

**CMS**

**Hospital IQR Program  
Reference Checklist**

**FY 2020 Payment Determination  
CY 2018 Reporting Period**





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## FY 2020 Hospital IQR Program Reference Checklist

### About This Reference Checklist

The *FY 2020 Hospital IQR Program Reference Checklist* was developed to provide the guidance hospitals need to meet the requirements of the Hospital Inpatient Quality Reporting (IQR) Program.

We hope you find the information in this Reference Checklist helpful. It includes an outline of the Hospital IQR Program participation requirements, including validation, as well as information about measures, data submission, and public reporting.

This Reference Checklist is specifically for hospital quality reporting for Calendar Year (CY) 2018. CY 2018 reporting will affect a hospital's Medicare payment between October 1, 2019, and September 30, 2020. This timeframe is known as Fiscal Year (FY) 2020. The FY is also known as the Payment Year (PY).

Updated annually, the Reference Checklist is available electronically on the *QualityNet* website (*QualityNet.org* > *Hospitals - Inpatient* > [Hospital Inpatient Quality Reporting Program](#)) and the *Quality Reporting Center* website (*QualityReportingCenter.com* > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#)).

Please reach out to us if you have any Hospital IQR Program questions:

- (844) 472-4477 or (866) 800-8765
- [iqr@hsag.com](mailto:iqr@hsag.com)

We hope you find this information helpful.

*Your Hospital IQR Program Outreach and Education Support Team*

## IQR Quick Start Guide

*New to Inpatient Quality Reporting? Take a few minutes to review this Quick Start Guide before proceeding to the Overview section.*

### Introduction

Hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) Program report data related to inpatient quality of care measures to the Centers for Medicare & Medicaid Services (CMS).

- The Hospital IQR Program is known as a “pay for reporting” program because hospitals that participate in the program and successfully meet all requirements are paid more than hospitals that do not participate.
- Hospitals that wish to participate in the Hospital IQR Program must signal their intent to do so by submitting a Notice of Participation (NOP).
  - By submitting an NOP, the hospital agrees to have CMS publicly report its IQR data on the *Hospital Compare* website.
- Some IQR data are also used in the CMS Value-Based Programs, including:
  - The Hospital Value-Based Purchasing (VBP) Program
  - The Hospital Readmissions Reduction Program (HRRP)
  - The Hospital-Acquired Condition (HAC) Reduction Program

Value-Based Programs are known as “pay for performance” programs, as they reward healthcare providers with incentive payments based on the quality of care they provide.

### Calendar Years, Fiscal Years, and Payment Years

Hospital IQR Program reporting done for any Calendar Year (CY) affects the hospital’s Medicare reimbursement during a future year. This future year is known as the Fiscal Year (FY) or the Payment Year (PY).

For example, IQR data submissions related to CY 2018 discharges will affect the hospital’s Medicare reimbursement between October 1, 2019, and September 30, 2020. The time between October 1, 2019, and September 30, 2020, is known as FY 2020 or PY 2020.

For more information, refer to the infographic [Understanding Calendar Years & Fiscal Years for CMS’ Inpatient Quality Reporting Program](#) available on [QualityReportingCenter.com](http://QualityReportingCenter.com).

### IQR Measures

CMS uses a variety of measures from various data sources to determine the quality of care that patients receive.

#### **Claims-Based Measures**

Claims-based measures pertain to patient outcomes and healthcare costs. CMS uses Medicare enrollment data and Part A and Part B claims data for these measures. All information is provided by the hospital on the claim it sends to Medicare to obtain reimbursement for the care provided to the patient. Hospitals do not have to submit any additional data to CMS.

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### **Clinical Process of Care Measures**

Data for these measures are related to the processes used to care for patients, not patient outcomes. Data are abstracted from medical records and submitted to CMS by the hospital or the hospital's vendor.

### **Healthcare-Associated Infection (HAI) Measures**

HAI measure data are submitted by hospitals to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN) tool. Hospitals must enroll in NHSN and complete NHSN training to do this. CDC sends the HAI data to CMS prior to each quarterly submission deadline.

