

Hospital Inpatient Quality Reporting Program Reference Guide Entering PC-01 Data via the *QualityNet Secure Portal*

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

🥏 Qı	ality	Net	Log in to QualityNet Se Log In	cure Portal (formerly M	lyQualityNet)		X	Search
Home M	ly QualityI	Net Help						
Hospitals - _y Inpatient	Hospitals Outpatien	- Physician t Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities	Inpatient Psychiatric Faci	lities *	Quality Improvement
QualityNet Registration • Hospitals - I • Hospitals - (• ASCs	npatient Dutpatient	QualityNet	News Rs for FY 2019 Readm	issions Reduction Proc	ıram; Review	More News »	Log i Secu Login	in to QualityNet re Portal
 Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Facilities Facilities Facilities Download Syman Facilities Download Syman Download Syman Download Syman Download Syman Download Syman Secure File Transformation for the calculations of the Excess Readmission Ratios (ERRs). 					wnload Symantec (required for login) tal Resources sure File Transfer sources			
Getting Star QualityNet	ted with	The 30-day Review and Corrections Period opened on August 16, 2018 and will close on September 14, 2018. • Secure Portal Enrollment Trainin WMV				cure Portal ollment Training, V		

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

CMS.gov QualityNet	
Choose Your QualityNet Destination Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.	
Select Your QualityNet Destination Secure File Transfer CMS Data Element Library End-Stage Renal Disease Quality Reporting System Ambulatory Surgical Center Quality Reporting Program PPS-Exompt Cancer Hospital Quality Reporting Program Inpatient Hospital Quality Reporting Program Outpatient Hospital Quality Reporting Program Quality Improvement Organizations QUES Business Intelligence Center HOR Next Generation	



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



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

CMS.go Centers for Medicare	QualityNet & Medicaid Services	
	Log In to QualityNet *Required Field Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit. *User ID *Password	Help Start/Complete New User Enrollment Forgot your password? Trouble with your Security Code?
	* Security Code	Need to register for a QualityNet account?
	CANCEL	



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



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



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

****WARNING**WARNING**WARNING****	
You have accessed a U.S. Government information system. There is no right of privacy on this system.	
All data contained within this system is owned by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner.	
Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system.	
Unauthorized access is prohibited by Title 18 of the United States Code, Section 1030. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrativa action. System personnel may give any potential evidence of crime found on Department computer systems to law enforcement officials.	
System users are required to adhere to all applicable statutes, regulations, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, "CMS Information Security Policies, Standards and Procedures."	
****WARNING**WARNING***	
IDecline	



9. The *QualityNet Secure Portal* launch page will open. From the *Quality Programs* dropdown menu, select Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR.

Alerts (0) 🖂 Notifica	tions (3)		
CMS .gov QualityNet			
Home 🗸	Quality Programs	My Reports -	Help 🗸
Home> Welcome	Hospital Quality Reporting End Stage Renal Disease Quality Improvement Orga	: IQR, OQR, ASCQR, IF Quality Reporting Syste anizations	PFQR, PCHQR
QualityNet Secu Medicare and Medicai quality improvement n applications for use by	QMARS - Quality Manage Quality Improvement and Data Element Library	ment and Review Syste Evaluation System	
only CMS-approved si quality data exchange (QIOs), Hospitals, Phy Disease (ESRD) netw	ite for secure communica between: Quality Improv vsician offices, Nursing ho orks, facilities, and data v	tions and healthcare ement Organization omes, End Stage Re endors.	e s enal

 The Quality Reporting System: My Tasks page will open. Locate the Manage Measures section; select View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA).

NOTE: The information displayed in the screenshot below differ depending on the assigned role and user.

CMS .gov Quality	Net						Search QualityNet.org
Home - Home>Quality Programs	Quality Programs - Hospital Quality Reporting: IQR, O	My Reports - QR, ASCQR, IPFQR, PCHQ	Help v R				
Quality Reporti	ng System: My Tasks						
Hospital Reporting	Inpatient / Outpatient d Sampling	Manage I View/Edit St	Measures ructural/Web-Based Meas	sures/Data Acknowledgement (Manage DACA) Manage My Acco	ge Security Multifactor Credentials	
					HQR Or HQR Re	nline Help eports Online Help	
Manage Notice of P	articipation	Report A	uthorization st/Approve Access		Vendo	or Authorization	



11. The *Structural/Web-Based Measures* screen will open. Under *Select a Program*, select **Inpatient Web-Based Measures**.

Start Structural/Web-Based Measures	
Start Structural/Web-Based Measures View/Edit Structural/Web-Based Measures/Data A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries. Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients. Meaningful Use (MU) is a CMS Medicare and Medicaid	Acknowledgement (DACA) Select a Program Inpatient Structural Measures/DACA Inpatient Web-Based Measures Inpatient Psychiatric Facilities Web-Based Measures/DACA PPS Exempt Cancer Hospitals Web-Based Measures DDD Former (1000000000000000000000000000000000000
Meaningful Use (MU) is a CMS Medicare and Medicaid program that awards incentives for using Certified Electronic Health Record Technology (CEHRTs) to improve patient care. To achieve Meaningful Use and avoid penalties, providers must follow a set of criteria that serves as a roadmap for effectively using an EHR.	PPS Exempt Cancer Hospitals DACA

12. The *Payment Year* screen will open. From the *Payment Year* drop-down menu, select 2020; then, select the Continue button.

