

## Q2 2016 Hospital Inpatient Quality Reporting (IQR) Checklist

Due	Task	✓
10/05/16	<b>Checking Submission of Q2 2016 HCAHPS Data</b> HCAHPS Survey Data should display as “Yes” for April, May, and June on the Provider Participation Report.	<input type="checkbox"/>
11/01/16	<b>Submitting Q2 2016 Inpatient Population and Sampling Counts through the Secure Portal (<i>applies to chart-abstracted measures only</i>)</b> 1. <b>Log in</b> to the <i>QualityNet Secure Portal</i> . 2. <b>Select</b> <i>Hospital Quality Reporting</i> : [IQR], [OQR], [ASCQR], [IPFQR], [PCHQR] from the <i>Quality Programs</i> drop-down menu. 3. <b>Look for</b> <i>Hospital Reporting Inpatient/Outpatient</i> ; <b>select</b> [View/Edit Population & Sampling]. 4. <b>Select</b> [Inpatient Population & Sampling]. 5. <b>Enter</b> your facility’s CCN; <b>click</b> [Continue]. 6. <b>Select</b> Reporting Period [ <b>Q2 2016</b> ]; <b>click</b> [Continue]. 7. <b>Check</b> [boxes] for completion: The GLB, SEP, STK, and VTE measure sets contain required measures, and <b>no</b> boxes should be blank (all are required even if submitting eQMs). Be sure to correctly identify the Initial Patient Population as defined in the Specifications Manual to ensure your sample selection includes patients appropriate to the measure population/subpopulation. <b>Note: The Initial Patient Populations for STK and VTE have changed.</b> The STK population includes only the counts for patients with a principal diagnosis code of Ischemic Stroke, and the two VTE subpopulations include only the counts for patients with either a principal diagnosis or secondary diagnosis code of VTE.	<input type="checkbox"/>
11/15/16	<b>Checking Submission of Q2 2016 Inpatient Data</b> 1. <b>Log in</b> to the <i>QualityNet Secure Portal</i> . 2. <b>Select</b> [Run Reports] from the <i>My Reports</i> drop-down menu. 3. <b>Select</b> [IQR] from the <i>Report Program</i> drop-down menu; then <b>select</b> [Hospital Reporting – Feedback Reports]; then <b>select</b> [View Reports]. 4. <b>Run</b> the <i>Case Status Summary Report</i> for <b>Q2 2016</b> . 5. <b>Review</b> to check that all the cases submitted have been accepted. 6. <b>Run</b> the <i>Submission Detail Report</i> to review specific cases; <b>resubmit</b> any applicable cases. 7. <b>Run</b> and <b>review</b> your hospital’s Provider Participation Report to ensure all IQR requirements have been met: A. <b>Go to</b> <i>Run Reports</i> . B. <b>Select</b> <i>IQR Program</i> and category: [Hospital Reporting – Annual Payment Update]. C. <b>Click</b> [View Reports] and <b>select</b> [Hospital Reporting – Provider Participation Report]. D. <b>Select</b> [ <b>CY 2016</b> ]; then <b>select</b> <i>Discharge Quarter</i> [ <b>Q2 2016</b> ]; <b>click</b> [Run Report]. E. <b>View</b> the <i>PPR</i> for the following: <input type="checkbox"/> <i>Active QualityNet Security Administrator</i> should display as “Yes.” <input type="checkbox"/> <i>Total Patient Population</i> and <i>Total Sample Size</i> 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) (only applies to chart-abstracted measures). <input type="checkbox"/> <i>Total Cases Accepted</i> column should be ≥ your <i>Total Patient Population</i> and/or <i>Total Medicare Claims Accepted</i> , unless you are electing to sample. If your hospital is sampling, ensure the <i>Total Cases Accepted</i> are ≥ the minimum sample requirement. <input type="checkbox"/> 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 <i>Total Patient Population</i> and <i>Total Sample Size</i> columns, it means you have not entered your <i>Global Population and Sampling</i> data. iii. If the <i>Total Cases Accepted</i> column is blank, it means you have not submitted IMM and/or ED data. Hospitals are required to submit these Global measures. <input type="checkbox"/> PC-01 Elective Delivery* ( <i>Clinical Web-Based Measure</i> ): Numbers or zeroes are acceptable. If your report displays “No,” these data have not been entered. <input type="checkbox"/> “Yes” should display for all IQR HAI (Healthcare-Associated Infection) Quality Measure Data: <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> CLABSI <input type="checkbox"/> SSI – Abdominal Hysterectomy <input type="checkbox"/> CAUTI <input type="checkbox"/> MRSA Bacteremia <input type="checkbox"/> SSI – Colon Surgery If “Yes” is not displayed, check that your hospital has correctly entered all IQR NHSN data. Refer to the <a href="#">NHSN Monthly Checklist for Reporting to CMS Hospital IQR</a> or contact the <a href="#">NHSN Help Desk</a> . <input type="checkbox"/> <i>Healthcare Personnel Influenza Vaccination</i> should display as “N/A,” for the 2015–2016 flu season (October 1, 2015–March 31, 2016).	<input type="checkbox"/>
02/28/17	<b>Submitting CY 2016 eQMs:</b> Hospitals must submit at least 4 eQMs from Q3 2016 or Q4 2016 October 1, 2016 – February 28, 2017. For more about eQCM data submission, please refer to the <i>CY 2016 Preparation Checklist – Test</i> at <a href="http://www.qualityreportingcenter.com/inpatient/iqr/tools/">http://www.qualityreportingcenter.com/inpatient/iqr/tools/</a> under eQCM Resources.	<input type="checkbox"/>

\*Hospitals that do not have an ED and/or do not deliver babies may submit an [IPPS Measure Exception Form](#) (must be renewed at least annually); otherwise, they must submit files and/or enter zeroes each discharge quarter.

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