Fiscal Year 2022 Hospital Inpatient Quality Reporting Program Guide

Fiscal Year 2022 Payment Determination/ Calendar Year 2020 Reporting Period

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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About This Program Guide

This *Fiscal Year 2022 Hospital Inpatient Quality Reporting Program Guide* may be used as a resource to help you understand the requirements of the Hospital Inpatient Quality Reporting (IQR) Program. Inside these pages you will find an outline of the Hospital IQR Program participation requirements, including validation, as well as information about measures, data submission, and public reporting.

This program guide is specifically for hospital quality reporting for calendar year (CY) 2020. Calendar year 2020 quality measure data reported by hospitals and submitted to the Centers for Medicare & Medicaid Services (CMS) will affect a hospital's future Medicare payment between October 1, 2021 and September 30, 2022. This payment time frame is known as fiscal year 2022. The fiscal year is also known as the payment year (PY).

Please reach out to us if you have any questions about the Hospital IQR Program:

- Phone Numbers: (844) 472-4477 or (866) 800-8765
- Email: https://cmsqualitysupport.service-now.com/qnet_qa

We hope you find this information helpful.

Your Inpatient Quality Reporting Program Outreach and Education Support Team

Hospital Inpatient Quality Reporting Program Quick Start

New to inpatient quality reporting? Take a few minutes to review this quick start section before proceeding to the Hospital Inpatient Quality Reporting Program Overview section.

Introduction

Hospitals that participate in the Hospital IQR Program report data related to inpatient quality of care measures to CMS.

- The Hospital IQR Program is known as a "pay for reporting" program because hospitals that participate in the program and successfully meet all requirements are paid more than hospitals that do not participate.
- Hospitals that wish to participate in the Hospital IQR Program must let CMS know by submitting a Notice of Participation (NOP).
  - By submitting the NOP, the hospital agrees to have CMS publicly report its IQR data.

Some IQR data are also used in the CMS Hospital Value-Based Purchasing (VBP) Program. Value-based programs are also known as "pay for performance" programs, as they reward healthcare providers with incentive payments based on the quality of care they provide.

Calendar Year, Fiscal Year, and Payment Year

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

For example, IQR data submissions related to 2020 discharges will affect the hospital's Medicare reimbursement between October 1, 2021 and September 30, 2022. The time frame between October 1, 2021 and September 30, 2022, is known as FY 2022, or PY 2022.

For more information, refer to the infographic Understanding Calendar Years & Fiscal Years CMS Inpatient Quality Reporting Program.

NOTE: CMS assesses the accuracy of data submitted to the Hospital IQR Program through a validation process to verify that data reported meet program requirements.

- Fiscal year 2022 chart-abstracted data validation includes third quarter 2019 (3Q 2019), fourth quarter 2019 (4Q 2019), first quarter 2020 (1Q 2020), and second quarter 2020 (2Q 2020).
- Fiscal year 2022 electronic clinical quality measure (eCQM) data validation includes one quarter of calendar year 2019 (1Q 2019, 2Q 2019, 3Q 2019, or 4Q 2019) data.

Hospital Inpatient Quality Reporting Program Measures

CMS uses a variety of measures from various data sources to determine the quality of care that patients receive.

Claims-Based Measures

Claims-based measures pertain to patient outcomes and healthcare costs. CMS uses Medicare enrollment data and Part A and Part B claims data for these measures. All information is provided by the hospital on the claim it sends to Medicare to obtain reimbursement for the care provided to the patient. Hospitals do not have to submit any additional data to CMS.

Clinical Process of Care Measures

Data for these measures are related to the processes used to care for patients, not directly patient outcomes. The hospital or hospital's vendor abstract data from medical records and submit to CMS.

Public Health Registry Measure

Public health registry measure data are submitted by hospitals to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN). Hospitals must enroll in NHSN and complete NHSN training to do this. The CDC sends the public health registry data to CMS immediately following each submission deadline for quality measurement purposes.

Hospital Consumer Assessment of Healthcare Providers and Systems Survey

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey is a standardized survey for measuring patients' perspectives on their hospital care during their inpatient stay. The hospital or the hospital's vendor reports data from completed surveys to CMS.

Electronic Clinical Quality Measures

Electronic clinical quality measures are developed specifically to allow an electronic health record (EHR) to capture, export, calculate, and report the measure data.

Hospital Inpatient Quality Reporting Program Overview

The Hospital IQR Program is a quality reporting program with the goal of driving quality improvement through measurement and transparency. Hospitals participate by submitting data to CMS on measures of inpatient quality of care. CMS makes quality and cost measure data from the Hospital IQR Program available to the public. The Public Reporting website presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals. Prior to the release of data on the public reporting website, hospitals are given the opportunity to review their data during a 30-day preview period via the *Hospital Quality Reporting Secure Portal*.

Acute care hospitals paid for treating Medicare beneficiaries under the inpatient prospective payment system can receive the full Medicare annual payment update (APU). However, the Social Security Act requires that the APU will be reduced for any such "subsection (d) hospitals" that do not submit certain quality data in a form and manner, and at a time, specified by the Secretary under the Hospital IQR Program.

Those subsection (d) hospitals that do not participate, or participate but fail to meet program requirements, are subject to a **one-fourth reduction** of the applicable percentage increase in their APU for the applicable fiscal year. **Hospitals that are subject to payment reductions under the Hospital IQR Program are also excluded from the Hospital VBP Program.**

Subsection (d) hospitals do **not** include the following:

- Psychiatric hospitals (as defined in section 1861(f) of the Social Security Act)
- Rehabilitation hospitals (as defined by the Secretary)
- Hospitals with inpatients who are predominately individuals under 18 years of age (e.g., children's hospitals)
- Hospitals designated as long-term acute care
- Hospitals recognized as a comprehensive cancer center or clinical cancer research center
- Hospitals designated as critical access hospitals

Critical Access Hospitals

Critical access hospitals are not included in the Hospital IQR Program but are encouraged to participate in voluntary reporting and have their data publicly reported on the public reporting website. To participate in voluntary reporting, critical access hospitals must let CMS know by submitting an Optional Public Reporting Notice of Participation, which may be submitted at any time.