### **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) Survey**

HCAHPS is a standardized survey for measuring patients' perspectives on hospital care. Data obtained from completed surveys are reported to CMS by hospitals or their vendors.

**NOTE:** CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

### **Structural Measures**

Structural measures assess provider characteristics and capacity to deliver quality health care. Hospitals answer questions about these measures once a year using the *QualityNet Secure Portal*.

### **Electronic Clinical Quality Measures (eCQMs)**

These quality measures were developed specifically to allow an electronic health record (EHR) to capture, export, calculate, and report the measure data.

### **Those Are the Basics!**

## **Hospital IQR Program Overview**

The Hospital Inpatient Quality Reporting (IQR) Program is a quality reporting program with the goal of driving quality improvement through measurement and transparency. Hospitals participate by submitting data to CMS on measures of inpatient quality of care. The program was developed as a result of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. The Deficit Reduction Act (DRA) of 2005 provided new requirements for the Hospital IQR Program, which built on the voluntary Hospital Quality Initiative.

Under Section 1886(d) of the Social Security Act, CMS makes data collected under the Hospital IQR Program available to the public. The *Hospital Compare* website 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 Hospital IQR Program are required to have their quality data displayed 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*.

Acute care hospitals paid for treating Medicare beneficiaries under the Inpatient Prospective Payment System (IPPS) can receive the full Medicare Annual Payment Update (APU) in

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accordance with the DRA of 2005. The DRA of 2005 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.

Those subsection (d) hospitals that do not participate, or participate but fail to meet program requirements, are subject to a **one-fourth reduction** of the applicable percentage increase in their APU for the applicable Fiscal Year. *Hospitals that are subject to payment reductions under the Hospital IQR Program are also excluded from the Hospital Value-Based Purchasing (VBP) Program.*

Subsection (d) hospitals do **not** include the following:

- Psychiatric hospitals (as defined in section 1861[f] of the Social Security Act)
- Rehabilitation hospitals (as defined by the Secretary)
- Hospitals with inpatients who are predominately individuals under 18 years of age (e.g., children's hospitals)
- 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

### Critical Access Hospitals (CAHs)

CAHs and other hospitals not included in the Hospital IQR Program are permitted and encouraged to participate in voluntary reporting. They are able to pledge to participate at any time. These hospitals may submit data voluntarily and can choose to publicly report or withhold publication of any or all data on the CMS *Hospital Compare* website.

More information is available on the *QualityNet* website: [QualityNet.org](http://QualityNet.org) > *Hospitals - Inpatient* > *Public Reporting* > [Optional Public Reporting](#).

Please note that CAHs **are** required to participate in the Medicare Promoting Interoperability Program (formerly referred to as the Medicare EHR Incentive Program), which is a different and separate program than the Hospital IQR Program. You can get more information about the Medicare Promoting Interoperability Program on the CMS website: [CMS.gov](http://CMS.gov) > *Regulations and Guidance* > *Promoting Interoperability Programs* > [2018 Program Requirements Medicare](#). If you have questions about this program, please contact the *QualityNet* Help Desk at (866) 288-8912 or [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org).

### CMS Communications

One of the ways that CMS communicates important program information to hospitals is by email notifications. Make sure you are signed up for these communications and that we have your hospital's up-to-date contact information so that we may send you targeted communications.

#### ListServes

CMS regularly communicates Hospital IQR Program information to participants and stakeholders via email using contacts in the *QualityNet* ListServe database. To receive these important emails, you must sign up for the CMS ListServes at [www.QualityNet.org](http://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](#) web page. From here, you can choose to receive ListServes about multiple programs.

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For notifications related to IQR, choose “Hospital IQR (Inpatient Quality Reporting) and Improvement,” “Hospital Inpatient Value-Based Purchasing (HVBP) and Improvement,” “Hospital Reporting EHR (Electronic Health Record),” and “HDC (Hospital Data Collection)/Public Reporting.”

