Centers for Medicare & Medicaid Services (CMS)

Hospital Inpatient Quality Reporting (IQR) Program Guide for New Facilities

Fiscal Year (FY) 2017 (Calendar Year [CY] 2015)
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Introduction

Welcome to CMS’ Hospital IQR Program!

The Hospital IQR Program Support Contractor (SC), under contract with CMS, has been notified that your facility recently received a new CMS Certification Number (CCN). We want to ensure that you are aware of the Hospital IQR Program and its requirements.

The Hospital IQR Program is a quality reporting program. Hospitals participate by submitting data on measures of inpatient quality of care. Hospitals that meet IQR Program requirements during a given calendar year receive a full Inpatient Prospective Payment System (IPPS) annual payment update (APU) factor. Those hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their APU for the applicable payment year.

Eligible hospitals that would like to participate must submit a completed Notice of Participation (NOP) Form to CMS, if the hospital is participating in the program for the first time, has previously withdrawn from the program and would like to participate again, or has received a new CMS Certification Number (CCN).

- A hospital that would like to participate in the program for the first time, or that previously withdrew from the program and would now like to participate again, must submit to CMS a completed NOP Form by December 31 of the calendar year preceding the first quarter of the calendar year in which data submission is required for any given fiscal year.
- A hospital that has received a new CCN and would like to participate in the program must submit a completed NOP Form to CMS no later than 180 days from the date identified as the open date on the approved CMS Quality Improvement Evaluation System (QIES).

The NOP is available through the QualityNet Secure Portal. By submitting the NOP, a facility indicates it will begin submitting data for cases included in the Hospital IQR quality of care measure set, as applicable. The measures in the Hospital IQR Program assess process of care, structure, outcome, patients’ perspective on care, efficiency, and costs of care that relate to services furnished in inpatient settings.

This guide has been designed to assist you in meeting the requirements of the Hospital IQR Program and includes an outline of the mandatory steps for IQR participation, as well as information about measure and data submission information, including validation and public reporting.

We hope you find this information helpful. Feel free to contact us if you have any questions.

Hospital Inpatient Quality Reporting Program Support Contractor
844.472.4477 or 866.800.8765
iqr@hsag.com
Hospital IQR Program Overview
The Hospital IQR Program was developed as a result of the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003. Section 5001 (a) of Pub 109-171 of the Deficit Reduction Act (DRA) of 2005 provided new requirements for the Hospital IQR Program, which built on the voluntary Hospital Quality Initiative.

Acute Care Hospitals paid for treating Medicare beneficiaries under the IPPS can receive the full Medicare APU in accordance with the Deficit Reduction Act of 2005. The Act states that “the payment update for FY 2007 and each subsequent fiscal year will be reduced for any ‘subsection (d) hospital’ that does not submit certain quality data in a form and manner, and at a time, specified by the Secretary.”

Subsection (d) hospitals do not include:
- Psychiatric hospitals (as defined in 1861(f))
- Rehabilitation hospitals (as defined by the Secretary)
- Hospitals with inpatients who are predominately individuals under 18 years of age
- Hospitals designated as Long-Term Acute Care
- Hospitals designated as Critical Access Hospitals (CAHs)
- Hospitals recognized as a comprehensive cancer center or clinical cancer research center

Hospitals not included in the Hospital IQR Program, such as CAHs, are permitted to participate in voluntary reporting. They are able to pledge to participate any time. These facilities may submit data voluntarily and can choose to publicly report or withhold publication of any or all of the data on Hospital Compare.

The Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Support Contractor (SC) sends out email alerts, newsletters, and information about upcoming educational events via contacts in the QualityNet ListServe. In order to receive these important communications, sign up for the ListServe at www.qualitynet.org. On the left side of the Home page, there is a blue box with “Join ListServes” as a header. Click on the “Sign up for Notifications and Discussions” hyperlink, which will take you to the “ListServe Registration” page. From here, you can choose multiple program notifications, which you will receive both from us (the Inpatient Hospital VIQR SC) and from QualityNet for Hospital IQR notifications.

Hospital IQR Program Requirements
This section outlines the requirements for subsection (d) hospitals, paid by Medicare under the IPPS, to receive a full APU. Hospitals that do not meet Hospital IQR Program requirements receive a one-fourth reduction in their IPPS APU for the applicable calendar year (CY). Under Section 1886(d) of the Social Security Act, CMS makes data collected under the Hospital IQR Program available to the public. Hospitals have an opportunity to review their data prior to publication on the Hospital Compare website at www.medicare.gov/hospitalcompare/search.html. All data are aggregated as determined by CMS; currently, CMS publishes Hospital IQR data by CMS Certification Number (CCN).

