

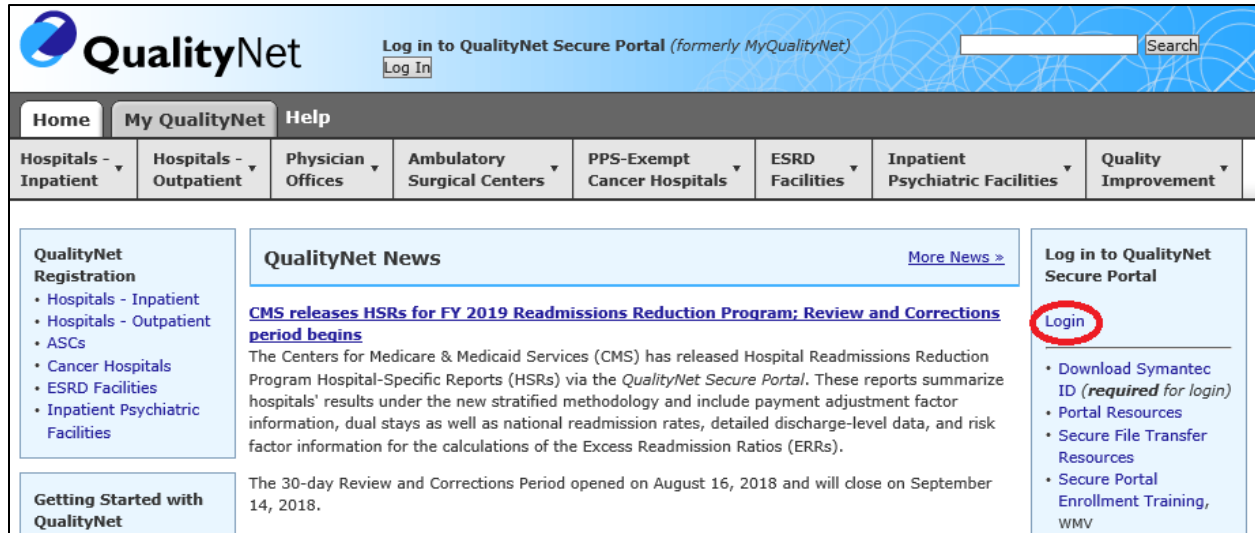
Hospital Inpatient Quality Reporting Program Reference Guide Accessing and Using Your Provider Participation Report

PPR Overview

The Hospital Inpatient Quality Reporting (IQR) Program Provider Participation Report (PPR) summarizes a provider’s data submission. IQR-eligible providers can use this report to monitor their data submissions to make sure they have submitted all information necessary to comply with the program’s annual payment update (APU) requirements. The information also assists healthcare systems, vendors, and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) in monitoring and supporting their providers’ attempts to meet APU data submission requirements. However, the information provided does not guarantee that the provider will receive the full APU. The PPR updates nightly with the previous day’s successfully submitted and processed data. Healthcare systems, inpatient hospitals, vendors, and QIN-QIOs may request authorization to view the reports for affiliated hospitals.

Running and Viewing Your Hospital’s PPR

1. In your Internet browser, navigate to www.QualityNet.org.
2. The *QualityNet* home page will open. Locate the *Log in to QualityNet Secure Portal* section in the upper right-hand side of the page; select **Login**.



QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Log In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

QualityNet Registration

- Hospitals - Inpatient
- Hospitals - Outpatient
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities

Getting Started with QualityNet

QualityNet News [More News >](#)

CMS releases HSRs for FY 2019 Readmissions Reduction Program: Review and Corrections period begins

The Centers for Medicare & Medicaid Services (CMS) has released Hospital Readmissions Reduction Program Hospital-Specific Reports (HSRs) via the *QualityNet Secure Portal*. These reports summarize hospitals' results under the new stratified methodology and include payment adjustment factor information, dual stays as well as national readmission rates, detailed discharge-level data, and risk factor information for the calculations of the Excess Readmission Ratios (ERRs).