### **Targeted Communications**

The Hospital IQR Program Outreach and Education Support Team maintains the CMS provider contact database. This database contains contact information for key staff members in each IQR-participating hospital. Information in this database is used to provide critical targeted communications to hospitals about meeting the requirements of the Hospital Inpatient Quality Reporting Program and other CMS quality reporting programs.

Quality improvement staff members, infection preventionists, and C-suite personnel rely on our reminder emails and phone calls to help get their data submitted and program requirements met prior to the CMS deadlines. It is important to keep your hospital’s contact information current, so you do not miss our reminders.

The fillable Hospital Contact Change Form is available electronically on the *QualityNet* website ([QualityNet.org](http://QualityNet.org) > *Hospitals - Inpatient* > [Hospital Inpatient Quality Reporting Program](#)) and the *Quality Reporting Center* website ([QualityReportingCenter.com](http://QualityReportingCenter.com) > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#)).

You may submit the form via secure fax or email at any time an update is needed.

### **Data Submission Deadlines – CY 2018 Reporting (FY 2020 Payment Determination)**

Data are submitted in different ways, depending on the measure type. Measure types include eCQMs, as well as chart-abstracted, web-based, and claims-based measures. Data submissions must be timely, complete, and accurate.

Information on Hospital IQR Program data submission deadlines and reporting quarters used for FY 2020 payment determination is available on the *QualityNet* web site: [QualityNet.org](http://QualityNet.org) > *Hospitals - Inpatient* > [Hospital Inpatient Quality Reporting Program](#). This information is also available on the *Quality Reporting Center* web site: [QualityReportingCenter.com](http://QualityReportingCenter.com) > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#).

These mandatory requirements are due **quarterly**:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- Population and Sampling (for chart-abstracted measures only)
- Clinical Process of Care measures (for chart-abstracted measures only)
- Healthcare-Associated Infection (HAI) measures
- Perinatal Care Elective Delivery (PC-01) measure

These mandatory requirements are due **annually**:

- Structural measures (Submission period is April 1, 2018–May 15, 2018.)
- Data Accuracy and Completeness Acknowledgement (DACA) (Submission period is April 1, 2018–May 15, 2018.)



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- Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure (Reporting period is flu season, October 1–March 31, with a deadline of May 15 each year.)
- Electronic Clinical Quality Measures (eCQMs) (Hospitals are required to submit eCQM data by the deadline of February 28, 2019.)
- Maintain an active *QualityNet* Security Administrator (SA)

### IMPORTANT INFORMATION ABOUT SUBMISSION DEADLINES

CMS typically allows four-and-a-half months for hospitals to add new data and submit, resubmit, change, and delete existing data up until the submission deadline. Data should be submitted well before the deadline to allow time to review them for accuracy and make necessary corrections.

Clinical Process of Care, Population and Sampling, and PC-01: The *QualityNet Secure Portal* does not allow data to be submitted or corrected after the quarterly deadline.

HAI/HCP: Data can be modified in NHSN at any time. However, data that are modified in NHSN after the quarterly submission deadline are not sent to CMS and will not be used in CMS pay-for-performance programs, including the Hospital Value-Based Purchasing (VBP) Program and the Hospital-Acquired Condition (HAC) Reduction Program.

HCAHPS: Data may be corrected during the designated seven-day Review and Correction period following each submission deadline. However, new data cannot be submitted after the quarterly deadline.

DACA and Structural Measures: Information cannot be added or changed after the annual deadline.

eCQMs: The *QualityNet Secure Portal* does not allow data to be submitted or corrected after the annual deadline.

## Hospital IQR Program Requirements – CY 2018 Reporting (FY 2020 Payment Determination)

This section summarizes Hospital IQR Program requirements for subsection (d) hospitals paid by Medicare under the IPPS.

Hospitals participating in the Hospital IQR Program must follow requirements outlined in the applicable IPPS final rule. New and modified requirements are published in the *Federal Register* at [www.gpo.gov](http://www.gpo.gov).

To avoid a reduction in APU, hospitals **must** meet **all** of the listed requirements below. Further information about each requirement is included below the list.