More information is available on *QualityNet*: *QualityNet.org* > *Hospitals - Inpatient* > *Public Reporting* > *Hospital Compare Public Reporting* > *Participation* > *Optional Public Reporting Notice of Participation*.

Please note critical access hospitals **are** required to participate in the Medicare Promoting Interoperability Program, which is a different and separate program from the Hospital IQR Program.

You can find more information about the Medicare and Medicaid Promoting Interoperability Program on the CMS website: *CMS.gov* > *Regulations & Guidance* > *Promoting Interoperability (PI) Programs* > *2020 Program Requirements Medicare*. If you have any questions about this program, please contact the *QualityNet* Help Desk at (866) 288-8912 or qnetsupport@hcqis.org.

Centers for Medicare & Medicaid Services Communications

One of the ways that CMS communicates important program information to hospitals is by email notifications. Make sure you are signed up for these communications and that we have your hospital's up-to-date contact information so that we may send you targeted communications.

Email Updates (Listserves)

CMS regularly communicates Hospital IQR Program information to participants and stakeholders via email using contacts in the *QualityNet* Email Updates database. The following CMS Hospital Quality Reporting program notification and discussion lists will be available for signup on *QualityNet*. In the meantime, please contact InpatientSupport@hsag.com to be added to any of these mailing lists:

Notification

- Ambulatory Surgical Centers Quality Reporting (ASCQR) Program
- ESRD Quality Incentive Program (ESRD QIP)
- Hospital Quality Reporting/Public Reporting
- Hospital Inpatient Quality Reporting (IQR) Program
- Hospital Inpatient Value-Based Purchasing (HVBP) Program
- Hospital Outpatient Quality Reporting (OQR) Program
- Hospital Reporting EHR (Electronic Health Record/eCQM)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program

Discussion

- Hospital Inpatient Quality Reporting and Improvement

Targeted Communications

The Hospital IQR Program Outreach and Education Support Team is responsible for maintaining the CMS provider contact database. This database contains contact information for key staff members in each IQR-participating hospital. Information in this database is used to provide critical targeted communications to hospitals about meeting the requirements of the Hospital IQR Program and other CMS quality reporting programs.

Quality improvement staff members, infection preventionists, and C-suite personnel rely on our reminder emails and phone calls to help get their data submitted and program requirements met prior to the CMS deadlines. It is important to keep your hospital's contact information current, so you do not miss our reminders.

The fillable Hospital Contact Change Form is available electronically on *QualityNet* and *Quality Reporting Center*:

QualityNet.org > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Forms

You may submit the form via secure fax or email at any time an update is needed.

- Secure Fax Number: (877) 789-4443
- Email: InpatientSupport@hsag.com

Data Submission Deadlines – Calendar Year 2020 Reporting (Fiscal Year 2022 Payment Determination)

Data are submitted in different ways, depending on the measure type. Measure types include eCQMs, as well as chart-abstracted, web-based, and claims-based measures. Data submissions must be timely, complete, and accurate.

Information on the Hospital IQR Program data submission deadlines and reporting quarters used for FY 2022 payment determination is available on *QualityNet* and *Quality Reporting Center*. On *QualityNet:*

Submission deadlines: *QualityNet.org > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources*

Reporting quarters: *QualityNet.org > Hospitals – Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources > Payment Determination*

On *QualityReportingCenter.com: QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools*

These mandatory requirements are due **quarterly**:

- HCAHPS Survey data
- Population and sampling (Sepsis measure set)
- Clinical process of care measures (SEP-1)
  - Includes Elective Delivery (PC-01) measure (Submitted using the *QualityNet* web-based submission page; see the PC-01 submission requirements section for more information.)

These mandatory requirements are due **annually**:

- Data Accuracy and Completeness Acknowledgement (DACA) (Submission period is April 1 through May 15 each year.)
- Influenza Vaccination Coverage Among Healthcare Personnel measure (Reporting period is flu season, October 1–March 31, with a deadline of May 15 each year.)
- eCQMs (Hospitals are required to submit data by the deadline of March 1, 2021.)
- Maintenance of an active *QualityNet* Security Administrator/Officer

Important Information About Submission Deadlines

CMS typically allows four-and-a-half months for hospitals to add new data and submit, resubmit, change, and delete existing data up until the submission deadline. Data should be submitted well before the deadline to allow time to review them for accuracy and make necessary corrections.

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

Influenza Vaccination Coverage Among Healthcare Personnel (HCP): Data can be modified in NHSN at any time. However, data that are modified in NHSN after the quarterly submission deadline are not sent to CMS and will not be publicly reported or used in CMS pay-for-performance programs, including the Hospital VBP and Hospital-Acquired Condition (HAC) Reduction Programs.

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

DACA: Information cannot be added or changed after the annual deadline.

eCQMs: The *Hospital Quality Reporting Secure Portal* does not allow data to be submitted or corrected after the annual deadline.

Hospital Inpatient Quality Reporting Program Requirements Calendar Year 2020 Reporting (Fiscal Year 2022 Payment Determination)

This section summarizes the Hospital IQR Program requirements for subsection (d) hospitals paid by Medicare under the inpatient prospective payment system (IPPS).

