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Troubleshooting Audio

Audio from computer
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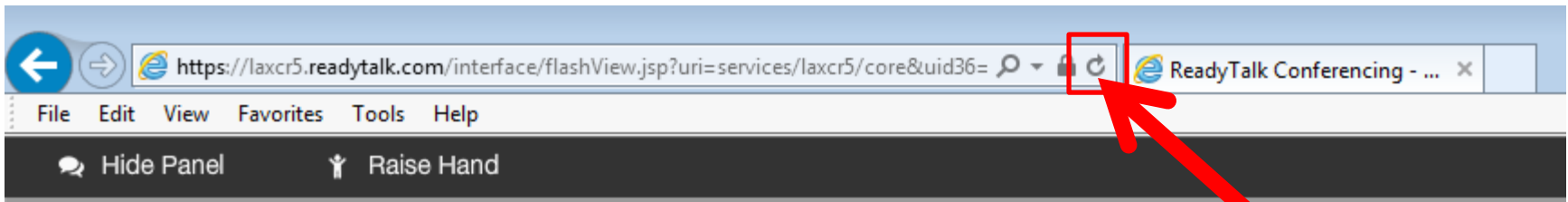
Click Refresh icon

– or –

Click F5



F5 Key
Top Row of Keyboard

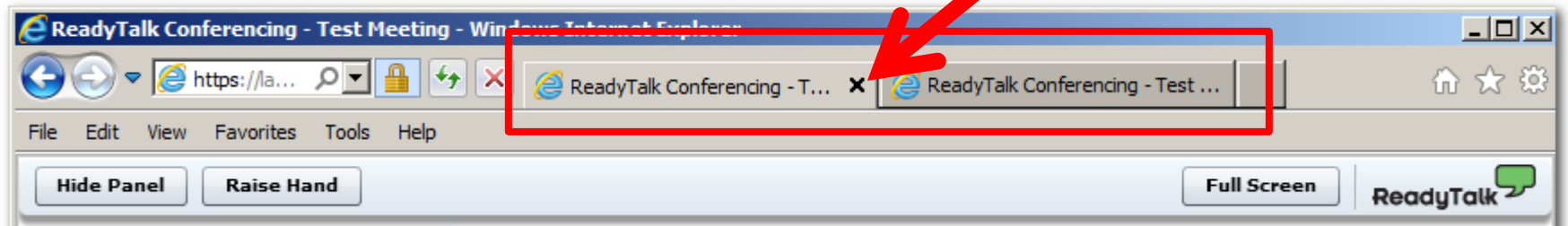


Location of Buttons

Refresh

Troubleshooting Echo

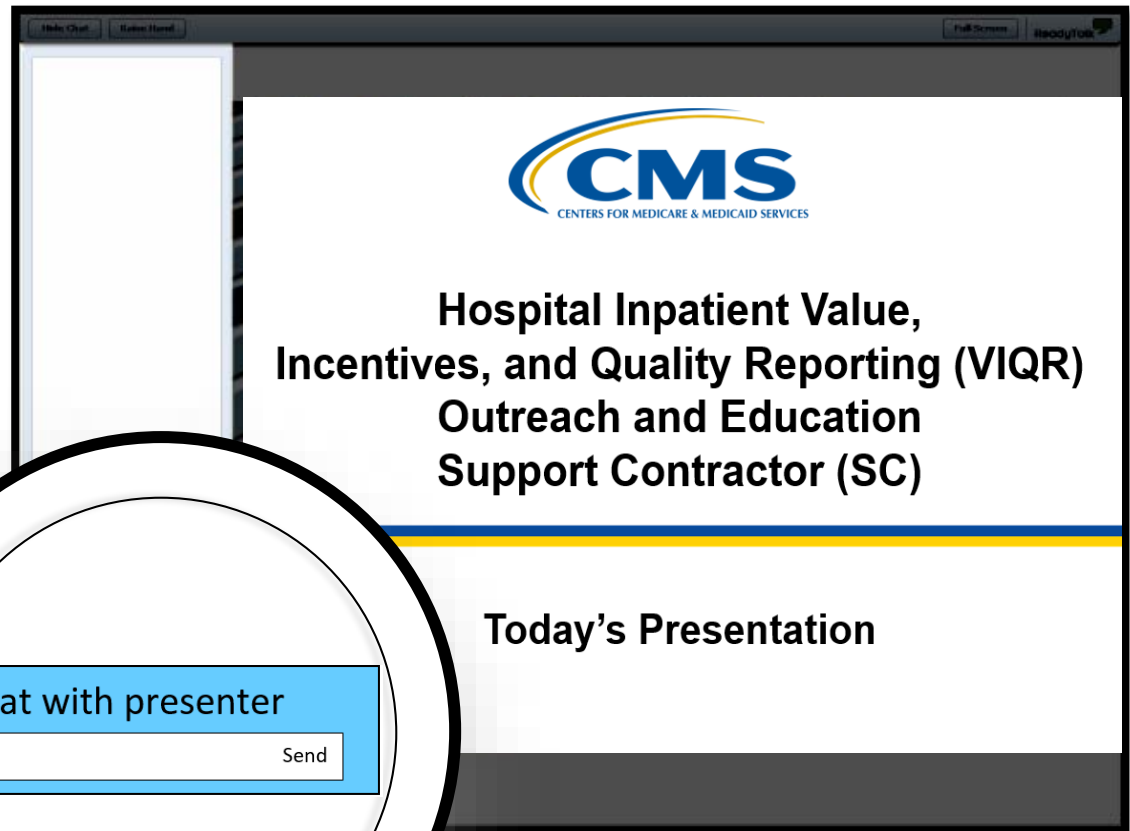
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.