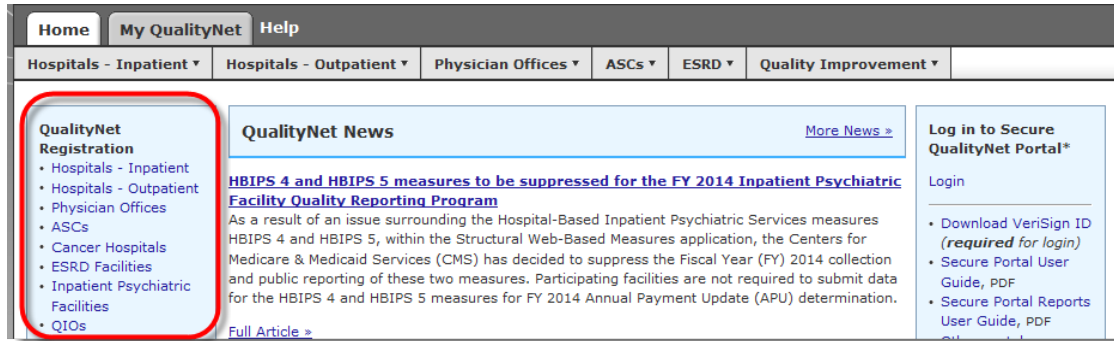
1. Register with *QualityNet*.
2. Maintain an active *QualityNet* Security Administrator.
3. Complete a Notice of Participation (for newly reporting hospitals).
4. Submit HCAHPS Survey data.
5. Submit aggregate Population and Sample size counts for Chart-Abstracted measures.
6. Submit Clinical Process of Care measure data (via chart-abstraction).
7. Submit Perinatal Care Elective Delivery Measure (PC-01) measure data.
8. Submit HAI data and Influenza Vaccination Coverage Among HCP data (via NHSN).
9. Submit Electronic Clinical Quality Measure (eCQM) data.

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10. Complete Structural measures information.
11. Complete the DACA.
12. Meet Validation requirements (if hospital is selected for validation).

### 1. Register with *QualityNet*

Hospitals must register with *QualityNet* before the hospital can submit a Notice of Participation and begin reporting data, regardless of the method used for submitting data. *QualityNet* registration directions can be found at [www.QualityNet.org](http://www.QualityNet.org). The *QualityNet Secure Portal* is the only CMS-approved website for secure healthcare quality data exchange.



### 2. Maintain an Active *QualityNet* Security Administrator (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* SA. It is recommended that *QualityNet* SAs 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 must contact the *QualityNet* Help Desk to have the account reset.

**BEST PRACTICE:** It is highly recommended that hospitals designate at least two *QualityNet* Security Administrators. One serves as the primary *QualityNet* Security Administrator and the other serves as backup. A minimum of two *QualityNet* SAs ensures compliance with this requirement if one of the SAs becomes unavailable.

### 3. Complete Notice of Participation (NOP) (for Newly Reporting Hospitals)

Subsection (d) hospitals that wish to participate in the Hospital IQR Program must complete a Hospital IQR Program NOP through the *QualityNet Secure Portal* online tool. During this process, hospitals must designate contacts and include the name and address of each hospital campus sharing the same CMS Certification Number (CCN).

New Subsection (d) Hospitals: New hospitals that wish to participate in the Hospital IQR Program must submit an NOP no later than 180 days from the hospital's Medicare accept date. These hospitals must start submitting IQR data the quarter after they sign their NOP. For example, a hospital that signs its NOP in April 2018 (second quarter 2018) will begin submitting IQR data for third quarter 2018 discharges (discharges that occur between July 1, 2018 and September 30, 2018).

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Older Subsection (d) Hospitals: Hospitals with Medicare accept dates greater than 180 days in the past may also participate in the Hospital IQR Program. These hospitals must complete an NOP by December 31 of the Calendar Year prior to the first quarter of the Calendar Year in which the Hospital IQR Program data submission is required for any given Fiscal Year. For example, a hospital not currently participating in the Hospital IQR Program has until December 31, 2018, to sign the NOP. The hospital would then begin submitting IQR data for Calendar Year 2019 discharges (first quarter 2019 through fourth quarter 2019). Data submitted for Calendar Year 2019 discharges will affect a hospital's Annual Payment Update from October 1, 2020 through September 30, 2021 (FY 2021).