Eligible hospitals must follow requirements outlined in the applicable IPPS Final Rule with comment period. The requirements are published in the Federal Register at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html and are summarized in the Hospital IQR Program.

To avoid a reduction in APU, hospitals must adhere to all of the following requirements:

1. Register with QualityNet
2. Maintain an Active QualityNet Security Administrator (SA)
3. Complete an NOP (for newly reporting hospitals)
4. Submit Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Data
5. Submit Aggregate Population and Sample Size Counts
6. Submit Clinical Process of Care Measure Data
7. Submit Healthcare-Associated Infections (HAI) and Influenza Vaccination Coverage Among Healthcare Personnel (HCP) Data
8. Submit Perinatal Care Elective Delivery Measure (PC-01) Data
9. Complete Structural Measures Information
10. Complete the Data Accuracy and Completeness Acknowledgement (DACA)

1. **Register with QualityNet**

Hospitals must register with QualityNet before the hospital can submit an NOP and begin reporting data, regardless of the method used for submitting data. QualityNet registration directions can be found at www.qualitynet.org. The QualityNet Secure Portal is the only CMS-approved website for secure healthcare quality data exchange.

![QualityNet Registration](image)

2. **Maintain an Active QualityNet SA**

Hospitals are required to maintain an active QualityNet SA at all times. The QualityNet SA facilitates the registration process for other users at the organization. Hospitals submitting data via the QualityNet Secure Portal or using a vendor to submit data on their behalf are required to designate at least one QualityNet Security Administrator. It is recommended that QualityNet Security Administrators 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 will need to contact the QualityNet Help Desk to have their account reset.

**Recommendation:** It is highly recommended that hospitals designate at least two QualityNet Security Administrators – one to serve as the primary QualityNet Security Administrator and the other to serve as backup.
3. Complete an NOP (for Newly Reporting Hospitals)
New subsection (d) hospitals and existing hospitals participating in the Hospital IQR Program for the first time must complete a Hospital IQR Program NOP through the QualityNet Secure Portal online tool under “Quality Programs” and then under “My Tasks.” Hospitals must designate contacts and include the name and address of each hospital campus sharing the same CCN. Hospitals are responsible for maintaining and updating their staff contacts to CMS at all times. The Hospital Contact Change Form (direct link) can be found on the Quality Reporting Center website.

Once a hospital submits an NOP indicating participation in the Hospital IQR Program, it will remain an active Hospital IQR Program participant until a “Withdrawal” is submitted through the online tool. CMS will accept Hospital IQR Program withdrawals from hospitals on or before:

- Prior to the FY 2016 payment determination, August 15 of the fiscal year preceding the fiscal year for which a Hospital IQR determination will be made.
- Beginning with the FY 2016 payment determination, May 15 of the fiscal year preceding the fiscal year for which a Hospital IQR payment determination will be made.

4. Submit HCAHPS Data
Hospitals must collect and submit HCAHPS survey data on a monthly basis, in accordance with the current HCAHPS Quality Assurance Guidelines found at www.hcahpsonline.org. HCAHPS is a quarterly submission for the IQR Program.

5. Submit Aggregate Population and Sample Size Counts
Hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for each measure set, strata, and/or sub-populations quarterly via the QualityNet Secure Portal.

NOTE: PC-01 aggregate population and sample size are not broken down by Medicare and Non-Medicare discharges, and data are collected through a web-based tool via the QualityNet Secure Portal under “Quality Programs” and then under “Manage Measures.”

- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (Acute Myocardial Infarction [AMI], Emergency Department [ED]/Immunization [IMM], Stroke [STK]), the combined Venous Thromboembolism (VTE) sub-populations, and Sepsis (as of Q4 2015 discharges) in a quarter are not required to submit patient-level data for that measure set for that quarter. **However, hospitals are required to submit the aggregate population and sample size counts, even if the population is zero.**

NOTE: Leaving the fields blank does not fulfill the requirement. A zero must be submitted even when there are no discharges for a particular measure set.

- Population and Sample size counts are submitted via the QualityNet Secure Portal in the Hospital Inpatient Population and Sampling (HIPS) application, which is located under “Quality Programs” and then under “My Tasks,” or via an XML file.

6. Submit Clinical Process of Care Measure Data
Hospitals must chart-abstract and submit complete data quarterly for each of the required Clinical Process of Care measure sets:

- AMI
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- ED
- IMM
- STK
- VTE
- Sepsis (as of 4Q2015 discharges)

Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (AMI, ED/IMM, STK), the combined VTE sub-populations, and Sepsis (as of 4Q2015 discharges) in a quarter are not required to submit patient-level data for that measure set for that quarter.