Navigating Hospital IQR Program Reports Tips to Access, Run, and Review

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Purpose

This presentation will provide the participant with information regarding Hospital IQR Program reports on the *QualityNet Secure Portal*, including:

- Types of available reports
- Purpose of each report
- Steps to access and run reports
- Ways to interpret report data

Objectives

By the end of the presentation, the participant will be able to:

- Identify each report's purpose and location on the *QualityNet Secure Portal*.
- Demonstrate the steps to run a report on the *QualityNet Secure Portal*.
- Interpret data on each report.

Acronyms and Abbreviations

AMI	acute myocardial infarction	IMM	immunization
APU	annual payment update	IPPS	inpatient prospective payment system
CABG	coronary artery bypass graft	IQR	[Hospital] Inpatient Quality Reporting
CAUTI	catheter-associated urinary tract infection	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
CDAC	Clinical Data Abstraction Center	MSPB	Medicare Spending Per Beneficiary
C. diff	<i>Clostridium difficile</i>	NHSN	National Healthcare Safety Network
CEBP	clinical episode-based payment	PC	perinatal care
CLABSI	central line-associated blood stream infection	PDF	Portable Document Format
COPD	chronic obstructive pulmonary disease	PPR	Provider Participation Report
ECE	extraordinary circumstances exception	PSI	Patient safety indicators
eCQM	electronic clinical quality measure	QRDA	Quality Reporting Document Architecture
ED	emergency department	SEP	sepsis
EDAC	excessive days in acute care	SIR	standardized infection ratio
EHR	electronic health record	SSI	surgical site infection
FY	fiscal year	THA	total hip arthroplasty
GI	gastrointestinal	TKA	total knee arthroplasty
HAI	healthcare-associated infection	UTD	unable to determine
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	UTI	urinary tract infection
HF	heart failure	VBP	value-based purchasing
HSR	hospital-specific report	VTE	venous thromboembolism
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification	XML	Extensible Markup Language

Accessing Reports

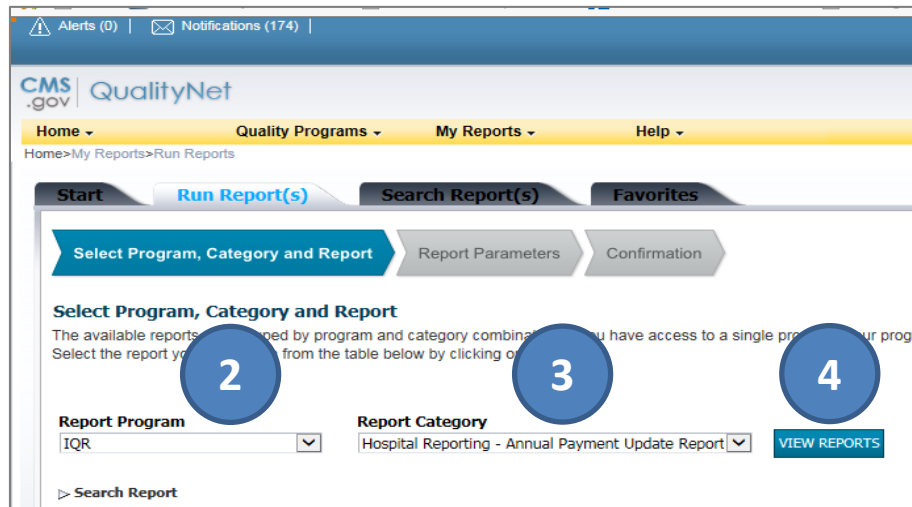
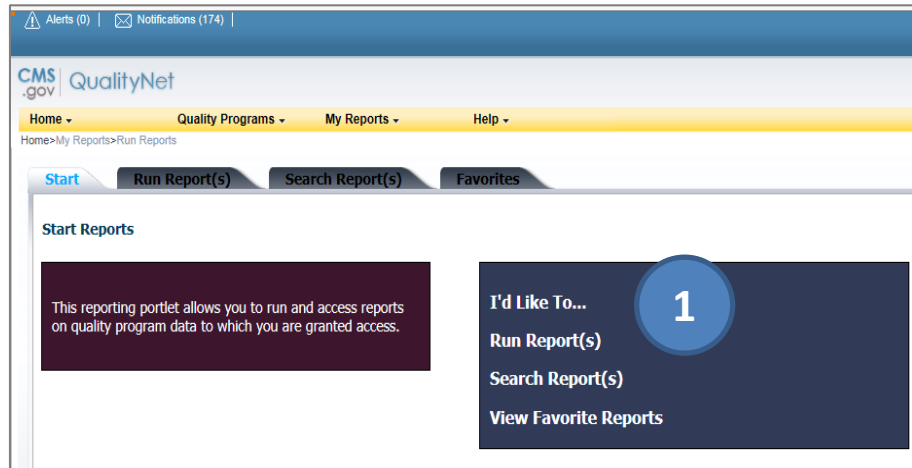


1. Visit *QualityNet* at www.qualitynet.org.
2. Sign in to the secure portal by selecting the **[Login]** button.
3. On the secure portal Home page, select **[My Reports]**.
4. Select Run Reports, Search Reports, or Analytics Report.