More information is available on *QualityNet*: [www.QualityNet.org](http://www.QualityNet.org) > *Hospitals - Inpatient* > *Hospital Inpatient Quality Reporting Program* > [Notice of Participation](#).

The hospital may withdraw its participation in the Hospital IQR Program using the NOP tool in the *QualityNet Secure Portal*.

- When a hospital chooses to withdraw from the Hospital IQR Program, it must withdraw the NOP (using the NOP tool in the *QualityNet Secure Portal*) **by May 15 prior to the start** of the affected Fiscal Year.
- Hospitals choosing to **withdraw** from the Hospital IQR Program will automatically receive a **one-fourth reduction** of the applicable percentage increase of their Annual Payment Update and will be **excluded** from the Hospital VBP Program.

### 4. Submit Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Data

Hospitals must collect Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data monthly and submit it to CMS no later than each quarterly submission deadline.

Information on both the guidelines and deadlines are posted on the HCAHPS website at <http://hcahponline.org>.

Participation in HCAHPS requires hospitals to either:

- Contract with an approved HCAHPS Survey vendor that will conduct the survey and submit the data on the hospital's behalf.

#### **OR**

- Self-administer the survey without using a survey vendor. The hospital must attend HCAHPS training, become approved to self-administer the survey, and meet the Minimum Survey Requirements specified at <http://hcahponline.org>.

**IMPORTANT NOTE:** When a vendor submits data for a hospital, the *hospital* remains responsible for the accuracy and the timeliness of the submission.

For information about HCAHPS policy updates, administration procedures, patient-mix and mode adjustments, training opportunities, and participation in the survey, please visit the HCAHPS website at <http://hcahponline.org>.

Have comments or questions?

- To communicate with CMS about HCAHPS, please email [Hospitalcahps@cms.hhs.gov](mailto:Hospitalcahps@cms.hhs.gov).

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- For information or technical assistance, please contact the HCAHPS Project Team via email at [hcahps@HCOIS.org](mailto:hcahps@HCOIS.org) or call (888) 884-4007.

### 5. Submit Aggregate Population and Sample Size Counts for Chart-Abstracted Measures

Each quarter prior to the submission deadline, hospitals must submit aggregate population and sample size counts for chart-abstracted measure sets via the *QualityNet Secure Portal*. These counts include both Medicare and non-Medicare discharges.

CY 2018 Hospital IQR Program reporting requires entries to all measure sets (i.e., Global, Sepsis, and Venous Thromboembolism [VTE]).

**IMPORTANT NOTE: Fields may not be left blank.** If the hospital had no discharges for a particular dataset, a zero (0) must be entered.

### 6. Submit Clinical Process of Care Chart-Abstracted Measure Data (Obtained via Medical Record Abstraction)

Each quarter prior to the submission deadline, hospitals must submit chart-abstracted data for each of the required Clinical Process of Care measures:

Chart-Abstracted Clinical Process of Care Measures	
Short Name	Measure Name
ED-1	Median Time from Emergency Department (ED) Arrival to ED Departure for Admitted ED Patients
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients
IMM-2	Influenza Immunization
PC-01	Elective Delivery
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism

**Fewer Than Five (5) Discharges:** Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure (ED, IMM, Sepsis, VTE) in a quarter **are not** required to submit patient-level data for that measure set for that quarter. (Population and Sampling data must still be entered for the Global, Sepsis, and VTE measure sets. Please see 5. *Submit Aggregate Population and Sample Size Counts for Chart-Abstracted Measures*, above.)

For more information, please reference the *Specifications Manual for National Hospital Inpatient Quality Measures* on [QualityNet.org](http://QualityNet.org) > Hospitals - Inpatient > [Specifications Manual](#).