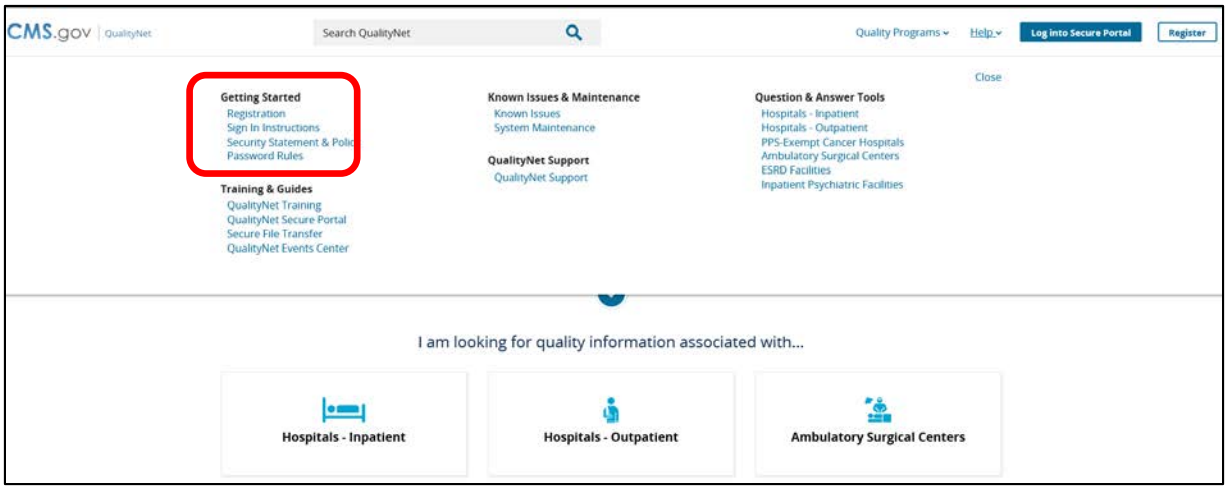
Hospitals participating in the Hospital IQR Program must follow requirements outlined in the applicable IPPS final rules. New and modified requirements are published in the *Federal Register* at www.gpo.gov.

To avoid a reduction in the annual payment update, hospitals **must** meet **all** of the listed requirements below. Further information about each requirement is included below the list.

1. Register staff with *QualityNet.*
2. Maintain an active *QualityNet* Security Administrator/Officer (SA/SO).
3. Complete the NOP (for newly reporting hospitals).
4. Submit HCAHPS Survey data.
5. Submit aggregate population and sample size counts for chart-abstracted process measures.
6. Submit clinical process of care measure data (via chart abstraction).
7. Submit Influenza Vaccination Coverage Among Healthcare Personnel data (via NHSN).
8. Submit eCQM data.
9. Complete the DACA.
10. Meet validation requirements (if hospital is selected for validation).

1. Register Staff with *QualityNet*

Hospitals must register staff with *QualityNet* in order to submit a Notice of Participation and begin reporting data, regardless of the method used for submitting data. *QualityNet* registration directions can be found at *www.QualityNet.org*. The *Hospital Quality Reporting Secure Portal* is the only CMS-approved website for secure healthcare quality data exchange.



2. Maintain an Active *QualityNet* Security Administrator/Officer

Hospitals are required to maintain an active *QualityNet* SA/SO at all times. The *QualityNet* SA/SO facilitates the registration process for other users at the organization, including any data-submission vendors. Hospitals submitting data via the *Hospital Quality Reporting Secure Portal* or using a vendor to submit data on their behalf are required to designate at least one *QualityNet* SA/SO. It is recommended that *QualityNet* SA/SOs log into their accounts at least once per month to maintain an active account. Accounts that have been inactive for 120 days will be disabled. Once an account is disabled, the user must contact the *QualityNet* Help Desk to have the account reset.

BEST PRACTICE: It is highly recommended that hospitals designate at least two *QualityNet* Security Administrators/Officers. One serves as the primary *QualityNet* Security Administrator/Officer and the other serves as backup. **A minimum of <u>two</u> *QualityNet* SA/SOs ensures compliance with this requirement if one of the SA/SOs becomes unavailable**.

3. Complete the Notice of Participation (for Newly Reporting Hospitals)

Subsection (d) hospitals that wish to participate in the Hospital IQR Program must complete a Hospital IQR Program NOP through the *Hospital Quality Reporting Secure Portal* online tool. During this process, hospitals must designate contacts and include the name and address of each hospital campus sharing the same CMS Certification Number.

New Subsection (d) Hospitals: New hospitals that wish to participate in the Hospital IQR Program must submit an NOP no later than 180 days from the hospital's Medicare accept date. These hospitals must start submitting Hospital IQR Program data for the quarter after they sign their NOP. For example, a hospital that signs the NOP in April 2020 (second quarter 2020) will begin submitting Hospital IQR Program data for third quarter 2020 discharges (discharges that occur between July 1, 2020 and September 30, 2020).

Older Subsection (d) Hospitals: Hospitals with Medicare accept dates greater than 180 days in the past may also participate in the Hospital IQR Program. These hospitals must complete an NOP by December 31 of the calendar year prior to the first quarter of the calendar year in which the Hospital IQR Program data submission is required for any given fiscal year. For example, a hospital not currently participating in the Hospital IQR Program has until December 31, 2020, to sign the NOP. The hospital would then begin submitting Hospital IQR Program data for 2021 discharges (first quarter 2021 through fourth quarter 2021). Data submitted for 2021 discharges will affect a hospital's annual payment update from October 1, 2022 through September 30, 2023 (fiscal year 2023).

More information is available on the Participation web page on *QualityNet*.

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

- When a hospital chooses to withdraw from the Hospital IQR Program, it must withdraw the NOP (using the NOP tool in the *Hospital Quality Reporting Secure Portal)* **by May 15 prior to the start** of the affected fiscal year.
- Hospitals choosing to **withdraw** from the Hospital IQR Program will automatically receive a **one-fourth reduction** of the applicable percentage increase of their annual payment update and will be **excluded** from the Hospital VBP Program.

4. Submit Hospital Consumer Assessment of Healthcare Providers and Systems Survey Data

Hospitals must collect HCAHPS Survey data monthly and submit the data to CMS no later than each quarterly submission deadline. Information on both the guidelines and deadlines are posted on the HCAHPS website.

Participation in HCAHPS requires hospitals to either:

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

  OR

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

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

For information about HCAHPS policy updates, administration procedures, patient-mix and mode adjustments, training opportunities, and participation in the survey, visit the HCAHPS website.

Have comments or questions?

- To communicate with CMS about HCAHPS, please email Hospitalcahps@cms.hhs.gov.
- For information or technical assistance, please contact the HCAHPS Project Team via email at hcahps@hsag.com or call (888) 884-4007.