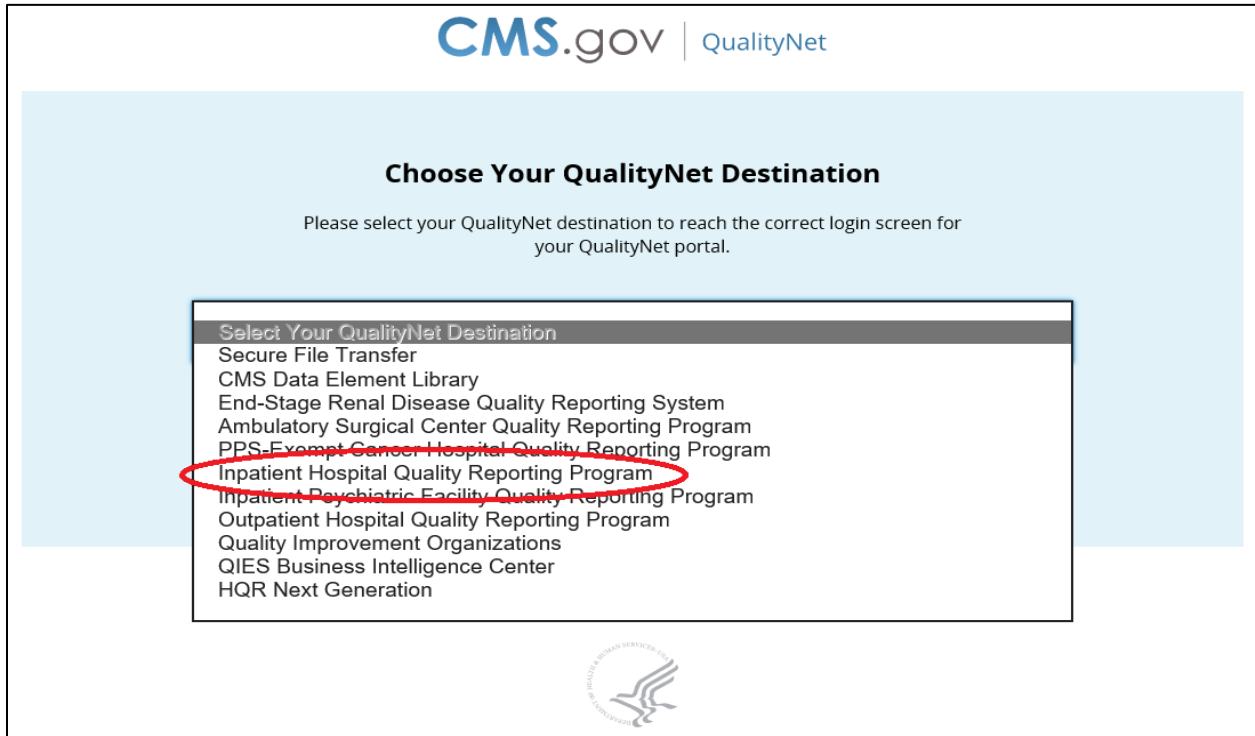
The 30-day Review and Corrections Period opened on August 16, 2018 and will close on September 14, 2018.

Log in to QualityNet Secure Portal

Login

- Download Symantec ID (**required** for login)
- Portal Resources
- Secure File Transfer Resources
- Secure Portal Enrollment Training, WMV

3. The *Choose Your QualityNet Destination* page will open. From the *Select Your QualityNet Destination* drop-down menu, select **Inpatient Hospital Quality Reporting Program**.




CMS.gov | QualityNet

Choose Your QualityNet Destination

Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.

Select Your QualityNet Destination

- Secure File Transfer
- CMS Data Element Library
- End-Stage Renal Disease Quality Reporting System
- Ambulatory Surgical Center Quality Reporting Program
- PPS-Exempt Cancer Hospital Quality Reporting Program
- Inpatient Hospital Quality Reporting Program**
- Inpatient Psychiatric Facility Quality Reporting Program
- Outpatient Hospital Quality Reporting Program
- Quality Improvement Organizations
- QIES Business Intelligence Center
- HQR Next Generation



4. After selecting **Inpatient Hospital Quality Reporting Program**, select the **Let's Go** button.



CMS.gov | QualityNet

Choose Your QualityNet Destination

Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.