For a complete list of measures, please reference the *CMS Hospital Inpatient Quality Reporting (IQR) Program Measures for the FY 2020 Payment Update* available electronically on the *QualityNet* website ([QualityNet.org](http://QualityNet.org) > Hospitals - Inpatient > Hospital Inpatient Quality Reporting Program > [Measures](#)) and on the *Quality Reporting Center* website ([QualityReportingCenter.com](http://QualityReportingCenter.com) > Inpatient > Hospital IQR Program > Resources and Tools > [CMS Hospital Inpatient Quality Reporting \(IQR\) Program Measures for the FY 2020 Payment Update](#)).

### **Data Submission – Clinical Process of Care Measures**

**Clinical process of care** data submission is accomplished in one of two ways:

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- **By the hospital using the CMS Abstraction Resource Tool (CART)**, which is a powerful application for the collection and analysis of quality improvement data and is available at **no charge** to hospitals and other organizations. More information is available on *QualityNet: QualityNet.org > Hospitals - Inpatient > Data Collection (& CART)*.
  - Data for chart-abstracted quality measures are abstracted from the medical records using CART and the appropriate [Specifications Manual](#). The data are then exported to an XML file, and the file is uploaded to CMS using the *QualityNet Secure Portal* via the Secure File Transfer.
  - CART training is available on *QualityNet (QualityNet.org > Hospitals - Inpatient > Data Collection (& CART) > CART Training)*.
  - The “Hospital IQR Data Upload” role is required to upload data. Registered users can log in to the *QualityNet Secure Portal* at [www.QualityNet.org](http://www.QualityNet.org) > [Log In](#). If you have any questions about roles, or need to have roles added or changed, contact your hospital’s *QualityNet* Security Administrator. If the Security Administrator is unable to assist, please contact the *QualityNet* Help Desk at (866) 288-8912 or [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org).

**Exception for PC-01:** Data for the Perinatal Care Elective Delivery (PC-01) measure are manually entered in a web-based tool via the *QualityNet Secure Portal*.

**HELPFUL TIP:** Hospitals may use **Paper Tools** as optional, informal abstraction mechanisms to assist in data collection for the Hospital IQR Program. Please note that the data abstracted in the paper tools must be converted into the appropriate XML file for submission via the *QualityNet Secure Portal*. Hospitals cannot submit the paper tools to CMS through the *QualityNet Secure Portal*. For more information, please refer to the [Abstraction Resources](#) web page on *QualityNet (Hospitals - Inpatient > Data Collection (& CART) > Abstraction Resources)*.

- **By a third-party vendor in a private contract with the hospital.** Third-party vendors are 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, *QualityNet* Security Administrators 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.

**IMPORTANT NOTE:** When a vendor submits data for a hospital, the *hospital* remains responsible for the accuracy and the timeliness of the submission.

### **QualityNet Secure Portal and CMS Clinical Warehouse**

The *QualityNet Secure Portal* is the only CMS-approved method for the electronic transmission of private data between healthcare providers/vendors 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) of 1996 requirements.

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**IMPORTANT NOTE:** Hospitals can update/correct their submitted clinical data until the CMS submission deadline. The CMS Clinical Warehouse will be locked immediately afterward. Any updates made after the submission deadline will not be reflected in the data CMS uses and cannot be changed.

### **Emergency Department (ED) Waiver Information**

Hospitals that do not have an Emergency Department may opt out of reporting ED measures for the Hospital IQR Program by submitting an **IPPS Quality Reporting Programs Measure Exception Form**. Submission instructions are on the form. This form is available on the *QualityNet* website ([QualityNet.org](http://QualityNet.org) > *Hospitals - Inpatient* > [Hospital Inpatient Quality Reporting Program](#) > [IPPS Measure Exception Form](#)) and the *Quality Reporting Center* website ([QualityReportingCenter.com](http://QualityReportingCenter.com) > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#) > [IPPS Measure Exception Form](#)).

Hospitals that do not have an ED must submit ED files prior to each quarterly data submission deadline unless they submit this form.