Running Reports

To Run a Report

1. On the Start Reports screen, in the I'd Like To... section, select the Run Report(s) link.
2. On the **[Run Report(s)]** tab, select IQR from the drop-down menu under Report Program.
3. Select the Report Category from the drop-down menu.
4. Select the **[VIEW REPORTS]** button to proceed.



Running Reports (Cont.)

Alerts (0) | Notifications (174)

CMS.gov | QualityNet

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 selected. 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 is...
Hospital Reporting - Confidence Interval Report	This report displays cumulative lower bound for the Inpatient...
Hospital Reporting - Provider Participation Report	The Provider Participation Program...

- Once you select View Reports, the applicable reports under the Report Category will display under the Report Name.
- Select the applicable report.

Viewing Reports

Alerts (0) | Notifications (174)

CMS.gov QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Search Reports

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

✔ Select Program, Category and Report ✔ Report Parameters Confirmation

Report Submitted

Thank you. Your report request has been submitted for processing.
Processing time may vary due to the number of current requested reports.
To run the same report with different parameters, click RUN SAME REPORT.
To run a new report, click RUN NEW REPORT.
To search and view submitted reports, click SEARCH REPORTS.
To make this report a Favorite, click SEARCH REPORTS.
To manage your Favorites, click the Favorites tab.

CANCEL RUN SAME REPORT RUN NEW REPORT **SEARCH REPORTS**

Viewing Reports (Cont.)

On the Search Report(s) screen, wait for the system to process the request (Status column with green check mark) and select the View Report icon (Action column magnifying glass).

The screenshot shows the CMS QualityNet interface. At the top, there's a navigation bar with 'Home', 'Quality Programs', 'My Reports', and 'Help'. Below this is a 'Search Reports' section with a search bar and filters. A table lists reports with columns for Status, Date Requested, Report Name, Last Downloaded, Size (KB), and Action. Two callouts are present: one pointing to a green checkmark in the Status column of the first row, and another pointing to a magnifying glass icon in the Action column of the same row.

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (KB)	ACTION
✓	08/01/2018 19:04:59	Hospital Reporting - Provider Participation Report		0.0275	[Magnifying Glass]
✓	07/30/2018 17:34:13	Hospital Reporting - Submission Detail Report		0.2671	[Magnifying Glass]

APU and Feedback Reports

APU Reports	Feedback Reports
Claims Detail	Case Status Summary
Provider Participation	Facility, State and National
	Measure Designation Summary
	Measure Status by Case
	Population and Sampling Summary
	Potential Duplicate Records
	Submission Detail

Claims Detail: Parameters

Home>My Reports>Run Reports

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

Report Parameters

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

* Indicates required fields.

Hospital Reporting - Claims Detail Report - IQR

* State: 1

* Provider: 2

* Discharge Quarter: Please select 3

Measure Set: 4

* Report Format: PDF 5

CANCEL RESET RUN REPORT

Purpose

Provides a user with the ability to monitor claims submitted in final action status

Report Parameters

1. State/Provider
2. Discharge Quarter
3. Measure Set
4. Report Format
5. [RUN REPORT]

Claims Detail Report

Displays Medicare Fee-for-Service (Part A) finalized claims only, including the following:

1. Date of most recent claims data
2. Number linked to the beneficiary's claim
3. Claim start and end dates
4. Corresponding measure set

Report Run Date: 08/02/2018 Page 1 of 15

Hospital Reporting - Claims Detail Report - Inpatient
Provider: '
Discharge Quarter: 01/01/2018 - 03/31/2018
Measure Set: IQR-SEP, IQR-VTE

Data As Of: 06/14/2018 1

Medicare Beneficiary Identifier	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender

234

Provider Participation Report: Parameters

me>My Reports>Run Reports

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

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:

* Provider:

* Calendar Year:

Discharge Quarter:

* Report Format:

CANCEL RESET RUN REPORT

Purpose

Summarizes provider's data submission; however, does not guarantee provider will receive full APU

Report Parameters

1. State/Provider
2. Calendar Year
3. Discharge Quarter
4. Report Format
5. [RUN REPORT]

Provider Participation Report: Clinical Measures

Clinical measures display:

1. Total Patient Population
2. Total Medicare Claims
3. Total Cases Accepted
4. Sample Frequency

✓ *Updated nightly with data successfully submitted and processed from the previous day*

	3	2	1		4
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	60	299	577	60	Monthly
IQR-VTE - Other VTE Only Patient sub-population	54	25	54	54	Not Sampled
		Total Medicare Claims ³	Total Patient Population ⁴	Total Sample Size ⁴	Discharge Quarter Sample Frequency ⁴
Global Population		2389	7894	306	Monthly
	Total Cases Accepted ²				
Measure Set: IQR-ED	306				
Measure Set: IQR-IMM	306				