A list of the FY 2017 (CY 2015 discharges) Inpatient Hospital Quality Measures can be located at https://www.qualitynet.org/dcs/ContentServer?c=Page&papename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473.

NOTE: When a vendor submits data for a hospital, the hospital remains accountable for the submission.


Beginning in CY 2011, hospitals were provided the opportunity to submit data for electronic Clinical Quality Measures (eCQMs). Currently, hospitals have the option to submit a full calendar year of chart-abstracted data on a quarterly basis or may choose to submit one calendar year quarter of eCQM data from Quarter (Q) 1, Q2, or Q3 by November 30, 2015. This option is only available for a subset of measures.

Twelve of the Clinical Process of Care measures are also available as eCQMs. Hospitals will need to successfully submit data for at least 16 of the 28 eCQMs across three quality domains to meet a portion of the IQR Program. A hospital that chooses to submit eCQM data for any of the Clinical Process of Care eCQMs would not need to chart-abstract those measures.

The complete list of eCQMs in their respective National Quality Strategy Domains is as follows:

**Patient and Family Engagement**
- ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients
- ED-2: Median Admit Time to ED Departure Time for Admitted Patients
- STK-8: Stroke Education
- CAC-3: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
- VTE-5: Venous Thromboembolism Warfarin Therapy Discharge Instructions

**Patient Safety**
- VTE-1: Venous Thromboembolism Prophylaxis
- VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis
- VTE-6: Hospital Acquired Potentially-Preventable Venous Thromboembolism
- SCIP-INF-1a: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
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- SCIP-INF-9: Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero
- HTN: Healthy Term Newborn

- Efficient Use of Healthcare Resources
  - PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients
  - SCIP-INF-2a: Prophylactic Antibiotic Selection for Surgical Patients

- Care Coordination
  - STK-10: Assessed for Rehabilitation
  - ED-3: Median Time from ED Arrival to ED Departure for Discharged ED Patients (ED-3 is an outpatient measure and is not applicable for the IQR Program)

- Clinical Process/Effectiveness
  - STK-2: Discharges on Antithrombotic Therapy
  - STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter
  - STK-4: Thrombolytic Therapy
  - STK-5: Antithrombotic Therapy by End of Hospital Day Two
  - STK-6: Discharged on Statin Medication
  - AMI-2: Aspirin Prescribed at Discharge
  - AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
  - AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival
  - AMI-10: Statin Prescribed at Discharge
  - EHDI-1a: Hearing Screening before Hospital Discharge
  - VTE-3: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy
  - PC-01: Elective Delivery
  - PC-05: Exclusive Breast Milk Feeding

A table detailing the available eCQMs, Clinical Quality Measures Finalized for Eligible Hospitals and Critical Access Hospitals Beginning with FY 2014 (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_EH_Table_April2014.pdf), can be found on the CMS website. For additional information on eCQMs, please go to https://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716.

NOTE: Submission of eCQMs does not meet the complete program requirements for the Hospital IQR Program. Hospitals are still required to submit data for the remaining chart-abstracted, web-based, and claims-based measures.

7. Submit HAI and HCP Data
Hospitals must collect and submit data quarterly to the Centers for Disease Control and Prevention (CDC) through the National Healthcare Safety Network (NHSN), including:
  - Central Line-Associated Bloodstream Infection (CLABSI)
  - Catheter-Associated Urinary Tract Infection (CAUTI)
  - Surgical Site Infection (SSI) abdominal hysterectomy and colon surgery
  - Methicillin-resistant Staphylococcus aureus (MRSA)
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- *Clostridium difficile* infection
- HCP (Data for this measure are submitted once a year between April 1 and May 15)

**NOTE:** As of January 1, 2015, Acute Care Hospitals should begin reporting CLABSI and CAUTI data from all patient care locations that are mapped as NHSN adult and pediatric medical, surgical, and medical/surgical wards, in addition to the ongoing reporting from Intensive Care Units (ICUs). The requirement to report from ward locations will be limited to those locations that are mapped as/defined as CDC adult and pediatric medical, surgical, and medical/surgical wards, as listed below:

<table>
<thead>
<tr>
<th>CDC Location Label</th>
<th>CDC Location Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Ward</td>
<td>IN:ACUTE:WARD:M</td>
</tr>
<tr>
<td>Medical/Surgical Ward</td>
<td>IN:ACUTE:WARD:MS</td>
</tr>
<tr>
<td>Surgical Ward</td>
<td>IN:ACUTE:WARD:S</td>
</tr>
<tr>
<td>Pediatric Medical Ward</td>
<td>IN:ACUTE:WARD:M_PED</td>
</tr>
<tr>
<td>Pediatric Medical/Surgical Ward</td>
<td>IN:ACUTE:WARD:MS_PED</td>
</tr>
<tr>
<td>Pediatric Surgical Ward</td>
<td>IN:ACUTE:WARD:S_P</td>
</tr>
</tbody>
</table>

Any unit that meets the definition of – and is mapped as – a specific type that is not an ICU, Neonatal Intensive Care Unit (NICU), or one of the six wards listed above (e.g., mapped as Orthopedic Ward, Telemetry Ward, Step-Down Unit) will not be required for CMS IPPS reporting in 2015; any data reported from non-required units in NHSN will not be submitted to CMS.

Hospitals that performed nine or fewer of any of the specified colon and abdominal hysterectomy procedures *combined* in the calendar year *prior* to the reporting year can request an HAI exception for SSI measures to fulfill the CMS Hospital IQR Program NHSN reporting requirement.

Hospitals that meet HAI exception requirements may submit an **HAI Exception Form** found on *QualityNet* by selecting the **Healthcare-Associated Infections (HAI)** link from the **Hospitals – Inpatient** tab drop-down at [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021). The form is located at the bottom of the page under **Additional Resources**.

For more information, please visit CMS Resources for NHSN Users at [http://www.cdc.gov/nhsn/cms/index.html](http://www.cdc.gov/nhsn/cms/index.html).

Questions regarding entering HAI and/or HCP data in the NHSN tool should be submitted to [nhsn@cdc.gov](mailto:nhsn@cdc.gov). It is recommended that providers sign up for NHSN communications via newsletters and email updates at [http://www.cdc.gov/nhsn/](http://www.cdc.gov/nhsn/).

**8. Submit PC-01 Data**
Hospitals are required to complete the Web-Based Measure questions *quarterly*. The Inpatient Web-Based Measure, Elective Delivery, 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 reference The Joint Commission (TJC) Specifications Manual for PC-01, which is located at https://manual.jointcommission.org/.


NOTE: Hospitals that do not deliver babies must enter a zero (0) for the PC-01 each discharge quarter.

9. Complete Structural Measures Information
Hospitals are required to complete the Structural Measures questions on an annual basis via the QualityNet Secure Portal under “Quality Programs” then under “My Tasks.” The submission period for Structural Measures is between April 1 and May 15 with respect to the time period of January 1 through December 31 of the preceding year.

10. Complete the DACA
Hospitals are required to sign and complete the DACA on an annual basis via the QualityNet Secure Portal under “Quality Programs” then under “My Tasks.”

The DACA is a requirement for hospitals participating in the 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 submission period for signing and completing the DACA is April 1 through May 15, with respect to the time period of January 1 through December 31 of the preceding year.

Inpatient Measures
Please find quality measures applicable for the current Hospital IQR Program year at the Measure Comparison section of the QualityNet website at the following link: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473.

You can also find these measures by following these instructions:
1. From the QualityNet website (www.qualitynet.org), locate the Hospitals – Inpatient drop-down menu at the top of the page.
2. From this drop-down menu, choose Hospital Inpatient Quality Reporting Program to arrive at the Program’s Overview page.
3. From this page, choose Measure Comparison from the left-hand navigation bar.
4. Choose the correct CY Discharges.

Data Submission
Data are submitted in different ways, depending on the measure type, which include eCQMs and Chart-Abstracted, Web-Based, and Claims-Based measures. Data submissions must be timely, complete, and accurate. Please find data submission deadlines applicable for the current Hospital IQR Program year in the Hospital IQR Program Important Dates and Deadlines (http://www.qualityreportingcenter.com/wp-content/uploads/2015/08/IQR-FY-2017-Important-Dates-and-Deadlines-Final-7-31-2015508.pdf) on the Quality Reporting Center website.
Clinical Process of Care data submission is accomplished in one of two ways: CMS Abstraction & Reporting Tool (CART) OR Third Party Vendor. Third party Vendors must be able to meet the Measurement Specifications for data transmission (XML file format) via the QualityNet Secure Portal to the CMS Clinical Warehouse. To authorize a third party vendor to submit data on a hospital’s behalf, SAs can access the online authorization process from the QualityNet 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.

Hospitals report measure information obtained through claims-based data. CMS uses enrollment data, as well as Part A and Part B claims for Medicare fee-for-service patients, to calculate claims-based measures. No hospital data submission is required to calculate the measure rates.