### **7. Submit Perinatal Care Elective Delivery Measure (PC-01) Data**

Each quarter prior to the submission deadline, hospitals are required to complete the questions for PC-01. This inpatient web-based measure documents the number of patients with elective vaginal deliveries or elective Cesarean sections at more than or equal to ( $\geq$ ) 37 and less than ( $<$ ) 39 weeks of gestation completed. For more information on PC-01, please reference the *Specifications Manual for Joint Commission National Quality Measures*, which is located at <https://manual.jointcommission.org/>.

These data are submitted manually via the *QualityNet Secure Portal* online tool; these data cannot be submitted via an XML file. For more information, please view the *Hospital Inpatient Quality Reporting (IQR) Quick Start Guide: Entering PC-01 (Perinatal Care) Data into the QualityNet Secure Portal*. This document is updated quarterly and is available on the *Quality Reporting Center* website ([QualityReportingCenter.com](http://QualityReportingCenter.com) > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#)).

### **PC-01 Waiver Information**

Hospitals that do not deliver babies may opt out of reporting PC-01 measure data for the Hospital IQR Program by submitting an **IPPS Quality Reporting Programs Measure Exception Form**. Submission instructions are on the form. This form is available electronically on the *QualityNet* website ([QualityNet.org](http://QualityNet.org) > *Hospitals - Inpatient* > *Hospital Inpatient Quality Reporting Program* > [IPPS Quality Reporting Programs Measure Exception Form](#)) and the *Quality Reporting Center* website ([QualityReportingCenter.com](http://QualityReportingCenter.com) > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#) > [IPPS Quality Reporting Programs Measure Exception Form](#)).

**NOTE:** Hospitals that do not deliver babies must enter a zero (0) for each of the PC-01 data entry fields prior to each quarterly data submission deadline unless they submit this form.

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### 8. Submit Healthcare-Associated Infection (HAI) Data and Influenza Vaccination Coverage Among Healthcare Personnel (HCP) Data

HAI data and HCP data are submitted to the Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN). CDC transmits these data to CMS prior to each quarterly submission deadline (or annual submission deadline for the HCP data).

**HELPFUL TIP:** It is recommended that hospitals sign up for NHSN communications via newsletters and email updates at [www.cdc.gov/nhsn/](http://www.cdc.gov/nhsn/) > [Newsletters/Members Meeting Updates](#).

Hospitals **must** be enrolled in NHSN, and employees who submit HAI/HCP data in NHSN **must** have been granted access to it by CDC. For more information, please visit CMS Resources for NHSN Users at: [www.cdc.gov/nhsn/](http://www.cdc.gov/nhsn/) > [CMS/NHSN Requirements](#).

Questions regarding NHSN data should be submitted to [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

**BEST PRACTICE:** It is highly recommended that hospitals have at least two active NHSN users who have the ability to enter HAI and HCP data. *This practice may help hospitals meet data submission deadlines in the event one of the NHSN users becomes unavailable.*

**HAI Data:** Hospitals **must** collect HAI data monthly and submit data at least **quarterly** prior to each quarterly submission deadline.

**HCP Data:** Hospitals **must** collect and submit HCP data **annually**. The submission period corresponds to the typical flu season (October 1–March 31), and data for this measure are due annually by May 15 each year following the end of the flu season.

HAI/HCP Measures	
Short Name	Measure Name
CAUTI	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
CDI	NHSN Hospital-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure
CLABSI	NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
Colon and Abdominal Hysterectomy SSI	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
MRSA Bacteremia	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure
HCP	Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

**IMPORTANT NOTE:** Make sure to allow ample time before the deadline to review and, if necessary, correct your HAI/HCP data. Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be used in CMS pay-for-performance programs, including the Hospital Value-Based Purchasing (VBP) Program and the Hospital-Acquired Condition (HAC) Reduction Program.

