

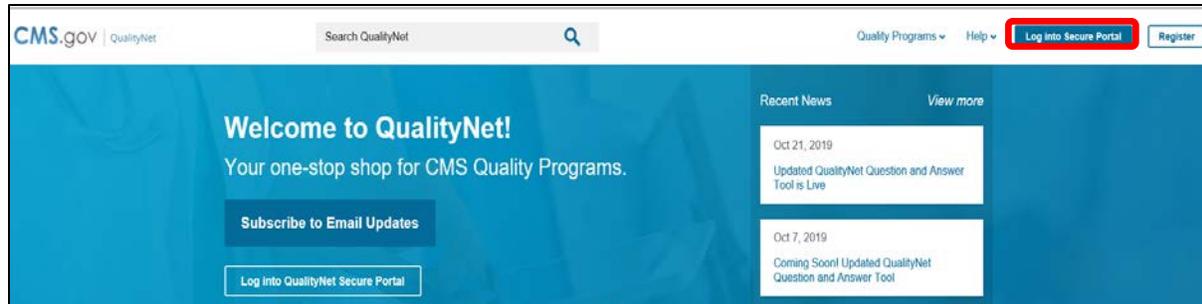
Hospital Inpatient Quality Reporting Program Reference Guide Accessing and Using Your Provider Participation Report

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**.



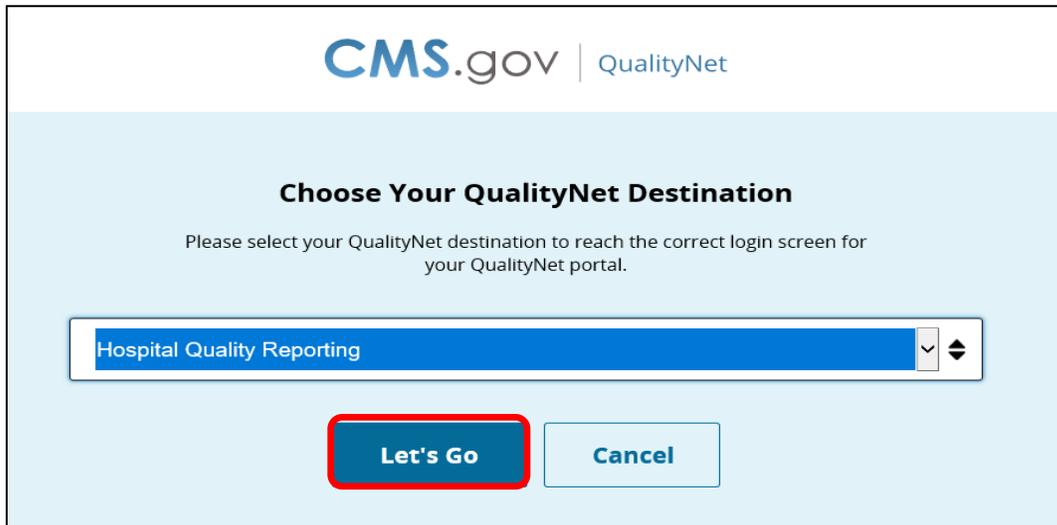
CMS.gov | QualityNet

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
- Quality Improvement Organizations
- QIES Business Intelligence Center
- Hospital Quality Reporting**

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



CMS.gov | QualityNet

Choose Your QualityNet Destination

Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.

Hospital Quality Reporting

Let's Go Cancel

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

- 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.



- 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*.



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

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****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 administrative 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**WARNING****

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

CMS.gov | Hospital Quality Reporting

My Tasks **My Reports** Help ▾

Hospital Quality Reporting: My Tasks

CMS is making improvements to QualityNet based on user feedback. We are creating a new interface that improves using this My Tasks page to enter web-based data, view submission and feedback reports, and other tasks available

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

CMS.gov | Hospital Quality Reporting

My Tasks **My Reports** Help ▾

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

Start Reports

This reporting portlet allows you to run and access reports on quality program data to which you are granted access.