Provider Participation Report: PC-01 and HAI

PC (PC-01 Elective Delivery)

1. Total Numerator
2. Total Denominator
3. Total Mother Population
4. Total Exclusions

IQR-HAI Quality Measure Data

5. IQR-HAI Data Submitted
6. Last NHSN File Update to CMS

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
						Count
						ICD-10-CM Principal or Other Diagnosis Code for elective delivery ¹¹
						Gestational age patients < 37 or >= 39 weeks gestation ¹¹
						History of Stillbirth ¹¹
IQR-HAI Quality Measure Data ⁷			IQR-HAI Data Submitted ⁹		Last NHSN File Update to CMS ⁸	
C.difficile			Yes		07/31/2018	
CAUTI			Yes		07/31/2018	
CLABSI			Yes		07/31/2018	
Healthcare Personnel Influenza Vaccination			Yes		05/16/2018	
MRSA Bacteremia			Yes		07/31/2018	
SSI-Abdominal Hysterectomy			Yes		07/31/2018	
SSI-Colon Surgery			Yes		07/31/2018	

Case Status Summary Report: Parameters

CMS.gov QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

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

Hospital Reporting - Case Status Summary Report - IQR

* State:

* Provider:

* Discharge Quarter:

Submitter:

(To select Submitter you must select a Provider and a Discharge Quarter)

Measure Set:

* Report Format:

CANCEL RESET RUN REPORT

Purpose

Provides a total of unique cases submitted to the CMS Clinical Warehouse by measure set for the specified discharge period

Report Parameters

1. State/Provider
2. Discharge Quarter
3. Submitter
4. Measure Set
5. Report Format
6. [RUN REPORT]

Case Status Summary Report

Report displays:

1. Measure set
2. Total number of unique cases submitted
3. Total number of cases accepted
4. Total number of cases rejected

- ✓ *Duplicate submissions of the same case are counted only once.*
- ✓ *Deleted cases and test cases are removed from all case counts.*

1	2	3	4
Measure Set	Unique Cases Submitted ¹	Cases Accepted ²	Cases Rejected ³
IQR-ED	306	306	0
IQR-IMM	306	306	0
IQR-SEP	60	60	0
IQR-VTE	54	54	0
VTE - Other VTE Only (sub-population 3)	54	54	0

Facility, State and National Report: Parameters

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

* Indicates required fields.

Hospital Reporting - Facility, State and National Report - IQR

* State:
Please select ▼ 1

* Provider:
▼

* Discharge Quarter:
Please select ▼ 2
(State and National columns will display blank until approximately 30 days after the submission deadline for the quarter)

Measure Set:
▼ 3

* Report Format:
PDF ▼ 4

5

CANCEL RESET RUN REPORT

Purpose

Summarizes and compares by quarter data for measure(s) at facility, state, and national levels

Report Parameters

1. State/Provider
2. Discharge Quarter
3. Measure Set
4. Report Format
5. [RUN REPORT]

Facility, State and National Report: Clinical Measures

Report data include:

1. Number of hospital records abstracted for a provider
2. Number of cases that met the intent for the measure (Numerator)
3. Number of cases in the measure population successfully accepted (Denominator)
4. Percentage included in the denominator that is included in the numerator

- ✓ *All data and calculations are obtained from cases that have been successfully accepted into the CMS Clinical Warehouse.*
- ✓ *State and National columns will display blank until approximately 30 days after the submission deadline for the quarter.*

		Facility			State ¹			National ¹		
IQR-SEP Data										
Medical Records Abstracted:		1	60		2,068			229,259		
Measure Set: IQR-SEP		Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
SEP-1	Early Management Bundle, Severe Sepsis/Septic Shock	7	28	25%	525	1,029	51%	61,053	118,863	51%
		2	3	4						

Facility, State and National Report: PC-01 and HAI

Facility					State ¹					National ¹			
IQR-PC Data													
Measure Set: IQR-PC													
Measure	Exclusion	Numerator	Denominator	% of Total	Exclusion Count	Numerator	Denominator	% of Total	Exclusion Count	Numerator	Denominator	% of Total	Exclusion Count
PC-01 Elective Delivery ⁶		0	159	0		5	591	1		789	49,271	2	
	ICD-10-CM Principal or Other Diagnosis Code for elective delivery				0				1,783				261,583
	Gestational age patients <37 or >= 39 weeks gestation				92				1,587				155,756
	History of Stillbirth				1				9				5,894
	Total Exclusion Count				93				3,379				423,233

Facility							State ¹			National ¹		
IQR-HAI Data												
	Locations	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Device Days/Patient Days/Procedures ^{2,6}	Last NHSN File Update to CMS ⁴	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)
Measure Set: IQR-HAI												
C.difficile	ALL	16	24.004	0.667	32,486	05/22/2018	202	215.302	0.938	19,329	24,803.902	0.779
CAUTI	COMBINED	7	5.243	1.335	4,352	05/16/2018	31	44.417	0.698	4,751	5,455.314	0.871
CLABSI	COMBINED	4	5.643	0.709	5,441	05/16/2018	26	35.079	0.741	3,709	4,540.061	0.817
MRSA Bacteremia	ALL	4	1.680	2.381	35,558	05/22/2018	13	19.679	0.661	2,013	2,319.019	0.868
SSI-Abdominal Hysterectomy	ALL	1	1.106	0.904	138	05/16/2018	9	7.958	1.131	505	614.316	0.822
SSI-Colon Surgery	ALL	0	2.434	0.000	94	05/16/2018	17	19.099	0.890	1,914	2,169.010	0.882

Measure Designation Summary: Parameters

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

* Indicates required fields.