Alerts (0) 🖂 Notifications (3)			Secure File Transfer
CMS .gov QualityNet			
Home - Quality Program	s - My Reports -	Help 🗸	
Home>Quality Programs>Hospital Quality Reporting	IQR, OQR, ASCQR, IPFQR, PCH	QR>Manage Measures>View/Edit Structural	/Web-Based Measures/Data Acknowledgement (DACA)
Start Structural/Web-Based Meas	ures		
Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.	* Payment Year: 2020 V	Continue	



13. The *Quarter (Measure) Selection* screen will open. Under the *Action* column, select the appropriate quarter: **Select Qtr - 2**.

NOTE: For this example, we are using Quarter 2. Please select the appropriate quarter.

Start Structural/Web-Based Mea	sures		
Inpatient Web-Based Measures			
-			
	Web-Based Measures	PY 2020	
	Quarter (Measure) Selection Select the quarter (measure) to NOTE: Vendors can view data in	view or manage data. n any quarter in which data entry was authorized.	
	Submission Period	With Respect to Reporting Period	Action
Web Recod measures access	07/01/2018 - 08/15/2018	January 1, 2018 - March 31, 2018	
characteristics linked to the capacity of the provider to deliver quality	10/01/2018 - 11/15/2018	April 1, 2018 - June 30, 2018	Select Qtr - 1
healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve	01/01/2019 - 02/15/2019	July 1, 2018 - September 30, 2018	Select Qtr - 3
the quality of care provided to all patients.	04/01/2019 - 05/15/2019	October 1, 2018 - December 31, 2018	Select Qtr - 4

14. If you are a user representing an organization with access to multiple providers, the *Provider Selection* screen will appear. Select one or more providers. Click the **Continue** button.

If you are a hospital user and have access only to your organization's data, you will be presented with the summary screen, as shown below in Step 14.

	Web-Based Measures 2020	
Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.	Provider Selection Select one or more providers. OUDDOWNOUT - SAMPLE HOSPITAL	~
		~



15. During the measure Submission Period (10/01/2018–11/15/2018), the summary screen displays the submission status of the PC-01 measure as Completed or Incomplete. To complete the submission, select **PC-01**.

NOTE: For this example, we are depicting the measure's Submission Period as 10/01/2018–11/15/2018, with Respect to Reporting Period 04/01/2018–06/30/2018. These will change depending upon the quarter selected.

Start Structural/Web-Based Measures		
Inpatient Web-Based Measures		
Submission Period 10/01/2018 - 11/15/2018	With Respect to Reporting Period 04/01/2018 - 06/30/2018	
Web-Based Measures PY 2020		
Provider ID		PC-01
000000		Incomplete

16. The *PC-01: Elective Delivery* screen will open. Complete the eight (three Population, one Numerator, one Denominator, and three Exclusion questions) measure questions as indicated by the red asterisk.

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

NOTE: Hospitals that do not deliver babies may file an <u>Inpatient Prospective Payment</u> <u>System (IPPS) Quality Reporting Programs Measure Exception Form.</u> Otherwise, hospitals that do not deliver babies must enter a zero (0) for the measure questions every quarter.

IMPORTANT NOTE: If your hospital submitted an IPPS Quality Reporting Programs Measure Exception Form for PC-01, your Provider Participation Report will continue to display as "No" for PC-01 measure submission.



a. Complete the three Population questions.

HELPFUL TIP: For information on abstracting the Perinatal Care (PC)-01 measure, please reference the applicable version of the PC-01 measure specifications, which can be located via the <u>Specifications Manual for Joint Commission National Quality</u> <u>Measures</u> page on The Joint Commission's website.

NOTE: The measure numbers displayed in the screenshot below are shown only as an example. Actual measure numbers will vary by provider.

Web-Based Measures PY 2020 * Required field
Instruction Text: Leaving this screen without calculating and saving RESULTS will cause the loss of any new or modified data. RESULTS cannot be calculated unless all data entry fields contain a valid value.
PC-01 : Elective Delivery
Population
* What was your hospital's Total Mother Population?
1234
* What was your hospital's sample size?
125
* What was your hospital's sampling frequency?
Monthly
O Quarterly
O Not Sampled
O N/A - Submission not required

b. Complete the one Numerator question and one Denominator question.

NOTE: The measure numbers displayed in the screenshot below are shown only as an example. Actual measure numbers will vary by provider.

Numerator
* What was the number of patients with elective deliveries?
7
Denominator
* What was the total number of patients delivering newborns with >=37 and <39 weeks of gestation completed?
50



c. Complete the three Exclusions questions. Once you have completed the questions, select the Calculate button.