I'd Like To...

- Run Report(s)**
- Search Report(s)
- View Favorite Reports

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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.

CMS.gov | Hospital Quality Reporting

My Tasks My Reports Help ▾

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

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and Select the report you wish to run from the table below by clicking on its name.

Report Program: IQR

Report Category: Hospital Reporting - Annual Payment Update Report

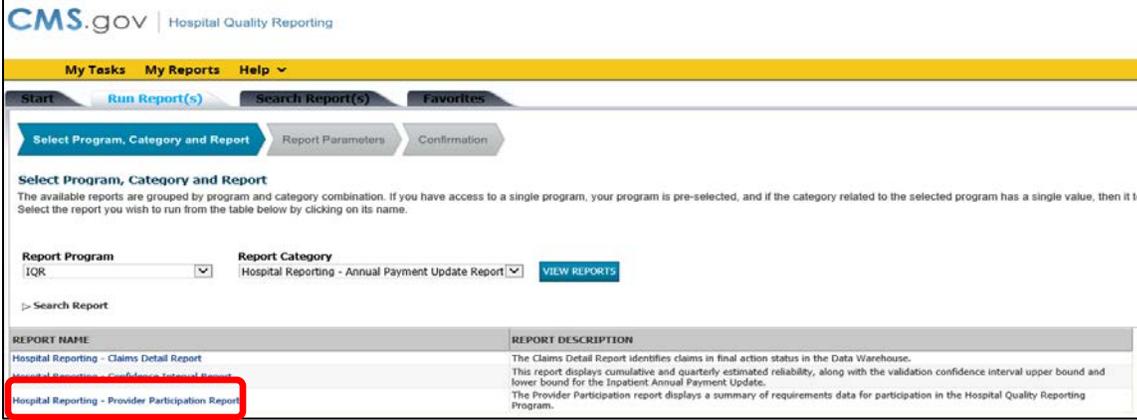
VIEW REPORTS

Search Report

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

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



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My Tasks My Reports Help

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

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it is pre-selected. Select the report you wish to run from the table below by clicking on its name.

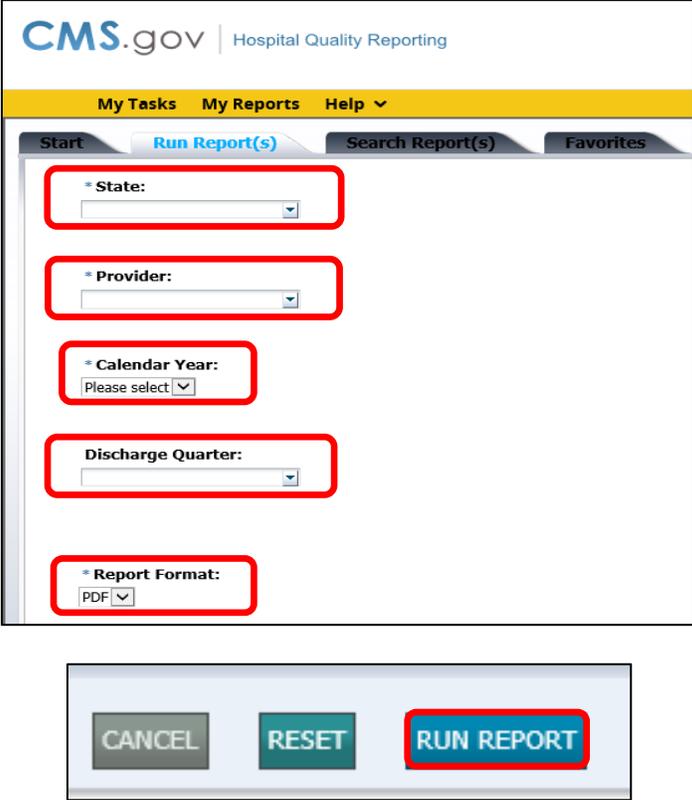
Report Program: IQR Report Category: Hospital Reporting - Annual Payment Update Report VIEW REPORTS

