Q4 2015 Hospital Inpatient Quality Reporting (IQR) Checklist		
Due	**Task**	✔
04/06/16	**Checking Submission of Q4 2015 HCAHPS Data** *HCAHPS Survey Data* should display as *Yes* for October, November, and December on the Provider Participation Report (PPR) – See below for instructions on how to run your PPR.	☐
05/01/16	**Submitting Q4 2015 Inpatient Population and Sampling Counts through the *Secure Portal*** 1. **Log in** to the *QualityNet Secure Portal*. 2. **Select** *Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR* from the *Quality Programs* drop-down menu. 3. **Look for** *Hospital Reporting Inpatient/Outpatient*; **select** *View/Edit Population & Sampling*. 4. **Select** *Inpatient Population & Sampling*. 5. **Enter** your facility's CCN; **click** *Continue.* 6. **Select** Reporting Period **Q4 2015**; **click** *Continue.* 7. **Check** "boxes" for completion: The AMI, Global, SEP, STK, and VTE measure sets contain required measures, and **no** boxes should be blank (all are required even if submitting eCQMs). **Note:** If your facility submits case counts for AMI, Global, SEP, STK, and VTE, ensure that the numbers entered meet the Sampling Criteria thresholds.	☐

05/15/16	**Checking Submission of Q4 2015 Inpatient Data**
	1. **Log in** to the *QualityNet Secure Portal*.
	2. **Select** *Run Reports* from the *My Reports* drop-down menu.
	3. **Select** *IQR* from the *Report Program* drop-down menu; then **select** *Hospital Reporting – Feedback Reports*; then **select** *View Reports.*
	4. **Run** the *Case Status Summary Report* for **Q4 2015**.
	5. **Review** to check that all the cases submitted have been accepted.
	6. **Run** the *Submission Detail Report* to review specific cases; **resubmit** any applicable cases.
	7. **Run** and **review** your hospital's PPR to ensure all IQR requirements have been met:
	  A. Go to *Run Reports*.
	  B. Select *IQR Program* and category: *Hospital Reporting – Annual Payment Update.*
	  C. Click *View Reports* and **select** *Hospital Reporting – Provider Participation Report.*
	  D. Select CY 2015; then **select** *Discharge Quarter* **Q4 2015**; **click** *Run Report.*
	  E. View the *PPR* for the following:
	    ☐ *Active QualityNet Security Administrator* should display as *Yes.*
	    ☐ *Completed Structural Measures* should display as *Yes.*
	    ☐ *Data Accuracy and Completeness Acknowledgement* should display as *Yes.*
	    ☐ *Intent to Submit:* If your hospital submitted eCQMs, this should display *Yes.*
	    ☐ *EHR Measure Sets Submitted:* If your hospital submitted eCQMs, this should display *Yes.*
	    ☐ *Total Patient Population* and *Total Sample Size* columns case counts will display using Population and Sampling data. *No* means no counts have been submitted. Hospitals with no discharges for a **required** measure set must enter a zero (0).
	    ☐ *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. **Note:** If your hospital submitted eCQMs instead, this column will show zeros.
	    ☐ Measure Set: IQR-ED and IQR-IMM Case Counts
	      i. IMM and ED must have at least the minimum number of cases each as the global population.
	      ii. If your report displays *No* in the *Total Patient Population* and *Total Sample Size* columns, it means you have not entered your *Global Population and Sampling* data.
	      iii. If the *Total Cases Accepted* column is blank, it means you have not submitted IMM and/or ED data. Hospitals are required to submit these global measures. **Hospitals that do not have an ED may submit an [IPPS Measure Exception Form](#); otherwise, they must submit ED files each discharge quarter.**
	    ☐ PC-01 *(Web-based Measure):* Numbers or zeroes are acceptable. If your report displays *No*, these data have not been entered. **Hospitals that do not deliver babies may submit an [IPPS Measure Exception Form](#); otherwise, they must enter zeroes every quarter.**
	    ☐ *Yes* should display for all IQR HAI (Healthcare-Associated Infection) Quality Measure Data:
	      ☐ *C. difficile* ☐ CLABSI ☐ SSI Abd Hyst
	      ☐ CAUTI ☐ MRSA Bacteremia ☐ SSI Colon
	      If *Yes* is not displayed, check that your hospital has correctly entered all IQR NHSN data. Refer to the [*NHSN Monthly Checklist for Reporting to CMS Hospital IQR*](#) or contact the [NHSN Help Desk](#).
	    ☐ *Healthcare Personnel Influenza Vaccination* should display as ***No.*** The yearly summary for the 2015–2016 flu season (October 1, 2015–March 31, 2016) will be displayed on the PPR for **Q1 2016**. The PPR for **Q1 2016** can be run now and should display a *Yes.*
		☐

For questions, contact the IQR Support Contractor at 844.472.4477, 866.800.8765, or https://cms-ip.custhelp.com.