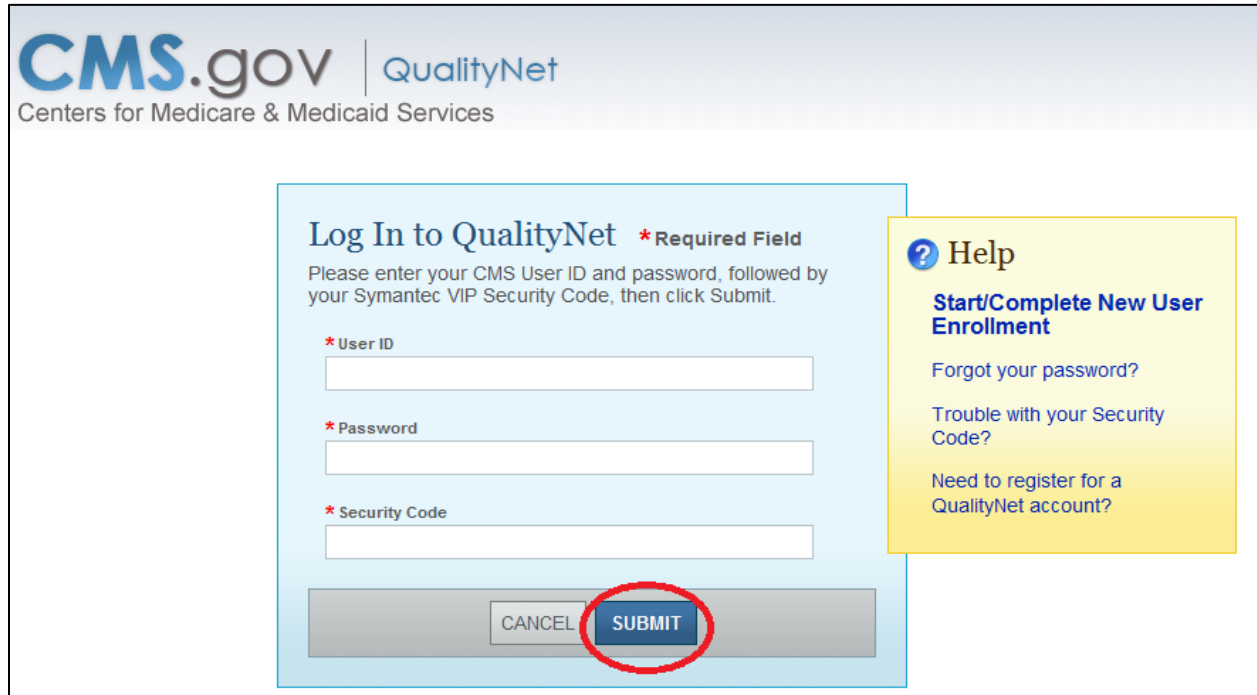
Inpatient Hospital Quality Reporting Program

Let's Go Cancel

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244



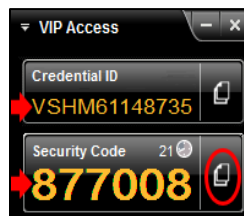
5. The *Log In to QualityNet* page will open. Enter your **User ID**, **Password**, and **Security Code**. Select the **SUBMIT** button.



6. To obtain your security code, open the VIP Access application that was downloaded and saved to your desktop during the *QualityNet Secure Portal* enrollment process. If you have not enrolled with *QualityNet*, please contact the help desk at (866) 288-8912.



7. Once this is open, you will see the token with a security code. The code changes every 30 seconds. To copy the code, select the **copy** icon on the far right of the code. Then, paste that code into the Security Code box on the *Log In to QualityNet* page. You will need to do this step every time you log in to the *QualityNet Secure Portal*.



