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

PPR Overview

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

Running and Viewing Your Hospital's PPR

1. In your Internet browser, navigate to *www.QualityNet.org.*

2. The *QualityNet* home page will open. Locate and select the *Log into Secure Portal* in the upper right-hand side of the page.
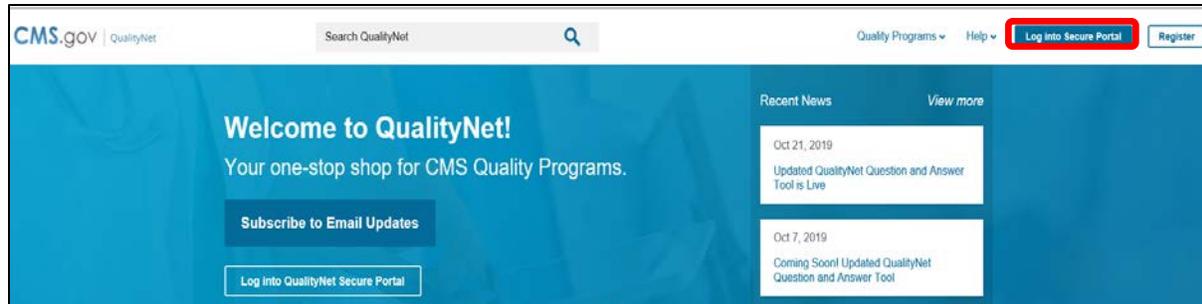
3. The *Choose Your QualityNet Destination* page will open. From the *Select Your QualityNet Destination* drop-down menu, select **Hospital Quality Reporting**.
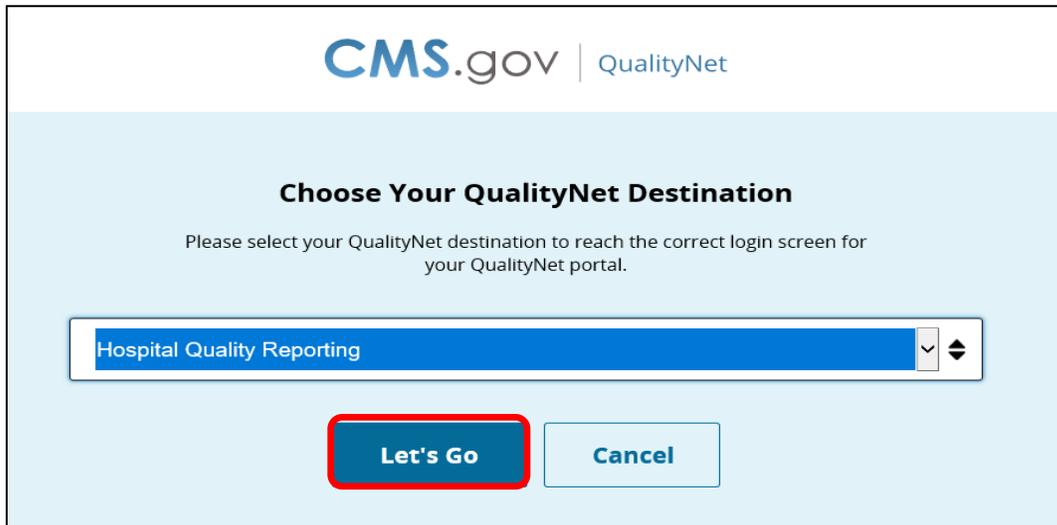
4. After selecting **Hospital Quality Reporting**, select the **Let's Go** button.

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

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.

9. The *QualityNet Secure Portal* launch page will open. Select **My Reports**.

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

11. The *Run Report(s)* tab will open. On this page, you will see *Select Program, Category and Report.*

      a. Under *Report Program,* select **IQR** from the drop-down menu.

      b. Under *Report Category,* select **Hospital Reporting – Annual Payment Update Reports** from the drop-down menu.

      c. Click on **VIEW REPORTS** to view your report choices.

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

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

    NOTE: If you do not select a discharge quarter, the system will default to "All" quarters.
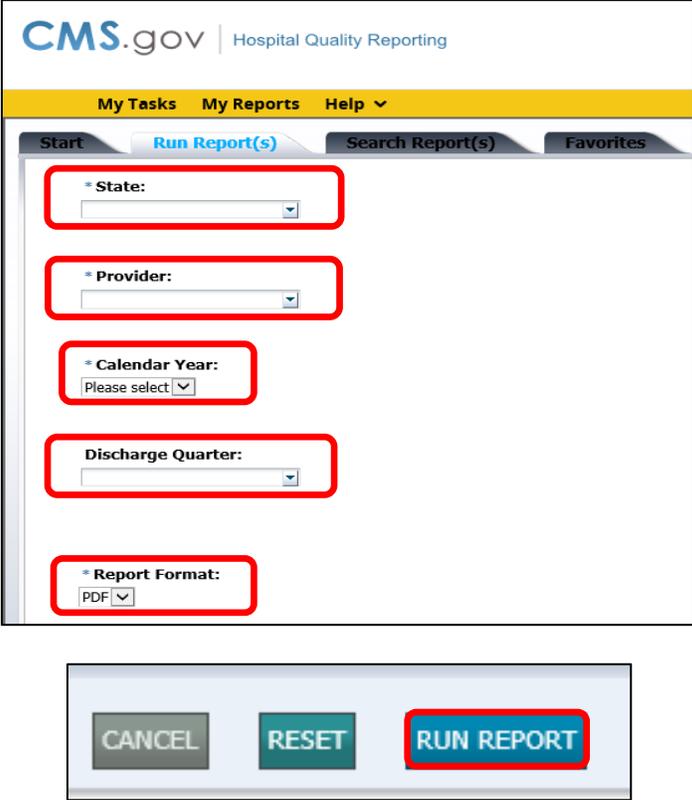
> **IMPORTANT NOTE:** For the State and Provider fields, your assigned *QualityNet* role determines the parameters you can select. Multi-state users must select one or more states. For single-state/single-provider users, State and Provider drop-downs are set to user defaults. The screen view will vary depending on your assigned role.

