different in each quarter.

Facilities must submit calendar year 2021 data for payment in fiscal year 2023

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

❗ No data is currently available

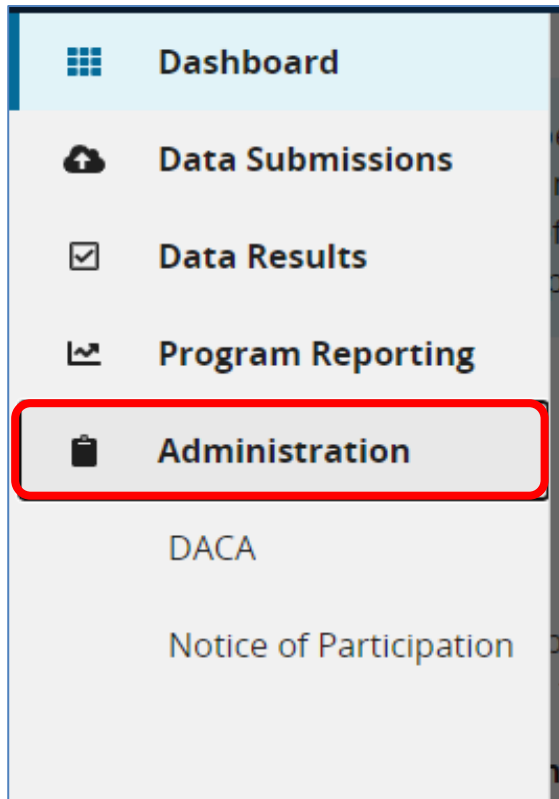
Data for your selection is not ready at this time. Once files are uploaded and processed, this area will be updated and the data will be available for viewing. Data processing can take up to 24-48 hours.

This HQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/PI programs.

Navigating the HQR Hospital IQR Program Reports

Administrative

Administration



- Under the Dashboard, on the left-hand side of the screen, click on Administration.
- Click on either **DACA** or **Notice of Participation**.

Data Accuracy and Completeness Acknowledgement (DACA)

- Under **Administration**, select **DACA**.
- On the **DACA** page, select the applicable **Fiscal Year**.

Data Accuracy and Completeness Acknowledgement (DACA)

The DACA is an annual requirement for providers participating in the Hospital IQR, IPFQR, and PCHQR Programs to electronically acknowledge that the data submitted to these programs by or on behalf of the providers are accurate and complete to the best of their knowledge.

IPFQR **IQR/HACRP**

⚠ Signing of the DACA meets the requirement for both the Hospital Inpatient Quality Reporting (IQR) and Hospital-Acquired Condition (HAC) Reduction Programs.
Note: For hospitals that have chosen to not participate or have withdrawn from the Hospital IQR Program, signing of the DACA meets the requirement for the HAC Reduction Program only.

Data Accuracy and Completeness Acknowledgement (DACA)
To the best of my knowledge, at the time of submission, all of the information reported for this hospital to the Centers for Medicare & Medicaid Services (CMS) is accurate and complete. This information includes the following:

- Chart-abstracted measure sets (SEP-1)
- Initial patient population and sample counts
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- Healthcare-associated infection (HAI) measures reported using the National Healthcare Safety Network (NHSN)
- Influenza Vaccination Among Healthcare Personnel (HCP) measure reported using NHSN
- COVID-19 Vaccination Coverage for Healthcare Providers (HCP COVID-19) reported using NHSN

Fiscal Year
2023

Submission Period:
04/01/2022 - 05/16/2022

With Respect to Reporting Period:
01/01/2021 - 12/31/2021

Last Updated:
4/4/2022 8:49 AM

DACA (continued)

Click on **Export Signed DACA PDF.**

- Electronic clinical quality measures (eCQMs)
- Electronic health record data elements for hybrid measures
- Current Notice of Participation

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care and patient assessment of care data, for annual payment updates under the Hospital Inpatient Quality Reporting Program, and for value-based payment adjustments under the Hospital-Acquired Condition Reduction Program and the Hospital Value-Based Purchasing Program.

I understand this acknowledgement covers all inpatient hospital information reported by this hospital (and any data or survey information reported by any vendors acting as agents on behalf of this hospital) to CMS and its contractors.

✓ **Success:** Congratulations! You have successfully acknowledged and signed DACA for IQR/HACRP for this fiscal year.