Hospital IQR Program Reference Guide Accessing and Using Your PPR



- The U.S. Government information system warning page will open.
Select the **I Accept** button.

****WARNING**WARNING**WARNING****

You have accessed a U.S. Government information system. There is no right of privacy on this system.

All data contained within this system is owned by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner.

Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system.

Unauthorized access is prohibited by Title 18 of the United States Code, Section 1030. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. System personnel may give any potential evidence of crime found on Department computer systems to law enforcement officials.

System users are required to adhere to all applicable statutes, regulations, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, "CMS Information Security Policies, Standards and Procedures."

****WARNING**WARNING**WARNING****

- The *QualityNet Secure Portal* launch page will open. From the *My Reports* drop-down menu, select **Run Reports**.

CMS | **QualityNet**
.gov

Home ▾ **Quality Programs** ▾ **My Reports** ▾

Home>

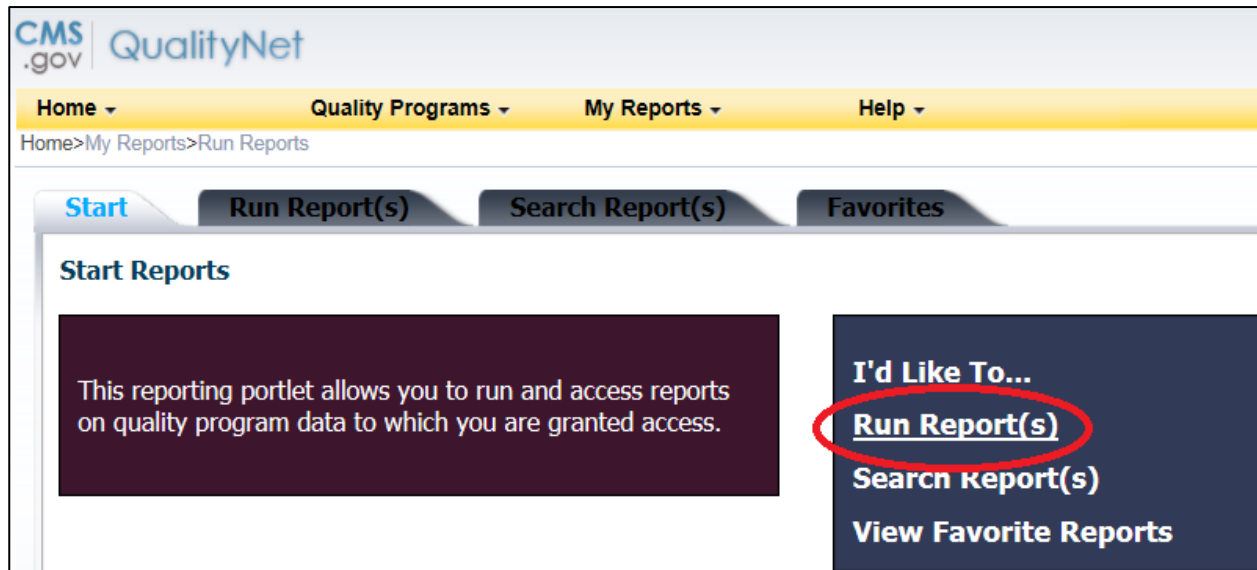
Welcome

Run Reports
Search Reports
Analytics Report

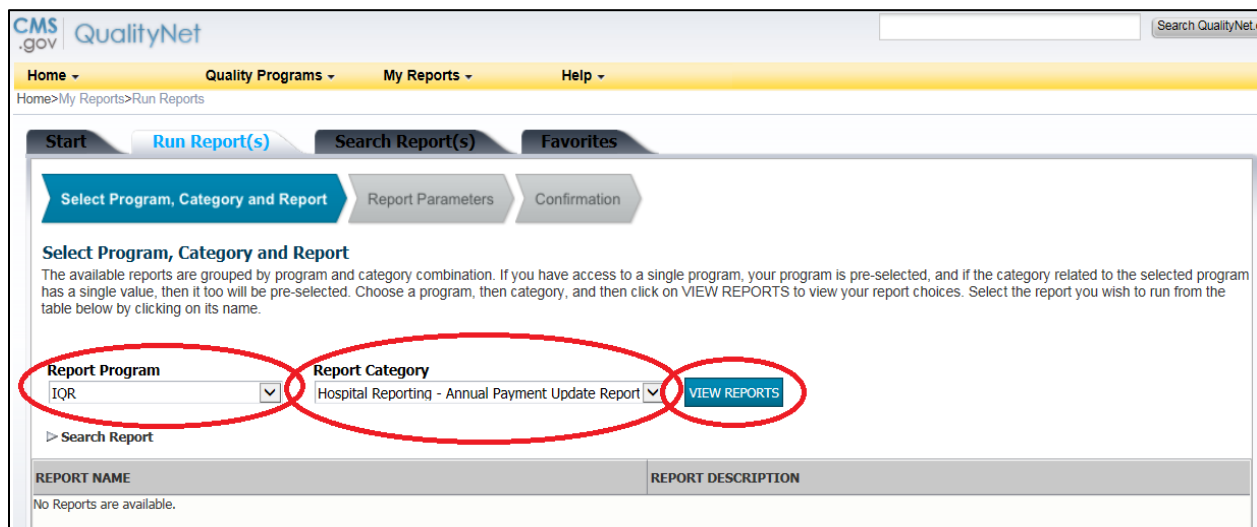
QualityNet Secure Portal Established by the Centers for Medicare and Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources, data reporting tools and applications for use by healthcare providers and others. QualityNet is the only CMS-approved site for secure communications and healthcare quality data exchange between: Quality Improvement Organizations (QIOs), Hospitals, Physician offices, Nursing homes, End Stage Renal Disease (ESRD) networks, facilities, and data vendors.

Hospital IQR Program Reference Guide Accessing and Using Your PPR

10. The *Start Reports* screen will open.
In the *I'd Like To...* section, select the **Run Report(s)** link.