14. The *Confirmation* screen will open. To search and view the submitted reports, click on the **SEARCH REPORTS** button.
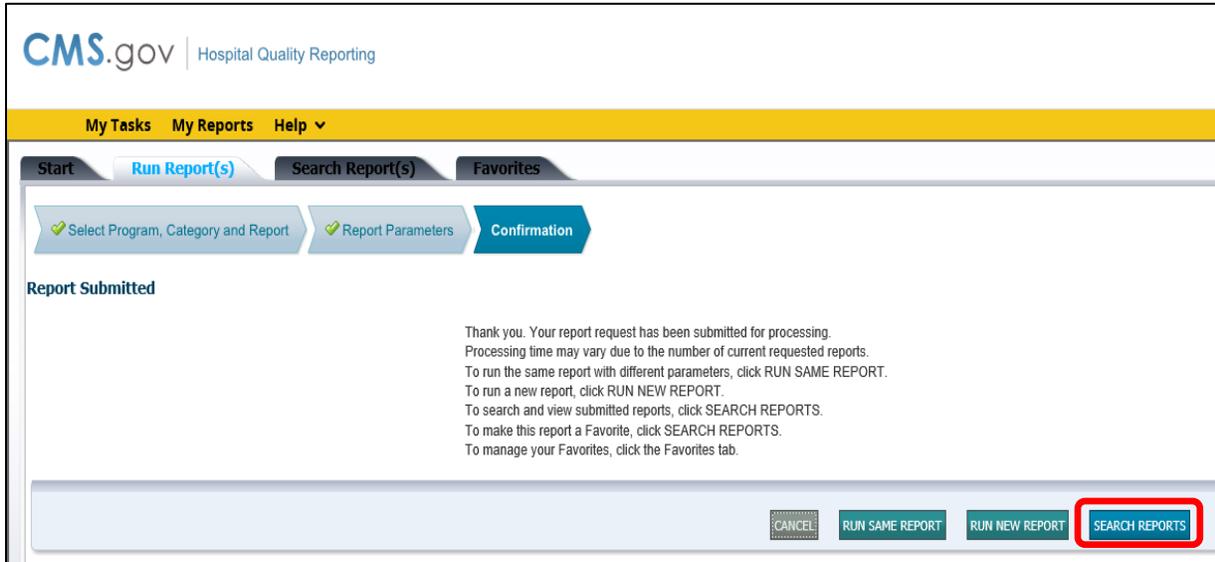
> **HELPFUL TIP:** Please check the *Known Issues – Hospital Reporting* document on *QualityNet* for any issues affecting the PPR

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

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

PPR Information – Page 1

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

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

State:	CEO Name:	Active QualityNet Security Administrator: Yes
Provider ID:	Medicare Accept Date:	Data Accuracy and Completeness Acknowledgement: No
Provider Name:	Notice of Participation Date:	
Provider City:	Withdrawal or Non-Participation Date:	
EHR Measures Submitted: N/A - Please refer to the eCQM Submission Status Report		
Selected for Chart-Abstracted Validation:		
Selected for eCQM Validation:		

Measure Sets[1]	Total Cases Accepted[2]	Total Medicare Claims[3]	Total Patient Population[4]	Total Sample Size[4]	Discharge Quarter Sample Frequency[4]
IQR-SEP	0	0	No	No	No
		Total Medicare Claims[3]	Total Patient Population[4]	Total Sample Size[4]	Discharge Quarter Sample Frequency[4]
Global Population		2	No	No	No
	Total Cases Accepted[2]				
Measure Set: IQR-ED	0				

Associated Footnotes

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

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

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

[4]"No" indicates that data has not been submitted for aggregate population and sampling.

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

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

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

> **NOTE:** For non-IQR eligible hospitals (e.g., critical access, territorial, and Maryland) that submit data, the following message will display on the PPR, and no data will be displayed:
>
> **You are not an APU eligible hospital or are currently closed in our system.**

PPR Information – Page 2

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

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

Hospital Reporting - Provider Participation Report – Inpatient
Quarter 1 - 2019 Discharges

Provider ID:
Provider Name: EHR Measures Submitted: N/A - Please refer to the eCQM Submission Status Report

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]	No
						Gestational age patients < 37 or >= 39 weeks gestation[11]	No
						History of Stillbirth[11]	No

IQR-HAI Quality Measure Data[7]	IQR-HAI Data Submitted[9]	Last NHSN File Update to CMS[8]
C.difficile	No	
CAUTI	No	
CLABSI	No	
Healthcare Personnel Influenza Vaccination	No	
MRSA Bacteremia	No	
SSI-Abdominal Hysterectomy	No	
SSI-Colon Surgery	No	

HCAHPS Survey Data[5]	Unverified Files Accepted to Date			Unverified "Zero Cases" Information Accepted to Date[6]		
	Jan	Feb	Mar	Jan	Feb	Mar
HCAHPS						

Associated Footnotes

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

[6]Hospitals that have zero HCAHPS-eligible discharges and have submitted a file indicating zero cases will display a "Yes" in the "Unverified 'Zero Cases' Information Accepted to Date" field.

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

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

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

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

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

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

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

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

PPR Clarifications – Page 2

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

Hospital Reporting - Provider Participation Report – Inpatient
Quarter 1 - 2019 Discharges

Provider ID:
Provider Name: EHR Measures Submitted: N/A - Please refer to the eCQM Submission Status Report

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