Hospital Reporting - Measure Designation Summary Report - IQR

* State: 1

* Provider: 2

* Discharge Quarter: Please select 3

Measure Set: 4

Designation Status: Selected 5

* Report Format: PDF 6

CANCEL RESET RUN REPORT

Purpose

Allows a user to view a summary of measures and data submission designation status

Report Parameters

1. State/Provider
2. Discharge Quarter
3. Measure Set
4. Designation Status
5. Report Format
6. [RUN REPORT]

Measure Designation Summary Report

Report displays:

1. Designation status
2. Most recent designation date and time
3. User responsible for the most recent designation

✓ *Measures required for the Hospital IQR Program cannot be deselected.*

1

2

3

Measures	Designation Status	Designation Date and Time	User
Measure Set: IQR-ED			
ED-1	Selected	09/28/2017 01:26	LOAD_CART_MEAS_DESGNTN
ED-2	Selected	09/28/2017 01:26	LOAD_CART_MEAS_DESGNTN
Measure Set: IQR-IMM			
IMM-2	Selected	09/28/2017 01:26	LOAD_CART_MEAS_DESGNTN
Measure Set: IQR-SEP			
SEP-1	Selected	09/28/2017 01:26	LOAD_CART_MEAS_DESGNTN
Measure Set: IQR-VTE			
VTE-6	Selected	09/28/2017 01:26	LOAD_CART_MEAS_DESGNTN

Measure Status by Case: Parameters

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

Hospital Reporting - Measure Status by Case Report - IQR

* State:

* Provider: 1

* Discharge Quarter: Please select 2

Submitter: 3
(To select Submitter you must select a Provider and a Discharge Quarter)

Measure Set: 4

* Report Format: PDF 5

6

CANCEL RESET RUN REPORT

Purpose

Displays detailed information of individual cases, which includes measure inclusion status and reason for exclusion

Report Parameters

1. State/Provider
2. Discharge Quarter
3. Submitter
4. Measure Set
5. Report Format
6. [RUN REPORT]

Measure Status by Case Report

Report displays:

1. Population eligibility
2. Whether case was included in the numerator
3. If the case was excluded from the measure
4. If excluded, the reason for the exclusion

✓ *Rejected cases are not included in this report.*

1	2	3	4			
Measure	Population Eligible (Denominator)	Passed the Measure (Numerator)	Excluded from the Measure Calculation	Continuous Variable ¹	UTD ²	Reason for Exclusion
Provider ID: 160082 Provider Name: Iowa Methodist Medical Center, West Des Moines, IA						
Measure Set: IQR-ED						
Patient ID: 332993917 Admit Date: 01/14/2018 Discharge Date: 01/16/2018						
ED-1a		Y				ED-1a: EXCLUDED - Overall Rate: ED Patient [EDPATIENT] indicates there is no documentation the patient was an ED patient, OR unable to determine from medical record documentation.

Population and Sampling Summary: Parameters

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

* Indicates required fields.

Hospital Reporting - Population and Sampling Summary Report - IQR

* State: 1

* Provider:

* Discharge Quarter: Please select 2

* Population Type: 3

* Report Format: PDF 4

5

CANCEL RESET RUN REPORT

Purpose

Provides population and sampling data for Medicare and Non-Medicare patients by discharge quarter, by month, for each measure set

Report Parameters

1. State/Provider
2. Discharge Quarter
3. Population Type
4. Report Format
5. [RUN REPORT]

Population and Sampling Summary Report

Displays the measure set:

1. Sampling Frequency
2. Total Population Size for Medicare and Non-Medicare
3. Total Sample Size for Medicare and Non-Medicare

- ✓ *Data may be submitted per XML file or the Population and Sampling application in the QualityNet Secure Portal.*
- ✓ *“N/A” indicates population and sample size data have not been submitted.*

IQR-Global Population: IQR-GLOBAL						
Sampling Frequency: Monthly						
	Population - Medicare	Population - Non-Medicare	Total Population Size	Sample Size - Medicare	Sample Size - Non-Medicare	Total Sample Size
Jan - 18	996	1695	2691	38	64	102
Feb - 18	887	1591	2478	38	64	102
Mar - 18	999	1726	2725	40	62	102
Total	2882	5012	7894	116	190	306

Potential Duplicate Records Report: Parameters

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 - Potential Duplicate Records Report - IQR

* State:

1

* Provider:

* Discharge Quarter:

2

* Report Format:

3

4

CANCEL RESET RUN REPORT

Purpose

Identifies potential duplicate records submitted to the CMS Clinical Warehouse

Report Parameters

1. State/Provider
2. Discharge Quarter
3. Report Format
4. [RUN REPORT]

Potential Duplicate Records Report

Displays patient information, including:

1. Admit/Discharge Date
2. Patient ID
3. First/Last Name
4. Birth Date

- ✓ *Multiple records submitted for the same patient stay are considered duplicates.*
- ✓ *Duplicate records should be deleted prior to the submission deadline.*

1		2		3		4								
Admit Date	Discharge Date	Measure Set	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
Provider ID:														
09/27/2017	10/20/2017	IQR-ED	2521			F	06/21/1940	28719	05/07/2018	340156_2521_20170927ED_04810.xml		2259221	340156	36495
09/27/2017	10/02/2017	IQR-ED	2521			F	06/21/1940	28719	05/11/2018	340156_2521_20170927ED_57057.xml		2262636	340156	36495

Submission Detail Report: Parameters

The screenshot shows a web application interface for generating a Submission Detail Report. It features a tabbed menu at the top with 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. The 'Run Report(s)' tab is active. Below the tabs are seven dropdown menus, each with a blue circular callout number to its right:

- 1. * State: (dropdown menu)
- 2. * Provider: (dropdown menu)
- 3. * Discharge Quarter: (dropdown menu, currently showing 'Please select')
- 4. Submitter: (dropdown menu)
- 5. File Status: (dropdown menu)
- 6. Measure Set: (dropdown menu)
- 7. Action Code: (dropdown menu)
- 8. Message Type: (dropdown menu)

Below the 'Submitter' dropdown menu, there is a note: "(To select Submitter you must select a Provider and a Discharge Quarter)".

Purpose

Provides detailed file information for each case submitted, grouped by measure set

Report Parameters

1. State/Provider
2. Discharge Quarter
3. Submitter
4. File Status
5. Measure Set
6. Action Code
7. Message Type

Submission Detail Report

The Submission Detail Report displays:

1. Admit/Discharge Date
2. Date uploaded to the warehouse
3. Action Code: Added/Deleted
4. File Status: Accepted/Rejected
5. Message: measure/message with details

✓ *The report includes all submissions for a particular case rather than just the most recent submission.*

Batch ID	Admit Date	Discharge Date	Upload Date	Action Code	File Name	File Status
Provider ID:						
Measure Set: IQR-ED						
Patient ID:						
2274631	01/14/2018	01/16/2018	07/05/2018	Add	201807032119402400200 0054195.xml	Accepted
5 Message: 60820 ED-1a: EXCLUDED - Overall Rate: ED Patient [EDPATIENT] indicates there is no documentation the patient was an ED patient, OR unable to determine from medical record documentation.						
Message: 60850 ED-1b: EXCLUDED - Reporting Measure: ED Patient [EDPATIENT] indicates there is no documentation the patient was an ED patient, OR unable to determine from medical record documentation.						

Hospital IQR Program Reports: APU and Feedback

Report	Description
IQR Hospital Reporting – Annual Payment Update Reports	
Provider Participation Report	Displays a summary of requirements data for participation in the Hospital IQR Program.
Claims Detail Report	Identifies CMS claims that are in final-action status in the CMS Claims Warehouse.
Confidence Interval Report	Displays cumulative and quarterly estimated reliability, along with the validation confidence interval upper bound and lower bound for the inpatient annual payment update for hospitals that were selected for validation.
IQR Hospital Reporting – Feedback Reports	
Case Status Summary Report	Displays summary case submission status for the CMS Clinical Warehouse (number of cases submitted, accepted, and rejected).
Facility, State and National Report	Displays provider data; summarizes and compares the data at the facility, state, and national level by quarter.
Measure Designation Summary Report	Displays a summary of measures and the data submission designation status by provider and reporting period. The report displays the designation status, most recent designation date and time, and the user responsible for the most recent designation.
Measure Status by Case Report	A detailed report of individual cases, which includes measure-inclusion status and reason for exclusion. For each case, the report provides detailed information on the population eligibility (denominator), whether each case was included in the numerator or excluded from the measure calculation; and, if excluded, the reason for the exclusion.
Population and Sampling Summary Report	Displays summary information of population and sampling data for cases for Medicare and Non-Medicare patients by quarter, measure set, and provider.
Population Submission Report	Displays information regarding the submission of population and sampling data. Gives vendors the ability to confirm whether their XML file submitted with population and sampling data was added or deleted from the CMS Clinical Warehouse. The report includes information as to whether the data were successfully accepted, and if not, indicates any errors related to rejection.
Potential Duplicate Records Report	Identifies potential duplicate records submitted to the CMS Clinical Warehouse.
Submission Detail Report	Displays detailed file information of selected uploaded data grouped by provider. Displays if the individual patient file was accepted/rejected, the date it was uploaded, admission and discharge date, if there were any critical edits, and the individual measure outcomes.
Submission Summary Report	Displays summary information of selected uploaded data.
Vendors Authorized to Upload Data	Displays a list of vendors authorized by a hospital to submit hospital data on its behalf.