5. Submit Aggregate Population and Sample Size Counts for Chart-Abstracted Process Measures

Each quarter prior to the submission deadline, hospitals must submit aggregate population and sample size counts for chart-abstracted measure sets via the *Hospital Quality Reporting Secure Portal* Population and Sampling application. These counts include both Medicare and non-Medicare discharges. Calendar year 2020 reporting for the Hospital IQR Program requires entries to all measure sets (i.e., Sepsis).

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

NOTE: Perinatal Care (PC-01) population and sampling data are not included in the *Hospital Quality Reporting Secure Portal* Population and Sampling application. For more information, please see Requirement 6, below.

6. Submit Clinical Process of Care Measure Data (via Chart Abstraction)

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

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

Using the *Hospital Quality Reporting Secure Portal* and CMS Clinical Data Warehouse

Data submission using the *Hospital Quality Reporting Secure Portal* is the only CMS-approved method for the electronic transmission of private data between healthcare providers/vendors and CMS for the purposes of the Hospital IQR Program. Data are stored in the CMS clinical data warehouse.

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

All files and data exchanged with CMS via the *Hospital Quality Reporting Secure Portal* are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The *Hospital Quality Reporting Secure Portal* meets all requirements of the current Health Insurance Portability and Accountability Act of 1996.

Data Submission – Elective Delivery Measure (PC-01)

For PC-01, hospitals are required to submit aggregate data (population and sampling, numerator, denominator, and exclusion counts) electronically via the *Hospital Quality Reporting Secure Portal* inpatient web-based measures collection tool; these data cannot be submitted via an Extensible Markup Language (XML) file. Use the *Specifications Manual for Joint Commission National Quality Measures* for abstraction and sampling guidelines for the PC-01 measure, located on The Joint Commission website at https://manual.jointcommission.org/.

This inpatient web-based measure documents the number of patients with elective vaginal deliveries or elective Cesarean sections at more than or equal to (≥) 37 and less than (<) 39 weeks of gestation completed. For more information, please review the *Hospital Inpatient Quality Reporting Program Reference Guide: Entering PC-01 Data via the Hospital Quality Reporting Secure Portal*.

PC-01 Exception Information

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

Submission instructions are on the form, which is available electronically on *QualityNet* and *Quality Reporting Center*:

> *QualityNet.org > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources*
>
> *QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Forms*

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

Data Submission –SEP-1

For SEP-1, providers must submit XML files through the *Hospital Quality Reporting Secure Portal*. For abstraction and sampling guidelines for these measures, use the *Specifications Manual for National Hospital Inpatient Quality Measures* located on the Hospital Inpatient Specifications Manuals web page on *QualityNet*: *QualityNet.org > Hospitals - Inpatient > View all Specifications Manuals > Hospital Inpatient Specifications Manuals*.

Five or Fewer Discharges: Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (Sepsis) in a quarter **are not** required to submit patient-level data for that measure set for that quarter. However, population and sampling data must still be entered for the Sepsis measure set; please see Requirement 5, above.

For a complete list of measures, please reference the FY 2022 Hospital IQR Program Measures for Payment Update available on *QualityNet* and *Quality Reporting Center*:

QualityNet.org > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > IQR Measures > Hospital IQR FY 2022 Measures

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > IQR Resources for FY 2022 Payment Determination

To aid in data submission, providers may:

- Use the **CMS Abstraction Resource Tool (CART)**. CART is an application for the collection and analysis of inpatient and outpatient quality improvement data and is available at **no charge** to hospitals and other organizations. More information is available on *QualityNet*: *QualityNet.org > Hospitals - Inpatient > Data Management > CMS Abstraction and Reporting Tool (CART) > CMS Abstraction & Reporting Tool*
  - Data for chart-abstracted quality measures are abstracted from the medical records using CART and the appropriate Specifications Manual. The data are then exported to an XML file, and the file is uploaded to CMS using the *Hospital Quality Reporting Secure Portal* via the File Upload tool.
  - CART training is available on *QualityNet*: *QualityNet.org > Hospitals - Inpatient >Data Management > CMS Abstraction & Reporting Tool (CART) > CART Resources*.
  - The Hospital IQR Data Upload role is required to upload data. Registered users can log in to the *Hospital Quality Reporting Secure Portal* at *www.QualityNet.org > Log In*. If you have any questions about roles or need to have roles added or changed, contact your hospital's *QualityNet* SA. If the SA is unable to assist, please contact the *QualityNet* Help Desk at (866) 288-8912 or qnetsupport@hcqis.org.

HELPFUL TIP: Hospitals may use **paper tools** as optional, informal abstraction mechanisms to assist in data collection for the Hospital IQR Program. Please note that the data abstracted in the paper tools must be converted into the appropriate XML file for submission via the *Hospital Quality Reporting Secure Portal*. Hospitals cannot submit the paper tools to CMS through the *Hospital Quality Reporting Secure Portal*. For more information, please refer to the Abstraction Resources web page on *QualityNet*.

- **Use a third-party vendor in a private contract with the hospital.** Third-party vendors are able to meet the measurement specifications for data transmission (XML file format) via the *Hospital Quality Reporting Secure Portal* to the CMS clinical data warehouse. To authorize a third-party vendor to submit data on a hospital's behalf, *QualityNet* Security Administrators can access the online authorization process from the *Hospital Quality Reporting Secure Portal*. Vendor authorizations remain in effect until the hospital modifies the authorization. Hospitals using CART do not need to complete a vendor authorization to report data.

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

7. Submit Influenza Vaccination Coverage Among Healthcare Personnel Data (via National Healthcare Safety Network)

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

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

Hospitals **must** be enrolled in NHSN, and employees who submit HCP data in NHSN **must** have been granted access to it by CDC. For more information, please visit CMS Resources for NHSN Users at *www.cdc.gov/nhsn* > *Data & Reports* > *CMS Requirements*. Questions regarding NHSN data should be submitted to nhsn@cdc.gov.

