Hospital Inpatient Quality Reporting (IQR) Program

Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

Navigating the HQR Hospital IQR Program Reports
Presentation Transcript

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Candace Jackson: Hello and thank you for tuning into the *Navigating the Hospital Quality Reporting Hospital Inpatient Quality Reporting Program Reports* On Demand webinar. My name is Candace Jackson, and I am the Hospital Inpatient Quality Reporting Program Lead for the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host and speaker for the webinar.

This presentation will provide an overview of the Hospital Quality Reporting Hospital Inpatient Quality Reporting Program reports to help ensure providers meet CMS requirements.

At the end of this presentation, you will be able to locate the Hospital Inpatient Quality Reporting reports within the *HQR Secure Portal*, understand the different submission and feedback reports and the data contained within them, and locate helpful resources for the IQR program to ensure successful reporting.

This slide lists the acronyms and abbreviations used in this presentation.

As stated in the slide, if you have questions that did not get addressed during this presentation, please submit your question to the QualityNet Inpatient Question and Answer Tool at the link provided in the slide.

We'll begin this presentation by going over the data submission reports.

As with all of the reports in the *Hospital Quality Reporting Secure Portal*, the first thing that you will need to do is to log into the system. For the data submissions reports, on the HQR home page, under the dashboard, on the left-hand side of the screen, you will click on Data Submissions. Once on the Data Submissions page, you will be able to access population and sampling, web-based measures, structural measures, and the electronic clinical quality measures, or eCQMs. We'll go over each of these in the following slides.

The first one we will go over is population and sampling. For population and sampling, you are able to either upload data, via an XML file, through the File Upload tab or enter data directly into the data form.

For this presentation, we will be focusing on the data form. So, on the Data Submission page, select Population and Sampling and then Data Form. Under Select the Data Form, select IQR and then Launch Data Form.

Under the Reporting Period, select the applicable discharge quarter. Once the data has been submitted, IQR Sepsis will display Complete in green with a green checkmark. To view the data, you can click on either IQR-Sepsis or Export Data.

If you click on IQR-Sepsis, then the data form will display with the data that you entered. It will display the last time that the data was uploaded and a green banner if the data were successfully submitted. It will then also display the monthly Medicare and Non-Medicare population and sample sizes that you entered. To meet IQR requirements, you are required to submit the monthly population sizes, monthly sample sizes, and the sampling frequency on a quarterly basis. If you click on Export Data, then a CSV report will display. The CSV report will display some additional fields, including if the data was submitted to production, the file status (which would be accepted or rejected), and any feedback messages related to the file.

For the IQR web-based measures, which at this time is just the PC-01 measure, the data can be submitted either through the file upload or the data form. To view your PC-01 data, select Web-based Measures and then Data Form.

Under the Select Data Form, select IQR and Launch Data Form.

Under Discharge Quarter, select the applicable discharge quarter. Once the data have been submitted, the PC-01 will display Complete in green with a green check mark. You will also be able to see your overall results on this page, which includes the numerator, denominator, and rate, once the data have been submitted. To view the data, you can click on either PC-01 or Export Data.

If you click on PC-01, it will then display the data that were entered within the data form.

If you click on Export Data, then you will receive a CSV report that displays if the data were successfully submitted, the last time the data were updated, and the data that were entered on the data form or that were submitted via an XML file through the *HQR Secure Portal*.

To view your structural measure data, which currently is just the Maternal Morbidity Structural Measure, on the top of the Data Submission home page select Structural Measures. Then, select Data Form. Under Select Data Form, select IQR and Launch Data Form.

On the Structural Measure page, select the applicable fiscal year. Once the data have been submitted, it will display Complete in green with a green check mark. To view the data, either click on Maternal Morbidity or Export Data.

If you click on Maternal Morbidity, the screen will expand to display how you responded to the Maternal Morbidity Structural Measure question. If you Select Export data, then you will receive a report that shows the last time that the data were updated, if the data were successfully submitted, and the response that was entered for the measure.