Search Report

REPORT NAME	REPORT DESCRIPTION
Hospital Reporting - Claims Detail Report	The Claims Detail Report identifies claims in final action status in the Data Warehouse.
Hospital Reporting - Confidence Interval Report	This report displays cumulative and quarterly estimated reliability, along with the validation confidence interval upper bound and lower bound for the Inpatient Annual Payment Update.
Hospital Reporting - Provider Participation Report	The Provider Participation report displays a summary of requirements data for participation in the Hospital Quality Reporting Program.

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.



CMS.gov | Hospital Quality Reporting

My Tasks My Reports Help

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

* State: [Dropdown]

* Provider: [Dropdown]

* Calendar Year: Please select [Dropdown]

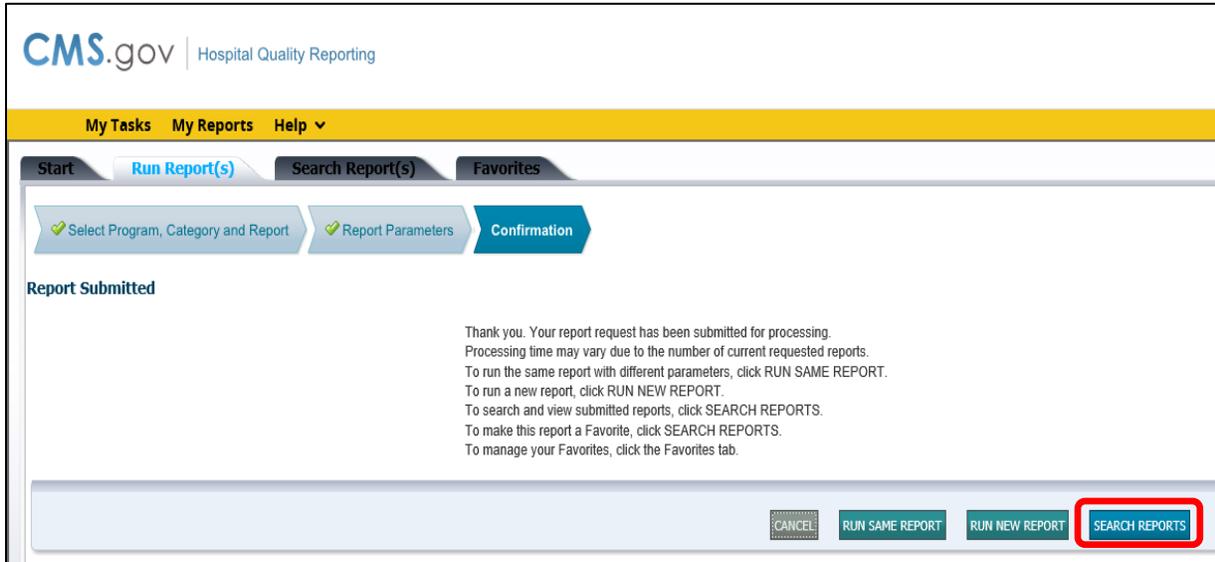
Discharge Quarter: [Dropdown]

* Report Format: PDF [Dropdown]

CANCEL RESET **RUN REPORT**

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 eCOM Submission Status Report					
Selected for Chart-Abstracted Validation:					
Selected for eCOM 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

¹Note: 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.

³Total 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.

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Hospital Reporting - Provider Participation Report – Inpatient Quarter 1 - 2019 Discharges										
Provider ID:		EHR Measures Submitted: N/A - Please refer to the eCQM Submission Status Report								
Provider Name:										
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

⁵Hospitals 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.

⁶Hospitals 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.

⁷HAI (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>

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

⁹The 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:		EHR Measures Submitted: N/A - Please refer to the eCQM Submission Status Report								
Provider Name:										
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			