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

Hospitals **must** collect and submit HCP data **annually**. The submission period corresponds to the typical flu season (October 1–March 31), and data for this measure are due annually by May 15 each year following the end of the flu season. The HCP measure does not separate out healthcare personnel who only work in the inpatient or outpatient areas, or work in both. Therefore, hospitals are allowed to collect and submit a single vaccination count to include all healthcare personnel who meet the criteria, regardless of whether healthcare personnel work in inpatient or outpatient areas. The combined count should be entered into a single influenza vaccination summary data-entry screen in NHSN. This includes all units/departments, inpatient and outpatient, that share the exact same CMS Certification Number as the hospital and are affiliated with the acute care facility.

IMPORTANT NOTE: Make sure to allow ample time before the submission deadline to review and, if necessary, correct your HCP data. Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be publicly reported or used in CMS programs, including the Hospital VBP Program and the HAC Reduction Program.

8. Submit Electronic Health Record-Based Clinical Process of Care Measures (Electronic Clinical Quality Measures) Data

For the CY 2020 reporting period/FY 2022 payment determination, hospitals must:

- Self-select a minimum of **four** of the **8** available eCQMs.
- Report **one self-selected quarter** (first, second, third, or fourth quarter 2020) of data for the four eCQMs using EHR technology certified to the Office of the National Coordinator (ONC) for Health Information Technology's 2015 Edition certification standards.
- Submit eCQM data via the *Hospital Quality Reporting Secure Portal* by **March 1, 2021, at 11:59 p.m. Pacific Time.**

  - Fulfilling the Hospital IQR Program eCQM requirement also satisfies the clinical quality measure reporting requirement for the Medicare and Medicaid Promoting Interoperability Program.
  - Calendar year 2020 reporting will apply to FY 2022 payment determinations for subsection (d) hospitals.
- Report using eCQM specifications published in the 2019 eCQM annual update for calendar year 2020 reporting and any applicable addenda, available on the eCQI Resource Center's Eligible Hospital/Critical Access Hospital eCQMs web page.
- Report using the *2020 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, available on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

For the CY 2020 reporting period/FY 2022 payment determination and subsequent years:

- Hospitals may use a third-party vendor to submit QRDA Category I files on their behalf.
- Hospitals may successfully report by submitting a combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and/or case threshold exemptions. In all cases, a hospital is required to use an EHR that is certified to report on the selected measure(s).
- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into **Certified Electronic Health Record Technology** for capture and reporting QRDA Category I files.

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

The EHR Data Upload role is required for hospitals or vendors to upload eCQM data. Registered users can log in to the *Hospital Quality Reporting Secure Portal* at *www.QualityNet.org* > *Log In*. If you have any questions about roles, or need to have roles added or changed, contact your hospital's *QualityNet* Security Administrator. If the Security Administrator is unable to assist, please contact the *QualityNet* Help Desk at (866) 288-8912 or qnetsupport@hcqis.org.

For more information, please refer to the Electronic Clinical Quality Measure (eCQM) Overview web page on *QualityNet* and the eCQI Resource Center website (https://ecqi.healthit.gov).

Medicare and Medicaid Promoting Interoperability Programs

Please note that this Hospital IQR Program guide does not specifically address any payment impacts related to the requirements of the Medicare and Medicaid Promoting Interoperability Programs, which are separate programs from the Hospital IQR Program.

You can obtain more information about the Medicare and Medicaid Promoting Interoperability Programs on the CMS website: *CMS.gov > Regulations and Guidance > Promoting Interoperability (PI) Programs >* *Promoting Interoperability*. If you have any questions about this program, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org.

9. Complete the Data Accuracy and Completeness Acknowledgement

The Data Accuracy and Completeness Acknowledgement (DACA) is an annual requirement for hospitals participating in the Hospital IQR Program to electronically acknowledge that the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge. The open period for signing and completing the DACA is April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. Hospitals are required to complete and sign the DACA **on an annual basis** by the May 15 deadline via the *Hospital Quality Reporting Secure Portal.*

10. Meet Validation Requirements (If Hospital Is Selected for Validation)

Chart-Abstracted Data Validation

For chart-abstracted data validation, CMS performs an annual random selection of up to 400 subsection (d) hospitals, as well as a targeted selection of up to 200 subsection (d) hospitals. The quarters included in FY 2022 chart-abstracted data validation are 3Q 2019, 4Q 2019, 1Q 2020, and 2Q 2020.

CMS will validate up to eight cases for chart-abstracted clinical process of care measures per quarter per hospital. Cases are randomly selected from data submitted to the CMS clinical data warehouse by the hospital. Information regarding the measures to be validated may be obtained from the Hospital IQR Program Data Management web page on *QualityNet.*

CMS will validate up to 10 candidate Healthcare-Associated Infection (HAI) cases total per quarter per hospital. CMS will validate candidate cases sampled for the following HAI measures: CAUTI, CLABSI, MRSA LabID events, CDI LabID events, or SSI.

Hospitals selected for FY 2022 validation will provide two of four lists of positive cultures each quarter. Hospitals will submit either (but not all four):

- CAUTI and CLABSI Validation Templates

  OR

- MRSA and CDI Validation Templates

CMS will randomly assign half of the hospitals selected for FY 2022 validation to submit CAUTI and CLABSI Validation Templates, and the other half of hospitals will be assigned to submit MRSA and CDI Validation Templates. CMS will select up to four candidate HAI cases per hospital from each of the assigned Validation Templates.

CMS will also select up to two candidate SSI cases from Medicare claims data for patients who had colon surgeries or abdominal hysterectomies that appear suspicious of infection. Hospitals do not fill out templates for SSI cases. When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select candidate cases from other infection types to meet sample size targets.

CMS calculates a total score across all quarters included in the validation fiscal year to determine the validation pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement. If the upper bound of the confidence interval is less than 75 percent, the hospital will not meet the Hospital IQR Program validation requirement, which will impact the hospital's annual payment update determination.

The FY 2022 Validation Templates, submission instructions, and supporting documentation are available on the Chart-Abstracted Data Validation - Resources web page on *QualityNet*.

Questions

- Validation: Please direct chart-abstracted validation questions to validation@telligen.com.
- Clinical Data Abstraction Center (CDAC): Each quarter, the CDAC will send hospitals a written request to submit a patient medical record for each case that CMS selected for validation. Medical record submission questions should be directed to the CDAC Help Desk at cdachelpdesk@hcqis.org or (717) 718-1230.

