Quarter 2 (Q2) 2019 Hospital Inpatient Quality Reporting (IQR) Program Checklist		
Due	**Task**	**✓**
10/02/19	**Checking Submission of Q2 2019 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Data** *HCAHPS Survey Data* should display as **"Yes"** for *April*, *May*, and *June* on the Provider Participation Report (PPR). Instructions on how to run your PPR can be found in the [PPR Reference Guide]().	☐
11/4/19	**Submitting Q2 2019 Inpatient Population and Sampling Counts Through the *QualityNet Secure Portal* (applies to chart-abstracted measures only)** 1. **Log in** to the *QualityNet Secure Portal*. 2. **Look for** *Hospital Reporting Inpatient/Outpatient* on the Hospital Quality Reporting: My Tasks page; **select** [View/Edit Population & Sampling]. 3. **Enter** your facility's CMS Certification Number (CCN); **click** [Continue]. 4. **Select** Reporting Period [Q2 2019]; **click** [Continue]. 5. **Check** [boxes] for completion: The GLB and SEP measure sets contain required measures, and **no** boxes should be blank. If there are no discharges for a measure set, you must enter a zero (0). (All boxes are required even if submitting eCQMs.) Be sure to correctly identify the Initial Patient Population (IPP) as defined in the specifications manual to ensure your sample selection includes patients appropriate to the measure population. **NOTE:** The GLB Population and Sample counts are still required even if you do not have an emergency department (ED) and have submitted an [Inpatient Prospective Payment System (IPPS) Measure Exception Form]().	☐

11/18/19	**Checking Submission of Q2 2019 Inpatient Data**
	1. **Log in** to the *QualityNet Secure Portal*.
	2. **Select** [My Reports] on the Hospital Quality Reporting: My Tasks page; **select** the [Run Report(s)] option.
	3. **Select** [IQR] from the *Report Program* drop-down menu; **select** [Hospital Reporting - Feedback Reports] from the *Report Category* drop-down menu; then, **select** [View Reports].
	4. **Run and review** the *Case Status Summary Report* for **Q2 2019** to ensure all submitted cases were accepted.
	5. **Run** the *Submission Detail Report* to review specific cases; **resubmit** any applicable cases.
	6. **Run** and **review** your hospital's PPR to ensure all Hospital IQR Program requirements have been met:
	  A. **Go to** [Run Reports]; then s**elect** *IQR Program* and *Report Category* [Hospital Reporting - Annual Payment Update Reports]; then **select** [View Reports].
	  B. **Run** the *Hospital Reporting - Provider Participation Report* for **Q2 2019**.
	  C. **View** the PPR for the following:
	    ☐ *Active QualityNet Security Administrator* should display as **"Yes**.**"**
	    ☐ *Data Accuracy and Completeness Acknowledgement* should display as **"No."**
	    ☐ Measure Sets: IQR-SEP and Global Population
	      i. *Total Patient Population* and *Total Sample Size* columns case counts will display using Population and Sampling data. **"No"** means Population and Sampling counts have not been submitted. This must be done before the Population and Sampling deadline. Please see the Population and Sampling directions above.
	      ii. *Total Cases Accepted* column should be ≥ your *Total Patient Population* and/or *Total Medicare Claims* column, unless you are electing to sample. If your hospital is sampling, ensure the *Total Cases Accepted* are ≥ the minimum sample requirement.
	    ☐ Measure Set: IQR-ED*: If the *Total Cases Accepted* column is blank, then you have not submitted ED data.
	    ☐ *PC-01 Elective Delivery** (Clinical Web-Based Measure)*:* Numbers or zeroes are acceptable. If your report displays **"No,"** these data have not been entered. "No" is acceptable if you filed an [IPPS Measure Exception Form]().
	    ☐ **"Yes"** should display for the following Hospital IQR Program healthcare-associated infection (HAI) quality measure data:
	      ☐ *C. difficile* ☐ *CLABSI* ☐ *SSI-Abdominal Hysterectomy*
	      ☐ *CAUTI* ☐ *MRSA Bacteremia* ☐ *SSI-Colon Surgery*
	      If **"Yes"** is not displayed, check that your hospital has correctly entered the Hospital IQR Program HAI data. Refer to the [Q2 2019 HAI Checklist]() or contact the [NHSN Help Desk]().
	    ☐ *Healthcare Personnel Influenza Vaccination* should display as **"NA."**
		☐

*Hospitals that do not have an ED and/or do not deliver babies may submit an [IPPS Measure Exception Form]().

For questions, contact the Hospital IQR Program Support Contractor at (844) 472-4477, (866) 800-8765, or via the Hospital Inpatient Questions and Answers tool at [https://cmsqualitysupport.service-now.com/qnet_qa]().