11. The *Run Report(s)* tab will open. On this page, you will see *Select Program, Category and Report*.
- Under *Report Program*, select **IQR** from the drop-down menu.
 - Under *Report Category*, select **Hospital Reporting – Annual Payment Update Reports** from the drop-down menu.
 - Click on **VIEW REPORTS** to view your report choices.



12. The report choices will appear. Under *REPORT NAME*, select **Hospital Reporting – Provider Participation Report**.

Hospital IQR Program Reference Guide Accessing and Using Your PPR



Home - Quality Programs - My Reports - Help -

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: IQR Report Category: Hospital Reporting - Annual Payment Update Report VIEW REPORTS

> Search Report

REPORT NAME	REPORT DESCRIPTION
Hospital Reporting - Claims Detail Report	The Claims Detail Report identifies claims in final action status in the Data Warehouse.
Hospital Reporting - Confidence Interval Report	This report displays cumulative and quarterly estimated reliability, along with the validation confidence interval upper bound and lower bound for the Inpatient Annual Payment Update.
Hospital Reporting - Provider Participation Report	The Provider Participation report displays a summary of requirements data for participation in the Hospital Quality Reporting Program.

13. The *Report Parameters* page will open. Select the **State**, **Provider**, and **Calendar Year**. You will also have the option to select the **Discharge Quarter**. The **Report Format** field will auto populate as PDF format. Click the **RUN REPORT** button.

NOTE: If you do not select a discharge quarter, the system will default to “All” quarters.

Home - Quality Programs - My Reports - Help -

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Report Parameters

Select the parameters that define the report you will run, then click RUN REPORT.

* Indicates required fields.