Validation Educational Reviews

Hospitals may use the educational review process for chart-abstracted measure data to correct quarterly scores for any of the first three quarters of validation in order to compute the final confidence interval. For further information, please visit the Chart-Abstracted Data Validation Educational Reviews web page on *QualityNet*.

eCQM Data Validation

CMS will validate CY 2019 reported eCQM data beginning in the spring of 2020 for the FY 2022 payment determination.

- CMS will continue to include up to **600** (400 random and up to 200 targeted) hospitals for chart-abstracted validation for the Hospital IQR Program, as described above.
- Up to **200** additional hospitals will be selected for eCQM validation via random sample. The following will be excluded from the hospital selection:
  - Any hospital selected for chart-abstracted measure validation
  - Any hospital that has been granted a Hospital IQR Program extraordinary circumstances exception (ECE) for the applicable eCQM reporting period (See the Extraordinary Circumstances Exceptions Policy section in this guide for more information.)
  - Any hospital that does not have at least five discharges for at least one reported eCQM

  NOTE: Criteria will be applied **before** the random selection of 200 hospitals for eCQM data validation (i.e., the hospitals meeting any one of the aforementioned criteria are not eligible for selection).

- **Eight cases** (individual patient-level reports; approximately two cases for each of the four eCQM measures reported) will be randomly selected from the QRDA Category I files submitted per hospital selected for eCQM validation. The following cases will be excluded prior to case selection:
  - Episodes of care that are longer than 120 days
  - Cases with a zero denominator for each measure
- Selected hospitals must submit at least 75 percent of sampled eCQM medical records within **30** days of the date listed on the CDAC medical records request. Timely and complete submission of medical record information will impact fiscal year 2021 payment updates for subsection (d) hospitals.
- Hospitals are required to submit sufficient patient-level information necessary to match the requested medical record to the original submitted eCQM measure data.
  - Sufficient patient-level information is defined as the entire medical record that sufficiently documents the eCQM measure data elements, including, but not limited to:
    - ✓ Arrival date and time
    - ✓ Inpatient admission date
    - ✓ Discharge date from inpatient episode of care

IMPORTANT NOTE: The accuracy of eCQM data (i.e., the extent to which data abstracted for validation match the data in the QRDA Category I files submitted for validation) will **not affect** a hospital's validation score for the FY 2022 payment determination.

Questions

- Validation: Please direct eCQM validation questions to validation@telligen.com.
- CDAC: CDAC will send hospitals a written request to submit a patient medical record for each case that CMS selected for validation. Medical record submission questions should be directed to the CDAC Help Desk at cdachelpdesk@hcqis.org or (717) 718-1230.

For further information, please visit the eCQM Data Validation Overview web page.

Hospital Quality Reporting Program Additional Information

Claims-Based Measures

CMS collects information for certain quality measures using the data that hospitals provide on their Part A and Part B claims for fee-for-service Medicare patients. These measures are called claims-based measures and are related to either patient outcomes or payments. **No additional data submission by the hospital is necessary.** CMS calculates the measure rates based solely on data provided by the hospitals on their claims.

Hospital-specific reports (HSRs) for the claims-based measures are made available for hospitals via the *Hospital Quality Reporting Secure Portal*. Hospitals will find their HSRs on the *Hospital Quality Reporting Secure Portal* **Secure File Transfer Inbox**. For help in accessing an HSR, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org. The HSRs contain discharge-level data, hospital-specific results, and state and national results for the claims-based measures. HSRs will be accompanied by a user guide describing the details of the HSR.

Important Notes

- HSRs are only accessible for a specific period of time, depending on the HSR, and should be downloaded as soon as they are available.
- The HSRs contain personally identifiable information and protected health information.

Please see the tables below for the **Hospital IQR Program** claims-based patient safety, mortality outcome, coordination of care, and payment measures.

Claims-Based Patient Safety	
Short Name	**Measure Name**
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
PSI 04	CMS Recalibrated Death Rate among Surgical Inpatients with Serious Treatable Complications

Claims-Based Mortality Outcome	
Short Name	**Measure Name**
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke

Claims-Based Coordination of Care	
Short Name	**Measure Name**
READM-30-HWR	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia

Claims-Based Payment	
Short Name	**Measure Name**
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty

Additional claims-based measures are used and publicly reported through CMS value-based programs (e.g., Hospital VBP Program, Hospital Readmissions Reduction Program, and HAC Reduction Program). Please see the FY 2022 Acute Care Hospital Quality Improvement Program Measures for Payment Update document for all measures used in each respective program.

Please see the tables below for the **Hospital VBP Program** claims-based outcome and payment measures.

Claims-Based Outcome Measures	
Short Name	**Measure Name**
MORT-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
MORT-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization
MORT-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization
MORT-30-COPD	Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
MORT-30-CABG	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Claims-Based Payment Measure	
Short Name	**Measure Name**
MSPB	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)

Please see the table below for the **Hospital Readmissions Reduction Program** claims-based readmission measures.

Claims-Based Readmission Measures	
Short Name	**Measure Name**
READM-30-AMI	Hospital 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization
READM-30-CABG	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery
READM-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
READM-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization
READM-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
READM-30-THA/TKA	Hospital-Level 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Please see the table below for the **HAC Reduction Program** claims-based patient safety measure.

Claims-Based Patient Safety Measure	
Short Name	**Measure Name**
PSI 90	Patient Safety and Adverse Events Composite

Hospital VBP Program

The Hospital VBP Program is part of the CMS' long-standing effort to link Medicare's payment system to healthcare quality in the inpatient setting. The program implements value-based purchasing, affecting payment for inpatient stays in approximately 3,000 hospitals across the country.

Hospitals are paid for inpatient acute care services based on the quality of care (as evaluated using a select set of quality and cost measures), not just quantity of the services they provide. Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program.

Please see the table below for the Hospital VBP measures, in addition to the claim-based outcome and payment measures listed above.