Signature

Position

Date

4/4/2022

Export Signed DACA PDF

DACA (continued)

Data Accuracy and Completeness Acknowledgement (DACA)

To the best of my knowledge, at the time of submission, all of the information reported for this hospital to the Centers for Medicare & Medicaid Services (CMS) is accurate and complete. This information includes the following:

- * Chart-abstracted measure sets (SEP-1)
- * Initial patient population and sample counts
- * Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- * Healthcare-associated infection (HAI) measures reported using the National Healthcare Safety Network (NHSN)
- * Influenza Vaccination Among Healthcare Personnel (HCP) measure reported using NHSN
- * COVID-19 Vaccination Coverage for Healthcare Providers (HCP COVID-19) reported using NHSN
- * Web-based measure (PC-01)
- * Electronic clinical quality measures (eQMs)
- * Electronic health record data elements for hybrid measures
- * Current Notice of Participation

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care and patient assessment of care data, for annual payment updates under the Hospital Inpatient Quality Reporting Program, and for value-based payment adjustments under the Hospital-Acquired Condition Reduction Program and the Hospital Value-Based Purchasing Program.

I understand this acknowledgement covers all inpatient hospital information reported by this hospital (and any data or survey information reported by any vendors acting as agents on behalf of this hospital) to CMS and its contractors.

Signature

Position

Date
4/4/2022

Notice of Participation

Under **Notice of Participation**, select **View** under **IQR**.

The screenshot shows a web interface with a sidebar on the left containing icons for a grid, home, checkmark, magnifying glass, and trash. The main content area is titled "Notice of Participation" and contains a list of items:

- IPFQR with a blue "View" button.
- IQR with a blue "View" button, which is highlighted with a red rectangular border.
- OQR with a blue "View" button.

Notice of Participation

(continued)

Click on **Export Signed Pledge Statement**.

Notice of Participation

[Export Signed Pledge Statement](#)

Inpatient Quality Reporting (IQR)

⚠ Note: If you want to pledge, you must identify two contacts to receive notification of pledge changes

| | | | | |
|----------------------------|---------------------------------|---|--|---|
| Fiscal Year 2023 | NOP Signed 08/06/2007 | Medicare Accept Date 07/01/1966 | Summary Table View Summary Table | Organization Contacts Manage Contacts |
|----------------------------|---------------------------------|---|--|---|

+ Notice of Participation ✓ Participating

Notice of Participation

(continued)

IQR Notice of Participation

* Indicates Required Field

Hospital Inpatient Quality Reporting Program Notice of Participation (Pledge Form) - Agreement

The hospital agrees to follow procedures for participating in the Hospital Inpatient Quality Reporting (IQR) Program as outlined in the Code of Federal Regulations at 42 CFR 412.140, or is indicating its decision to decline participation. Each hospital must complete this "Hospital Inpatient Quality Reporting Notice of Participation" as outlined in 42 CFR 412.140(a)(3). In an effort to alleviate the burden associated with submitting this form annually, effective with the Hospital IQR Notice submitted for participation in FY 2008 or later, a hospital that indicated its intent to participate will be considered an active Hospital IQR participant until the Centers for Medicare & Medicaid Services (CMS) determines a need to pledge again, or the hospital submits a withdrawal notice to CMS.

Hospitals paid under the Inpatient Prospective Payment System (IPPS) that do not follow the Hospital IQR Program procedures and do not meet all program requirements may receive a reduction in their Medicare Annual Payment Update (APU) for the applicable fiscal year (also known as the Market Basket Update). In order to avoid the reduction in their APU, hospitals must also display quality information for public viewing as required by section 1886(b)(3)(B)(viii)(VII) of the Social Security Act, currently published on the [public reporting website](#). Before this information is displayed, hospitals will be permitted to review their information as it is recorded. Eligible hospitals must follow the regulations as outlined in the Federal Register and Code of Federal Regulations.

A hospital's choice of participating in the Hospital IQR Program for APU may affect eligibility for the Hospital Value-Based Purchasing (VBP) Program. Agreeing to participate in the Hospital IQR Program and meeting all of the applicable program requirements are two of the requirements to be eligible to participate in the Hospital VBP Program. It is important to note that non-participation in or withdrawal from the Hospital IQR Program will exclude a hospital from eligibility for the Hospital VBP Program pursuant to section 1886(o)(1)(C)(ii)(I) of the Social Security Act.

We entities operating under the submitted Provider ID:

Agree to participate

This acknowledgement (to participate or to withdraw) remains in effect until an electronically signed acknowledgement applying changes has been entered.

By entering my acknowledgement, I hereby issue this Hospital IQR Notice of Participation with the specified direction contained within. *

Navigating the HQR Hospital IQR Program Reports

Contact Information and Resources

Hospital IQR Program 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 Training Page](#)
 - [HQR Support Video Playlist](#)
- Center for Clinical Standards and Quality (CCSQ) Service Center
 - Phone Number: (866) 288-8912
 - Fax Number: (888) 329-7377
 - Email: qnetsupport@hcqis.org

Navigating the HQR Hospital IQR Program Reports

Thank You

Disclaimer

This presentation was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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