Hospital Reporting - Provider Participation Report - IQR

* State: [Dropdown]

* Provider: [Dropdown]

* Calendar Year: [Please select]

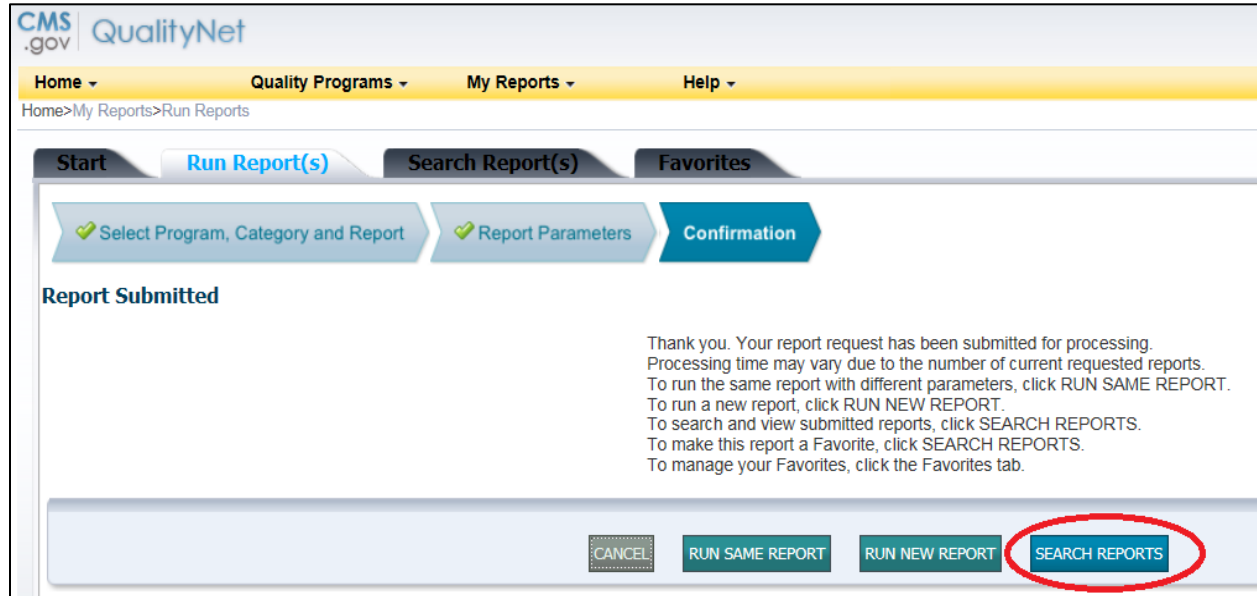
Discharge Quarter: [Dropdown]

* Report Format: PDF

CANCEL RESET RUN REPORT

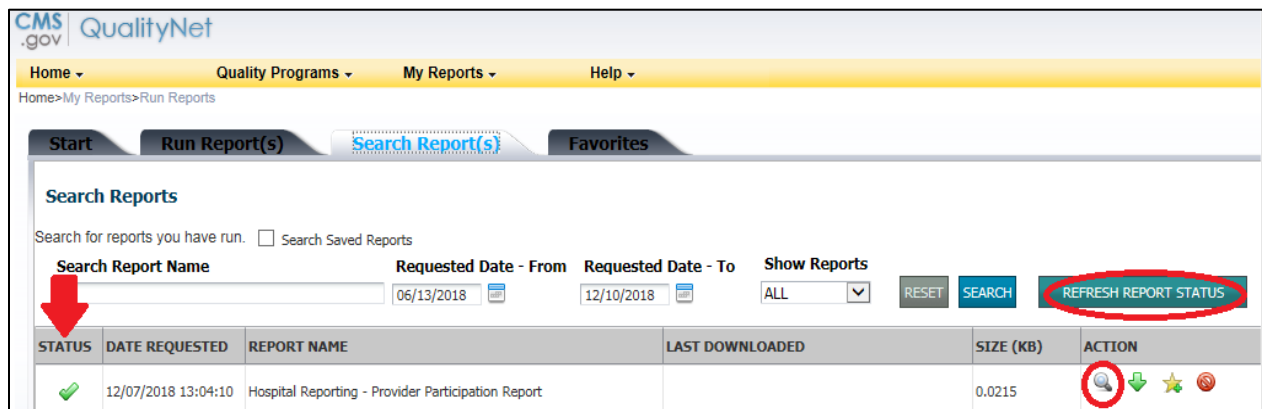
IMPORTANT NOTE: For the State and Provider fields, your assigned *QualityNet* role determines the parameters you can select. Multi-state users must select one or more states. For single-state/single-provider users, State and Provider drop-downs are set to user defaults. The screen view will vary depending on your assigned role.