Hospital IQR Program Reports: EHR, HCAHPS, and Data Validation

Report	Description
IQR EHR Hospital Reporting – Feedback Reports	
eCQM Performance Summary Report	Displays summary information for selected providers and their related eCQM performance. The report displays detailed information for selected patient encounters and the related eCQM performance. The report will display one measure message for the final population outcome of each eCQM related to a patient episode of care associated with the uploaded record(s).
eCQM Submission Status Report	Is a per-provider report of the status of individual eCQMs and the dates and times they were submitted to CMS. The report includes all the eCQM submissions for the selected provider(s) and submitter(s).
Submission Detail Report	The report reflects the status of individual QRDA files submitted to CMS under the EHR Incentive Program and the Hospital IQR Program. The report includes all submissions for a particular provider within the user-specified date range. This report will display the feedback messages associated with the validation of each file that was submitted. Only the critical error messages that cause file rejections are displayed.
Submission Summary Report	Displays summary information for selected uploaded EHR data. The report summarizes the eCQMs submitted to CMS through the Hospital eCQM receiving system. The report displays counts of accepted, rejected, and deleted files and the count of eCQMs in those files.
Vendors Authorized to Upload Data	Displays a list of vendors authorized by a hospital to submit eCQM data on its behalf.
IQR HCAHPS Warehouse Feedback Reports	
Data Review and Correction Report	Displays a frequency distribution of every variable submitted as part of patients' perspectives on <i>Hospital Compare</i> .
Hospital Authorizing Vendor to Upload Data	Displays hospitals that have authorized the vendor to upload HCAHPS data. The report includes authorized transmission information.
Warehouse Data Submission Detail Report	Displays detailed file information of selected uploaded data.
Warehouse Provider Survey Status Summary Report	Summary of HCAHPS Data Warehouse provider survey submission status per discharge month (number of administrative and survey data accepted).
IQR Hospital Reporting – Data Validation Reports	
Case Detail Report	Provides a list of all elements abstracted compared to the CDAC re-abstraction on each case.
Case Selection Report	Displays patient-identifying information available in the CMS Clinical Warehouse pertaining to the cases selected for validation.
Validation Summary Report	Provides a high-level summary of the validation reliability rate for each abstracted case.

Hospital IQR Program Reports: VBP and Public Reporting

Report	Description
IQR Hospital VBP – Feedback Reports	
Value-Based Percentage Payment Summary Report	Allows hospitals to view their payment percentage information for the Hospital VBP Program. The report displays information regarding the provider's overall Hospital VBP Program eligibility; the Total Performance Score; and detailed data for all domains, dimensions, and measures required for the Hospital VBP Program.
Baseline Measures Report	Allows hospitals to review their baseline period performance for all domains and measures included in the Hospital VBP Program.
IQR Public Reporting – Preview Reports	
Inpatient Preview Reports	Provides a preview of a hospital's performance on the hospital quality measures that for a selected preview period will be publicly reported on the <i>Hospital Compare</i> website.

Hospital IQR Program Reports: HSRs

Report	Description
IQR HSRs (HSRs are only available through Secure File Transfer upload – not available to run through the system on demand.)	
Recalibrated PSIs	Provides hospitals with their detailed measure results, discharge-level data, and state and national results for the recalibrated PSIs. Reports are distributed during the preview period. Hospitals review HSRs before CMS releases the recalibrated PSI measures on <i>Hospital Compare</i> and Data.Medicare.gov. Released annually.
Mortality Measures	Provides hospitals with their detailed measure results, discharge-level data, and state and national results for the AMI, COPD, HF, Pneumonia, Stroke, and CABG mortality measures. Released annually.
Readmission Measures	Provides hospitals with their detailed measure results, discharge-level data, and state and national results for the AMI, HF, Pneumonia, COPD, Stroke, THA/TKA, CABG, and Hospital-Wide readmission measures. Released annually.
Complication Measure	Provides hospitals with their detailed measure results, discharge-level data, and state and national results for the THA/TKA complication measure. Released annually.
MSPB Measure	Provides statistics regarding the hospital's performance on the MSPB measure and a comparison of its performance to the performance of other hospitals in its state and across the nation. Released annually.
Payment Measures	Provides hospitals with their detailed measure results, discharge-level data, and state and national results for the AMI, HF, Pneumonia, and THA/TKA payment measures. Released annually.
EDAC Measures	Provides hospitals with their detailed measure results, discharge-level data, and state and national results for the AMI and HF EDAC measures. Released annually.
CEBP Measures	Provides hospitals with their detailed measure results, discharge-level data, and state and national results for the Kidney/UTI, Cellulitis, and GI payment measures. Released annually.
Hospital VBP Program Mortality and PSI 90 Composite Measures	Provides hospitals with their detailed measure results, discharge-level data, and state and national results for the Hospital VBP Program 30-day AMI, HF, and Pneumonia mortality measures and the PSI 90 Composite measure. Released annually. NOTE: The PSI 90 Composite measure was removed from the Hospital VBP Program, beginning in FY 2019; hospitals will no longer receive the PSI 90 Composite measure HSR for the Hospital VBP Program.
Hospital VBP Program MSPB Measure	Provides statistics regarding the hospital's performance on the MSPB measure and a comparison of its performance to the performance of other hospitals in its state and across the nation. Released annually.
Star Ratings	Provides overall hospital rating (1–5 stars) and summary score, group scores and group performance categories, standardized measure-level data used in the star rating calculation, and measure-loading coefficients used in the star rating calculation. Released biannually.