The last data submission data form that we will go over is the electronic clinical quality measure denominator declaration. On the data submission page, select eCQM, Data Form, and Production. You are able to submit files to the test environment, but only data submitted to production are used to meet IQR requirements.

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

Select the applicable discharge quarter. It will then display if there was a zero denominator declaration or case threshold exemption for each of the eCQMs. If no zero denominator declaration or case threshold exemption was entered, it will display N/A.

The next reports that we will go over are the data results reports.

Once logged in to the *HQR Secure Portal*, under the dashboard, on the left-hand side of the screen, click on Data Results. It will then display Chart-Abstracted, eCQM, HCAHPS, and Population and Sampling. We'll start out by reviewing the chart-abstracted reports.

Within the chart-abstracted data results, there are several reports that you can access. The Submission Detail Report provides details of each case submitted, the Potential Duplicate Report identifies cases that are submitted that are potentially duplicate cases, the Case Status Summary provides an overall view of the cases submitted. The Claims Detail Report identifies claims that meet the measure sets initial patient population. We'll go over each of these reports.

The first report that we will go over is the Submission Detail Report. On the Data Results – Chart-Abstracted page, click on File Accuracy. Under Program, select IQR. Under the Report drop-down select Submission Detail, and the applicable discharge quarter under the Discharge Quarter drop-down. Then, click on Export CSV.

On the CSV report, there are some specific columns that I would like to point out. The Patient ID column is the number used by the hospital to identify the patient's stay. This corresponds with the data element *Patient Identifier* within the specifications manual, that is submitted with each case. The action code will either display as Add or Delete. Each file that is submitted to the *HQR Secure Portal* must include either the Add or Delete action code. The Add action code is used to add a new case or replace an existing case in the *HQR Secure Portal*. The Delete action code is used to delete an existing case from the *HQR Secure Portal*. Additional guidance regarding the action codes can be found within the Transmission section of the specifications manual. The file status will display as either Accepted or Rejected. If the file is accepted, no further action is required. If the file is rejected, the expectation is that the submitter will correct and resubmit the file. The Test Case column indicates whether or not the case was submitted to the test or the production environment. If the column displays Yes, then that indicates that the file was submitted to the test environment.

It is important to remember that any cases that are submitted to the test environment will not be stored in the *HQR Secure Portal* and will not be used to meet the IQR submission requirements. The Message column will display the outcome of the case. This could be that the case was excluded from the measure denominator, that the case met the intent of the measure, the case did not meet the intent of the measure, or that the case was rejected and why it was rejected.

To run the Potential Duplicate Report, on the Data Results Chart-Abstracted page, click on File Accuracy. Then, select IQR under Program, Potential Duplicate under Report, and the applicable discharge quarter. Then, click on Export CSV.

So, what are potential duplicate cases? Cases that are submitted to the *HQR Secure Portal* that match on one or more of the key identifiers, that are submitted within the files, are considered potential duplicates. The key identifiers are Provider ID, Patient ID, Measure Set, Admit Date, and Discharge Date. These are all required general data elements for every case that is submitted as per the specifications manual. Those cases that are submitted, that do not match on all of the key identifiers, are considered separate unique cases in the *HQR Secure Portal*. For example, if you submitted a case with sepsis as the measure set, the CCN of 123456, the patient ID of ABCD, the admit date of 5/1/2022, and the discharge date of 5/5/2022, then that will be considered a unique case within the *HQR Secure Portal*. Then, if you submitted a second case with sepsis as the measure set, the same CCN, the same patient ID, the same admit date of 5/1/2022, but a discharge date of 5/7/2022, this case will also be considered a unique case, but it will display on the report as a potential duplicate due to the discharge date being different. It is then the provider's responsibility of determining if the case is a duplicate or not. If it is a duplicate, the expectation would be that you would delete the case that is not correct. However, there are no penalties or repercussions for having duplicates in the *HQR Secure Portal*.

The next report we will address is the Case Status Summary Report. To access this report, on the Data Results Chart-Abstracted page, click on File Accuracy. Select IQR under Program, Case Status Summary under the Report drop-down, and the applicable discharge quarter. Click on Export CSV.