Safety Domain	
Short Name	**Measure Name**
CAUTI	National Healthcare Safety Network Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
CDI	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure
CLABSI	National Healthcare Safety Network Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
Colon and Abdominal Hysterectomy SSI	American College of Surgeons–Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
MRSA Bacteremia	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure

Person and Community Engagement Domain	
Measure Name	**Measure Name**
Communication with Nurses	Communication with Doctors
Responsiveness of Hospital Staff	Communication about Medicines
Cleanliness and Quietness of Hospital Environment	Discharge Information
Overall Rating of Hospital	Care Transition

HAC Reduction Program

Section 1886(p) of the Social Security Act established the HAC Reduction Program to incentivize hospitals to reduce HACs. Beginning with Federal FY 2015 discharges (i.e., beginning on October 1, 2014), the HAC Reduction Program requires the Secretary of Health and Human Services (HHS) to adjust payments to hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals with respect to HAC quality measures. As set forth in the Affordable Care Act, the Centers for Medicare & Medicaid Services (CMS) may reduce these hospitals' payments by one percent.

Please see the table below for the HACRP measures, in addition to the claim-based patient safety measure listed above.

Healthcare-Associated Infection	
Short Name	**Measure Name**
CAUTI	National Healthcare Safety Network Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
CDI	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure
CLABSI	National Healthcare Safety Network Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
Colon and Abdominal Hysterectomy SSI	American College of Surgeons–Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
MRSA Bacteremia	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure

Hospital Readmissions Reduction Program

HRRP is a Medicare value-based purchasing program that reduces payments to hospitals with excess readmissions. The program supports the Centers for Medicare & Medicaid Services' (CMS) national goal of improving healthcare for Americans by linking payment to the quality of hospital care. CMS includes readmission measures for specific conditions and procedures that significantly affect the lives of large numbers of Medicare patients. HRRP encourages hospitals to improve communication and care coordination efforts to better engage patients and caregivers, with respect to post-discharge planning.

Section 1886(q) of the Social Security Act established HRRP to reduce payments to IPPS hospitals for excess readmissions beginning October 1, 2012 (i.e., FY 2013). Additionally, the 21st Century Cures Act requires CMS to assess a hospital's performance relative to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full-benefit Medicaid. The legislation requires estimated payments under the non-stratified methodology (i.e., FY 2013 to FY 2018) equal payments under the stratified methodology (i.e., FY 2019 and subsequent years) to maintain budget neutrality.

Please see the table above for the HRRP measures.

Public Reporting

The CMS public reporting website presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals. Hospitals participating in the Hospital IQR Program are required to display quality data for public viewing on the *Hospital Compare* website or its successor website. Prior to the public release of data, hospitals are given the opportunity to review their data during a 30-day preview period via the *Hospital Quality Reporting Secure Portal*.

Public Reporting for eCQMs: For CY 2020 reporting, any data submitted as eCQMs **will not be** publicly reported.

Overall Hospital Ratings

CMS has developed a methodology to calculate and display overall hospital-level quality using a star rating system. The overarching goal of the Overall Hospital Quality Star Ratings (Overall Star Ratings) is to improve the usability and interpretability of information posted on the public reporting website, a website designed for consumers to use along with their healthcare provider to make decisions on where to receive care. CMS developed this methodology with the input of a broad array of stakeholders to summarize results of many measures currently posted on the public reporting website. The Overall Hospital Rating provides consumers with a simple overall rating generated by combining multiple dimensions of quality into a single summary score.

CMS is committed to supporting hospitals throughout implementation and encourages hospitals to review their results and to ask questions. Hospitals may email questions and comments to cmsstarratings@lantanagroup.com.

As part of the initiative, the Centers for Medicare & Medicaid Services (CMS) additionally publishes HCAHPS Star Ratings to the public reporting website. Eleven HCAHPS Star Ratings will be included; one for each of the 10 publicly reported HCAHPS measures, plus an HCAHPS Summary Star Rating. CMS updates the HCAHPS Star Ratings each quarter. Additional information can be found on the HCAHPS Star Ratings page on the HCAHPS web site.

When Hospital Inpatient Quality Reporting Program Requirements Are Not Met

Extraordinary Circumstances Exceptions Policy

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

Non-eCQM-Related Extraordinary Circumstances Exceptions Requests

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

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

The Extraordinary Circumstances Exceptions (ECE) Request Form is available electronically on *QualityNet* and *Quality Reporting Center*:

QualityNet.org > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Participation > Extraordinary Circumstances > Extraordinary Circumstances Exceptions (ECE) Policy

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Extraordinary Circumstances Exceptions (ECE) Requests

eCQM-Related Extraordinary Circumstances Exceptions Requests

Hospitals may use the same ECE request form to request an exception from the Hospital IQR Program eCQM reporting requirement for the applicable program year, based on hardships preventing the hospital from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (e.g., a hospital is in an area without sufficient Internet access or unforeseen circumstances such as vendor issues outside of the hospital's control, including a vendor product losing certification).

For further information, please review the Extraordinary Circumstances Exceptions (ECE) Policy web page on *QualityNet*.

For eCQM-related ECE requests only, hospitals must submit an ECE request form, including supporting documentation, by **April 1, following the end of the reporting period calendar year**. As an example, for data collection for the CY 2020 reporting period (through December 31, 2020), hospitals would have until April 1, 2021, to submit an eCQM-related ECE request. Submission instructions are on the form.

The Extraordinary Circumstances Exceptions (ECE) Request Form is available electronically on *QualityNet* and *Quality Reporting Center*:

QualityNet.org > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Participation > Extraordinary Circumstances > Extraordinary Circumstances Exceptions (ECE) Policy

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Extraordinary Circumstances Exceptions (ECE) Requests

Hardship Exceptions for the Medicare and Medicaid Promoting Interoperability Program

Please note that the Hospital IQR Program is **separate** from the Medicare and Medicaid Promoting Interoperability Programs (formerly, the Medicare and Medicaid EHR Incentive Programs). For hospitals participating in the Medicare and Medicaid Promoting Interoperability Programs, information about program requirements and hardship information can be located on the CMS website: *CMS.gov > Regulations & Guidance > Promoting Interoperability (PI) Programs > Scoring, Payment Adjustment, and Hardship Information*. Hospitals requesting additional information on the hardship exception application process and payment adjustments may email questions to EHRhardship@provider-resources.com.