Hospital IQR Program Resources

Hospital IQR Program General Questions

<https://cms-ip.custhelp.com>

(866) 800-8765 or (844) 472-4477, 7 a.m. to 7 p.m. ET
Monday through Friday (except holidays)

Inpatient Live Chat

www.QualityReportingCenter.com/Inpatient

Website and Monthly Web Conferences

www.QualityReportingCenter.com

Secure Fax

(877) 789-4443

ListServes

www.QualityNet.org

Hospital IQR Program Useful Tools

Quality Reporting Center

- Checklists
- Population and Sampling Data tutorial
- Accessing PPR tutorial
- Quick Support Reference Card
- Hospital IQR Quick Start Guide: Accessing and Using Your PPR

QualityNet

- Important dates and deadlines
- IPPS Measure Exception Form
- Reporting quarter for FY 2020 payment determination
- Hospital IQR Program changes: FY 2020 payment determination
- ECE Form
- Hospital IQR FY 2020 measures
- Acute care hospital quality improvement program measures – FY 2020

Navigating Hospital IQR Program Reports:
Tips to Access, Run, and Review

Continuing Education

Continuing Education (CE) Approval

This program has been approved for CE credit for the following boards:

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

NOTE: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process: Three Steps

1. Complete the ReadyTalk[®] survey that will pop up after the webinar
2. Register on the HSAG Learning Management Center for the certificate
3. Print out your certificate



NOTE: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey

☐ No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

☐ Very satisfied

☐ Somewhat satisfied

☐ Neutral

☐ Somewhat dissatisfied

☐ Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

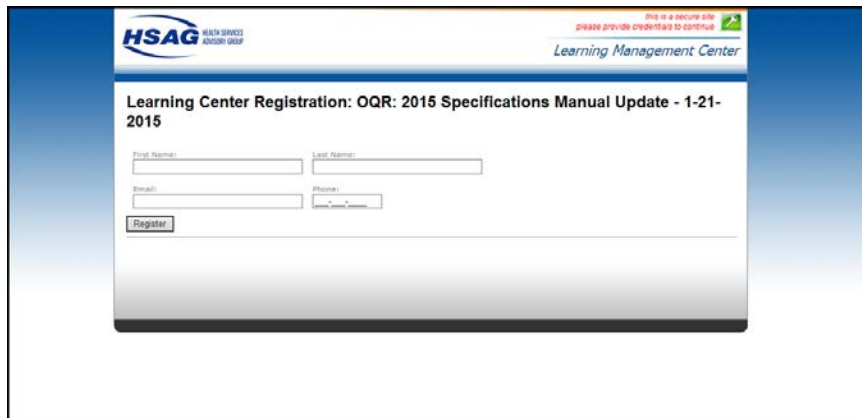
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

Register for Credit

New User

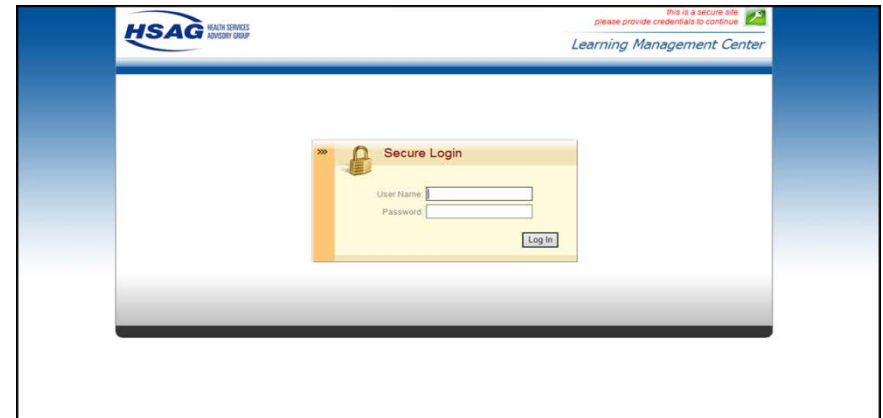
Use personal email and phone.
Go to email address; finish
process.



The screenshot shows the HSAG Learning Management Center registration page. At the top, there is a blue header with the HSAG logo and the text "HEALTH SERVICES ADVISORY GROUP". Below the header, there is a red security warning: "This is a secure site please provide credentials to continue". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". It contains a registration form with fields for "First Name:", "Last Name:", "Email:", and "Phone:". There is a "Register" button at the bottom of the form.

Existing User

Entire email is your user name.
You can reset your password.



The screenshot shows the HSAG Learning Management Center secure login page. At the top, there is a blue header with the HSAG logo and the text "HEALTH SERVICES ADVISORY GROUP". Below the header, there is a red security warning: "This is a secure site please provide credentials to continue". The main content area is titled "Secure Login" and features a yellow login box. Inside the box, there are fields for "User Name:" and "Password:". There is a "Log In" button at the bottom right of the login box.

Thank You for Attending

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