The report will display the number of unique cases that were submitted to the *HQR Secure Portal*. Any deleted or test cases will not be included in these counts. It will then display how many of those cases were accepted and how many were rejected. To identify cases that were rejected, you will need to run your Submission Detail Report. Cases that are rejected do not count toward meeting the submission requirements. This is a good report to run initially to determine if any cases were rejected and would make you at risk for not meeting submission requirements.

The last of the chart-abstracted reports that we will go over is the 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.

The Claims Detail Report identifies those claims, in the CMS Claims warehouse, that are pure Medicare Part A and in a Final status. This report does not necessarily include all the cases that you identified in your Medicare Population Size. The Medicare Population Size includes all Medicare types, Medicare Advantage, Medicare as secondary payer, Black Lung, ESRD, Railroad Retirement, etc., and they do not need to be in a final status for those counts.

The next reports that we will go over are related to eCQMs. The first one is the eCQM Accuracy Report. To run this report, under Data Results, under the dashboard on the left-hand side of the screen, click on eCQMs. On the Data Results eCQM page, click on Accuracy. Under the submission drop-down, select Production and then the applicable quarter. Click on Export Results.

The eCQM CSV Accuracy Report will display information regarding the uploading of the files and the status of each of the cases uploaded. The status will display Accepted if the file has been accepted into the *HQR Secure Portal*. It will also display the error messages if there were any errors in any of the files.

To run the eCQM Outcomes Report, on the Data Results eCQM page, click on Outcomes. Select Production under Submission and the applicable quarter. Click on either View Summary or Export Results.

If you click on View Summary, it will display each of the measures and the score for each of the measures. You can then run the CSV report from this page also by clicking on Export CSV. To close out of the view, click on Okay.

The CSV report will provide you with information related to who submitted and when the data was submitted, patient information, the measure(s) that were submitted, and information related to the outcome of the measure for each of the files.

We'll now look at the available Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, reports. There are four reports available. The Provider Survey Status Summary, the Submission Summary, the Data Submission Detail, and the Submission Results. The purpose of these reports are outlined on the slide.

To run the HCAHPS reports, under Data Results, under the dashboard on the left-hand side of the screen, click on HCAHPS. On the Data Results HCAHPS page, click on File Accuracy. Under the report drop-down, select Provider Survey Status Summary and then the applicable discharge quarter. Click on Export CSV.

This report will display the discharge quarter and year, the CCN and name of the hospital, and the accepted administrative data and accepted survey data for each month in the quarter.

You will access the HCAHPS Submission Summary Report the same way, but you will select Submission Summary under the report drop-down.

The Submission Summary Report will display the hospital's CCN and name, the batch ID, and if the file was accepted or rejected.

To run the HCAHPS Data Submission Detail Report, click on File Accuracy on the Data Results HCAHPS page. Select Data Submission Detail under the Report drop-down and the applicable quarter, and click on Export CSV.

This report will display the date that the file was uploaded along with the hospital's CCN and name, the patient's identifier and discharge date, and the status of the file. This will either be accepted or rejected. If there were any errors in the file, then the details of that error or errors will display.

The last HCAHPS report is the Submission Results. On the Data Results HCAHPS page, click on Submission Results. Select the applicable discharge quarter, and click on Export CSV.

This report will display the number of eligible discharges, the sample size, and the total inpatient discharges. It will also display the survey mode, which you can see on this example was by mail. It also displays the question and value submitted for each file and the frequency and percentage of that value.

Next, we will go over the program reporting reports that will assist you in determining if you have met your Hospital Inpatient Quality Reporting Program requirements.

To access the program reporting reports, once logged into the *HQR Secure Portal*, under the dashboard on the left-hand side of the home page, click on Program Reporting. The program reporting reports will then display. We will go over each of these.

The first report that we will go over is the Provider Participation Report. This report will give you a snapshot of the IQR requirements and if you have met them or not. To access the report, under Program Reporting, select Reporting Requirements. On the Reporting Requirements page, select IQR under the program drop-down and the applicable discharge period. Select Export CSV.