NOTE: The measure numbers displayed in the screenshot below are shown only as an example. Actual measure numbers will vary by provider.

Exclusions
* What was the exclusion count for the ICD-10-CM Principal or Other Diagnosis Code for Elective Delivery?
40
* What was the exclusion count for Gestational age patients < 37 or >= 39 weeks?
5
* What was the exclusion count for those with a History of Stillbirth?
20
Results:
Total Exclusion Count:
Percentage of Patients with Elective Deliveries:
Back Calculate Submit Print

d. Check to make sure no warning or error message has appeared. An example of a warning message is depicted below. If you do <u>not</u> receive a warning or error message, <u>skip to Step 15.g</u>.

NOTE: The measure number displayed in the screenshot below is shown only as an example. Actual measure numbers will vary by provider.

Results:			
Total Exclusion Count:	65		
Percentage of Patients with Elective Deliveries:	14%		
Warning The total sample number entered should equal the number of exclusions plus the denominator.			
Back Calculate Submit Print			



e. If you <u>do</u> receive a warning or error message, you may choose to correct the data (which is recommended) by selecting the Edit button. Correct any data issues described in the warning or error message. If you choose not to correct the data, continue to calculate the results.

NOTE: The measure numbers displayed in the screenshot below are shown only as an example. Actual measure numbers will vary by provider.

Results:	
Total Exclusion Count:	65
Percentage of Patients with Elective Deliveries:	14%
	Back Edit Submit Print

f. After entering the corrected data, select the Calculate button again. Please note that the previously calculated count and rate will continue to display until the Calculate button is clicked.

NOTE: The measure numbers for the three available questions displayed in the screenshot below are shown only as an example. Actual measure numbers will vary by provider.

Exclusions		
* What was the exclusion count for the ICD-10-CM Principal or Other Diagnosis Code for Elective Delivery?		
* What was the exclusion count for Gestational age patients < 37 or >= 39 weeks?		
* What was the exclusion count for those with a History of Stillbirth?		
20		
Results: Total Exclusion Count: 65 Percentage of Patients with Elective Deliveries: 14%		
Back Calculate Submit Print		



g. Verify the *Results* section, which includes Total Exclusion Count and Percentage of Patients with Elective Deliveries. Once verified, select the Submit button.

NOTE: The measure numbers displayed in the screenshot below are shown only as an example. Actual measure numbers will vary by provider.

Exclusions
* What was the exclusion count for the ICD-10-CM Principal or Other Diagnosis Code for Elective Delivery?
* What was the exclusion count for Gestational age patients < 37 or >= 39 weeks?
* What was the exclusion count for those with a History of Stillbirth?
Results: Total Exclusion Count: 75 Percentage of Patients with Elective Deliveries: 14%
Back Edit Submit Print

h. Locate the message, "Successfully Saved PC-01 Information," as depicted in the screenshot below. If you do not see this message, your data were not submitted successfully.

Results:		
Total Exclusion Count:	75	
Percentage of Patients with Elective Deliveries:	14%	
Information Successfully Saved PC-01 Information.		
Back Edit Submit Print		



i. You may then select the Back button.

NOTE: The measure numbers displayed in the screenshot below are shown only as an example. Actual measure numbers will vary by provider.

Exclusions		
* What was the exclusion count for the ICD-10-CM Principal or Other Diagnosis Code for Elective Delivery?		
* What was the exclusion count for Gestational age patients < 37 or >= 39 weeks?		
* What was the exclusion count for those with a History of Stillbirth?		
Total Exclusion Count: 75 Percentage of Patients with Elective Deliveries: 14%		
Back Calculate Submit Print		

j. After selecting the Back button, a pop-up dialog box titled, "Message from webpage" will open. Select the OK button.

NOTE: The measure number displayed in the screenshot below is shown only as an example. Actual measure numbers will vary by provider.

Results: Total E Percentage of Patients with Ele	What was the exclusion count Message from webpage You are about to leave this page. If you have made any changes, and did not submit them, they will not be saved. Click 'OK' to continue. Click 'Cancel' to remain		
	Results: OK Cancel Total E Percentage of Patients with Ele OK		
Hack Calculato Submit Drint		Pack Calculate Submit Drint	



k. Once the OK button has been selected, as depicted above, the summary screen should display the submission status of the PC-01 measure as Completed.

Start Structural/Web-Based Measures			
Inpatient Web-Based Measures			
Submission Period 10/01/2018 - 11/15/2018	With Respect to Reporting Period 04/01/2018 - 06/30/2018		
Web-Based Measures PY 2020			
Provider	D	PC-01	
000000		Completed	

HELPFUL TIP: If the PC-01 measure submission status does not display as Completed, your data **were not submitted successfully**. For further assistance on entering your PC-01 data, contact the Hospital Inpatient Quality Reporting (IQR) Program Support Team at (844) 472-4477 or (866) 800-8765, 8 a.m. to 8 p.m. Eastern Time, Monday through Friday.