For other questions related to the Promoting Interoperability Program, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org.

Annual Payment Update Reconsideration Process

A reconsideration process is available for hospitals notified that they **did not** meet Hospital IQR Program requirements and are, therefore, not eligible to receive the full annual payment update. Information regarding the reconsideration process is available on the APU Reconsideration web page on *QualityNet*.

Contact Information and Resources

Centers for Medicare & Medicaid Services

www.CMS.gov

CMS is the Department of Health and Human Services agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

Federal Register

www.federalregister.gov

The *Federal Register* is the official publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

Hospital Inpatient Quality Reporting Program

The Hospital IQR Program is a quality reporting program in which hospitals participate by submitting data to CMS on measures of inpatient quality of care. The Hospital IQR Program Support Team supports activities under the Hospital IQR Program, including assisting hospitals with quality data reporting.

- **Hospital IQR Program Website**
  QualityReportingCenter.com > *Inpatient* > *Hospital Inpatient Quality Reporting (IQR) Program*
  The Hospital IQR Program website contains numerous resources concerning reporting requirements, including reference and training materials; tools for data collection, submission, and validation; educational presentations; timelines; and deadlines.
- **Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor**
  - Phone Numbers: (844) 472-4477 or (866) 800-8765 (8 a.m.–8 p.m. ET, Monday–Friday)
  - Email: https://cmsqualitysupport.servicenowservices.com/qnet_qa
  - Live Chat: *QualityReportingCenter.com* > *Inpatient* > *Talk to Us*
- **Inpatient Quick Support Reference Card**
  The Inpatient Quick Support Reference Card lists support resources for the Hospital Inpatient Questions and Answers tool, phone support, live chat, secure fax, and more.
- **Hospital IQR Program Email Updates (Listserve) Sign-Up**
  Notices generated on the Listserve are used to disseminate timely information related to quality initiatives. *QualityNet* users are urged to register for these email notifications to receive information on enhancements and new releases, timelines or process/policy modifications, and alerts about applications and initiatives. Please contact InpatientSupport@hsag.com to be added to any of these mailing lists.
- **Hospital Inpatient Questions and Answers**
  The Question and Answer Tool is a knowledge database, which allows users to ask questions, obtain responses from all previously resolved questions, and search by keywords or phrases.

- **eCQM-Specific Resources**
  - **eCQM Specifications and QRDA standards questions** are submitted to the ONC JIRA Tracker under the CQM and QRDA Issue Trackers: https://oncprojectracking.healthit.gov/support.
  - **eCQM validation inquiries** are submitted to the Validation Support Contractor at validation@telligen.com.
  - **eCQI Resource Center** https://ecqi.healthit.gov The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to eCQI and eCQMs.
  - **Promoting Interoperability Program inquiries** are submitted to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

QualityNet

- ***QualityNet* Website**
  www.QualityNet.org
  Established by CMS, the *QualityNet* website provides healthcare quality improvement news, resources, as well as data-reporting tools and applications used by healthcare providers and others. The *Hospital Quality Reporting Secure Portal* is the only CMS-approved website for secure communications and healthcare quality data exchange.
- ***QualityNet* Help Desk**
  The *QualityNet* Help Desk assists providers with technical issues, such as sending and receiving files in the *Hospital Quality Reporting Secure Portal* and *QualityNet* registration.
  12000 Ridgemont Drive
  Urbandale, IA 50323
  Phone Number: (866) 288-8912
  Fax Number: (888) 329-7377
  Email: qnetsupport@hcqis.org

Acronyms/Terms

Acronym	Term
AMI	Acute Myocardial Infarction
APU	Annual Payment Update
CABG	Coronary Artery Bypass Graft
CART	CMS Abstraction and Reporting Tool
CAUTI	Catheter-Associated Urinary Tract Infection
CDAC	Clinical Data Abstraction Center
CDC	Centers for Disease Control and Prevention
CDI	*Clostridium difficile* Infection
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
COMP	Complications
COPD	Chronic Obstructive Pulmonary Disease
CY	Calendar Year
DACA	Data Accuracy and Completeness Acknowledgement
ECE	Extraordinary Circumstances Exceptions
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measure

Acronym	Term
ED	Emergency Department
EHR	Electronic Health Record
FY	Fiscal Year
HAC	Hospital-Acquired Condition
HACRP	Hospital-Acquired Condition Reduction Program
HAI	Healthcare-Associated Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel (Influenza Vaccination Coverage Among Healthcare Personnel measure)
HDC	Hospital Data Collection
HF	Heart Failure
HHS	Health and Human Services
HRRP	Hospital Readmissions Reduction Program
HSR	Hospital-Specific Report
HVBP	Hospital Value-Based Purchasing
HWR	Hospital-Wide Readmission
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
LabID	Laboratory-Identified
MORT	Mortality
MRSA	Methicillin-resistant *Staphylococcus aureus*
MSPB	Medicare Spending Per Beneficiary
NHSN	National Healthcare Safety Network
NOP	Notice of Participation
ONC	Office of the National Coordinator for Health Information Technology
PC	Perinatal Care
PI	Promoting Interoperability
PN	Pneumonia
PSI	Patient Safety Indicators
PSVA	Pre-Submission Validation Application
PY	Payment Year
Q	Quarter
QRDA	Quality Reporting Document Architecture
READM	Readmission
RSCR	Risk-Standardized Complication Rate
RSMR	Risk-Standardized Mortality Rate
RSRR	Risk-Standardized Readmission Rate
SA	Security Administrator
SEP	Sepsis
SO	Security Officer
SSI	Surgical Site Infection
STK	Stroke
THA	Total Hip Arthroplasty
THA/TKA	Total Hip Arthroplasty/Total Knee Arthroplasty
TKA	Total Knee Arthroplasty
VBP	Value-Based Purchasing
VTE	Venous Thromboembolism
XML	Extensible Markup Language