The report displays a lot of information. So, today, we will just highlight some of the columns that will assist you in determining if you have met your IQR requirements. For the IQR program, you should have at least one active Security Official at all times. Column G will display Yes if you have an active Security Official. Column I will display if you have been selected for validation. It will display either Selected or Non-Selected. Columns N through R display information related to population and sampling and the clinical submissions, which would be sepsis. These columns will tell you how many sepsis cases have been accepted into the *HQR Secure Portal*, the number of Medicare claims in the claims warehouse, and the self-entered population and sample sizes, along with the sampling frequency. Column S will display whether or not you have submitted your Data Accuracy Completeness Acknowledgement, or DACA. Remember this is an annual requirement. So, it will not display Submitted or Non-Submitted until the quarter four report. Column T will display whether or not you have submitted the Maternal Morbidity Structural Measure. This also is an annual requirement that is submitted during the April 1 through May 15 time period. So, it will not display as Submitted or Non-Submitted until the quarter four report. The HCAHPS data are located in columns AE through AG and will display if the data have been submitted for each month in the quarter. Lastly, columns AH through AI will display whether or not the COVID-19 Healthcare Personnel Vaccination data have been submitted or not. They will also display the last date that CMS received a file from the CDC. Although this report will assist you in determining if you have met your program requirements, it does not guarantee that you receive your annual payment update.

The next performance report is the Facility, State, and National. This report provides you with the results of your submitted data. To access the report, under Program Reporting select Performance Reports. On the Performance Reports page, under the Program drop-down, select IQR and the applicable discharge quarter. Click on Export CSV.

As stated, this report will display the performance, the numerator, denominator, and rate of the measures submitted. A couple of things to note, although the HAI measures are no longer under IQR, this report will still display the data for these measures. Also, the state and national data will not display until about 30 days after the end of the discharge quarter submission deadline.

The last report we will go over is the Program Credit Report for eCQMs. Under Program Reporting, select Program Credit. On the Program Credit page, select IQR and the applicable discharge period under Discharge Quarter. The page will display if the submission requirement has been met. To see the report, select Export Report.

The Program Credit Report will then display.

Lastly, we will go over the administrative reports that are available.

Under the dashboard, on the left-hand side of the screen, click on Administration. The DACA, or Data Accuracy Completeness Acknowledgement, and the Notice of Participation will display under Administration.

For the DACA, under Administration, select the DACA link. On the DACA page, select the applicable fiscal year and the IQR/HACRP tab. The DACA will then display.

If you continue to scroll down the DACA page, it will show if you have successfully submitted the DACA, who signed it and their position, and the date it was signed. To export the report, click on Export Signed DACA PDF.

The report will provide you with the same information that we went over.

For the Notice of Participation, or NOP, under Administration, select Notice of Participation. On the Notice of Participation page, select View under IQR.

The Notice of Participation screen will show the fiscal years that you are eligible for, when the NOP was signed, along with the Medicare Accept Date. If you click on View Summary Table, it will display additional information regarding past and present fiscal years. If you click on Organization Contacts, it will show who in your facility who should receive notifications if there has been a change to your NOP. If you would like to view or print out your NOP, then click on Export Signed Pledge statement.

The NOP will display and will display whether or not you are participating in the IQR program.

Our next few slides will go over some of the available resources for the IQR program.

You can find all of our available resources and tools by either going to the QualityNet or Quality Reporting Center websites listed on this slide. Additionally, if you have questions or need assistance, you can contact our help desk by phone or email or you can submit your question to the Hospital Inpatient Question and Answer Tool. Those resources and links are provided on this slide.

Additionally, there are numerous QualityNet resources and HQR support videos that are available. For technical issues, you can always reach out to the CCSQ Service Center.

Again, if you have questions that are pertinent to the webinar topic, please submit them to the QualityNet Inpatient Question and Answer Tool. Thank you for watching our On Demand webinar. We hope you have a great day.