NOTES:
- The QualityNet Secure Portal is the only CMS-approved method for the electronic transmission of private data between healthcare providers and CMS for the purposes of the Hospital IQR Program. Data are stored in the CMS Clinical Warehouse.
- All files and data exchanged with CMS via the Secure Portal are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The Secure Portal meets all current Health Insurance Portability and Accountability Act (HIPAA) requirements.
- Cases in the CMS Clinical Warehouse may be updated until the data submission deadline each quarter. After the deadline, no further updates are accepted for cases in that quarter.
- The Hospital IQR Data Upload role is required to upload data. Registered users can log in to the Secure Portal at: https://cportal.qualitynet.org/QNet/pgm_select.jsp. For more information, refer to the QualityNet Training located on QualityNet at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetBasic&cid=1140190183112.
- The EHR Data Upload role is required for hospitals or vendors that intend to submit test or production eCQM data. For more information, refer to the eCQM Program Overview located on QualityNet at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716.

Validation
CMS performs random and targeted provider selection of hospitals participating in the Hospital IQR Program on an annual basis. Selected hospitals meet validation requirements by receiving a Confidence Interval of 75 percent or greater based on the combined chart audit validations for the applicable four quarters. Additional information and documents about data validation are located on QualityNet by selecting the Data Validation link from the Hospitals – Inpatient tab drop-down:

Hospital Compare
Hospital Compare presents hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation’s hospitals. Hospitals participating in the IQR Program are required to display quality data for public viewing.
on Hospital Compare at [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare). Prior to the release of data on Hospital Compare, hospitals are given the opportunity to review data during a 30-day preview period via the QualityNet Secure Portal.

### APU 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 APU. The procedural rules that govern Hospital IQR Program reconsiderations are posted on the QualityNet website at:


### Extraordinary Circumstances Exemption Request Form
CMS offers a process for hospitals to request and for CMS to grant exemptions to the reporting of required quality data for one or more quarters when there are extraordinary circumstances beyond the control of the hospital. Hospitals must submit an Extraordinary Circumstances Request Form within **30 days** of the date the extraordinary circumstance occurred for the Hospital IQR Program (90 days for Hospital Value-Based Purchasing). This form is located at: [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228762258913](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228762258913).

### Contact Information and Resources
**Hospital IQR Program SC**
The Hospital IQR Program SC supports activities under the Hospital IQR Program, including providing support and feedback to assist hospitals with quality data reporting.

- **Hospital IQR Program Website**
  [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com)
  This site contains numerous resources concerning reporting requirements including: reference and training materials; tools for data collection, submission, and validation; educational presentations; timelines; and deadlines.

- **Hospital IQR Program SC**
  3000 Bayport Drive, Suite 300
  Tampa, FL 33607
  844.472.4477 or 866.800.8765
  iqr@hsag.com

- **Quick Support Reference Card**
  This quick reference tool lists support resources for the Inpatient Questions and Answers Tool, Email Support, Phone Support, Live Chat, Secure Fax, and more.

- **Contact List of CMS Contractors in the 11th SOW**
  This helpful list can be located on our website under Hospital IQR Resources at: [http://www.qualityreportingcenter.com/wp-content/uploads/2015/01/CMS-Contractor-Contact-List.pdf](http://www.qualityreportingcenter.com/wp-content/uploads/2015/01/CMS-Contractor-Contact-List.pdf).
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- **Hospital IQR ListServe**
  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, timeline or process/policy modifications, and alerts about applications and initiatives.

- **Hospitals-Inpatient Questions/Answers**
  [https://cms-ip.custhelp.com](https://cms-ip.custhelp.com)
  The Hospital IQR Program SC maintains the Hospitals-Inpatient Questions/Answers knowledge database, which allows users to ask questions, obtain responses from all resolved questions, and search by keywords or phrases.

**QualityNet**

- **QualityNet Website**
  [www.qualitynet.org](http://www.qualitynet.org)
  Established by CMS, the *QualityNet* website provides healthcare quality improvement news, resources, and data reporting tools and applications used by healthcare providers and others. *QualityNet* 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 Secure Portal and *QualityNet* Registration.
  1401 50th St., Suite 200
  West Des Moines, IA 50266
  866.288.8912
  qnetsupport@HCQIS.org

**CMS**

- **CMS Website**
  [www.cms.gov](http://www.cms.gov)
  CMS is the U.S. Department of Health and Human Services’ agency responsible for administering Medicare, Medicaid, SCHIP (State Children’s Health Insurance Program), and several other health-related programs.

**Federal Register**

- **Federal Register Website**
  [www.federalregister.gov](http://www.federalregister.gov)
  The *Federal Register* is the official daily publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.