14. The *Confirmation* screen will open. To search and view the submitted reports, click on the **SEARCH REPORTS** button.



HELPFUL TIP: Please check the *Known Issues – Hospital Reporting* document on *QualityNet* for any issues affecting the PPR

15. The *Search Report(s)* screen will open. Select **Refresh Report Status** periodically until a green check mark appears in the *STATUS* column. Then, select the **View Report** icon, shown as a magnifying glass.



HELPFUL TIP: Make sure to allow ample time before the deadline to review and, if necessary, correct your data. Hospitals can update/correct their submitted clinical data until the Centers for Medicare & Medicaid Services (CMS) submission deadline, immediately after which the warehouse will be locked. Any updates made after the submission deadline will not be reflected in the data CMS uses.

PPR Information – Page 1

Page 1 of the PPR displays clinical measure sets information, as indicated in the sample report below, and includes Total Cases Accepted, Total Medicare Claims, Total Patient Population, Total Sample Size, and Discharge Quarter Sample Frequency.

NOTE: The data displayed in the below screen shot are shown only as an example. Actual data will vary by provider.

State:		CEO Name:		Active QualityNet Security Administrator: Yes	
Provider ID:		Medicare Accept Date:		Data Accuracy and Completeness Acknowledgement: Yes	
Provider Name:		Notice of Participation Date:			
Provider City:		Withdrawal or Non-Participation Date:			
EHR Measures Submitted: N/A - Please refer to the eCQM Submission Status Report					
Selected for Chart-Abstracted Validation: No					
Selected for eCQM Validation:					
Measure Sets ¹	Total Cases Accepted ²	Total Medicare Claims ³	Total Patient Population ⁴	Total Sample Size ⁴	Discharge Quarter Sample Frequency ⁴
IQR-SEP	0	59	No	No	No
IQR-VTE - Other VTE Only Patient sub-population	0	2	No	No	No
		Total Medicare Claims ³	Total Patient Population ⁴	Total Sample Size ⁴	Discharge Quarter Sample Frequency ⁴
Global Population		371	No	No	No
Total Cases Accepted ²					
Measure Set: IQR-ED		0			
Measure Set: IQR-IMM		0			

Associated Footnotes

¹Note: The Measure Set column contains Measure Set, Strata and Sub-population data. Hospitals that have five or fewer discharges (Medicare and non-Medicare, combined) within a measure set in a quarter are not required to submit patient-level data for that measure set for that quarter, but must still submit the aggregate population and sampling data even if the population is zero.

²“Accepted” is defined as including all Medicare and non-Medicare cases submitted to the Data Warehouse that met all data submission requirements.

³Total Medicare Claims column will be updated monthly with a cumulative total until approximately 15 days prior to the submission deadline for that quarter.

⁴“No” indicates that data has not been submitted for aggregate population and sampling.

*Vendor is not authorized to submit data for this measure set.

Note: Claims-based measures do not require data submission by the hospital and are calculated based on Medicare claims data.

Disclaimer: This report provides a snapshot of pertinent information for overall monitoring of Hospital IQR program requirements. It does not confirm or deny whether a provider qualifies for the annual payment update.

PPR Information – Page 2

Page 2 of the PPR displays Clinical Web-Based Measures, IQR-HAI Quality Measure Data, and HCAHPS Survey Data, as indicated in the sample report below.

NOTE: The data displayed in the below screen shot are shown only as an example. Actual data will vary by provider.

Hospital Reporting - Provider Participation Report – Inpatient									
Quarter 4 - 2018 Discharges									
Provider ID:		EHR Measures Submitted: N/A - Please refer to the eCOM Submission Status Report							
Provider Name:									
Clinical Web-Based Measures									
Measure Set: PC	Total Numerator ¹¹	Total Denominator ¹¹	Total Mother Population ¹¹	Total Sample Size ¹¹	Discharge Quarter Sample Frequency ¹¹	Total Exclusions ¹¹			
PC-01 Elective Delivery	No	No	No	No	No	No			
						Exclusion	No	Count	
IQR-HAI Quality Measure Data ⁷			IQR-HAI Data Submitted ⁹		Last NHSN File Update to CMS ⁸				
C. difficile			No						
CAUTI			No						
CLABSI			No						
Healthcare Personnel Influenza Vaccination			No						
MRSA Bacteremia			No						
SSI-Abdominal Hysterectomy			No						
SSI-Colon Surgery			No						
HCAHPS Survey Data ⁵		Oct	Unverified Files Accepted to Date			Unverified "Zero Cases" Information Accepted to Date ⁶			
HCAHPS		Yes	Nov	Dec	Oct	Nov	Dec		
		Yes	Yes		No	No			

Associated Footnotes

⁵Hospitals that have five or fewer HCAHPS-eligible discharges in a month are not required to conduct and submit HCAHPS surveys for that month; however, they must submit the total number of HCAHPS-eligible cases that they had for that month as part of their quarterly HCAHPS data submission.

⁶Hospitals that have zero HCAHPS-eligible discharges and have submitted a file indicating zero cases will display a “Yes” in the “Unverified ‘Zero Cases’ Information Accepted to Date” field.

⁷HAI (Healthcare-Associated Infection) data is updated monthly until the submission deadline for the respective quarter. For more information regarding HAI data, please access the NHSN website: <http://www.cdc.gov/nhsn/acute-care-hospital/index.html>

⁸The Last NHSN file update to CMS date is the date the HAI data was last updated for the Provider for the discharge quarter.

⁹The HAI Data Submitted is N/A for the Healthcare Personnel Influenza Vaccination measure during non-flu season quarters.

¹¹No indicates that data has not been submitted for Clinical Web Based Measures.

*Vendor is not authorized to submit data for this measure set.

Note: Claims-based measures do not require data submission by the hospital and are calculated based on Medicare claims data.

Disclaimer: This report provides a snapshot of pertinent information for overall monitoring of Hospital IQR program requirements. It does not confirm or deny whether a provider qualifies for the annual payment update.

IMPORTANT NOTE: For the CAUTI and CLABSI measures, if your hospital does **not** have at least one of the device-associated (DA) healthcare-associated infection (HAI) reportable locations, then your hospital **must** submit a [Measure Exception Form](#) to CMS to successfully meet HAI reporting requirements. For more information, please review the [NHSN Location Mapping Checklist for Acute Care Hospitals \(ACHs\) Participating in the CMS Hospital Inpatient Quality Reporting Program](#).

PPR Clarifications – Page 2

As indicated by the area outlined in green in the screen shot below, if your hospital submitted a [Measure Exception Form](#) for Perinatal Care (PC)-01, your PPR will continue to display “No” for submission of this measure.

Hospital Reporting - Provider Participation Report – Inpatient Quarter 4 - 2018 Discharges							
Provider ID:		EHR Measures Submitted: N/A - Please refer to the eCOM Submission Status Report					
Provider Name:							
Clinical Web-Based Measures							
Measure Set: PC	Total Numerator ¹¹	Total Denominator ¹¹	Total Mother Population ¹¹	Total Sample Size ¹¹	Discharge Quarter Sample Frequency ¹¹	Total Exclusions ¹¹	
PC-01 Elective Delivery	No	No	No	No	No	Exclusion	Count
						No	