## FY 2020 Hospital IQR Program Reference Checklist

### **HAI Waiver Information**

**SSI:** Hospitals that performed nine or fewer of any of the specified Colon and Abdominal Hysterectomy Surgical Site Infection (SSI) procedures **combined** in the Calendar Year **prior** to the reporting year can request an exception from submitting SSI measures to fulfill the CMS Hospital IQR Program HAI reporting requirement. **If a waiver is not requested, SSI data must be reported.**

**CAUTI/CLABSI:** Acute care hospitals are required to report Catheter-Associated Urinary Tract Infection (CAUTI) and Central Line-Associated Bloodstream Infection (CLABSI) 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.

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

Any unit that meets the definition of – and is mapped as – a specific type that is not an ICU, neonatal ICU, 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 Hospital IQR Program HAI reporting; any data reported from non-required units in NHSN will not be submitted to CMS.

**IMPORTANT NOTE:** Hospitals that have no ICUs and no units mapped as those included in the table above **must** submit an IPPS Measure Exception Form. **Any data reported from non-required units in NHSN will not be submitted to CMS.**

Submission instructions are on the form. This form is available electronically on the *QualityNet* website (*QualityNet.org* > *Hospitals - Inpatient* > [Hospital Inpatient Quality Reporting Program](#)) and the *Quality Reporting Center* website (*QualityReportingCenter.com* > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#)).

### **9. Submit Electronic Health Record (EHR)-Based Clinical Process of Care Measures (Electronic Clinical Quality Measures [eCQMs])**

For the CY 2018 reporting period/FY 2020 payment determination, Hospital IQR Program hospitals must:

- Self-select a minimum of **four** of the **15** available eCQMs.

**IMPORTANT NOTE:** Any of the eCQMs shown on the table below may be submitted as an eCQM, including ED-1, ED-2, and PC-01. However, ED-1, ED-2, and PC-01 are *also* required chart-abstracted measures. *If a hospital submits ED-1, ED-2, and/or PC-01 as an eCQM only, it will not meet the chart-abstracted measure data submission requirement.*



## FY 2020 Hospital IQR Program Reference Checklist

- Report **one self-selected quarter (first, second, third, or fourth quarter 2018)** of data for the four eCQMs using Office of the National Coordinator for Health Information Technology (ONC) certified to the 2014 Edition, 2015 Edition, or a combination and certified to all available eCQMs.
- Submit through the *QualityNet Secure Portal* by **February 28, 2019, at 11:59 p.m. Pacific Time (PT)**.
  - Fulfilling the Hospital IQR Program eCQM requirement also satisfies the clinical quality measure (CQM) reporting requirement for the Medicare Promoting Interoperability Program (formerly referred to as the Medicare EHR Incentive Program).
  - CY 2018 reporting will apply to FY 2020 payment determinations for IPPS hospitals.
- Report using eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and applicable addenda, available on the [Eligible Hospital/Critical Access Hospital eCQMs](#) page of the eCQI Resource Center website.
- Report using 2018 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting, available at <https://ecqi.healthit.gov/qrda>.

For the CY 2018 reporting period/FY 2020 payment determination and subsequent years:

- Hospitals may use a third party to submit QRDA Category I files on their behalf.
- Hospitals may successfully report by submitting a combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and/or case threshold exemptions. In all cases, a hospital is required to use an EHR certified to report the selected measure(s).
- Hospitals may continue to either use abstraction or pull data from noncertified sources to input these data into Certified Electronic Health Record Technology (CEHRT) for capture and reporting QRDA Category I files.

<b>EHR-Based Clinical Process of Care Measures (eCQMs)</b>	
<b>Short Name</b>	<b>Measure Name</b>
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver
ED-1*	Median Time from ED Arrival to ED Departure for Admitted ED Patients
ED-2*	Admit Decision Time to ED Departure Time for Admitted Patients
EHDI-1a	Hearing Screening Prior to Hospital Discharge
PC-01*	Elective Delivery
PC-05	Exclusive Breast Milk Feeding
STK-02	Discharged on Antithrombotic Therapy
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05	Antithrombotic Therapy by the End of Hospital Day Two
STK-06	Discharged on Statin Medication
STK-08	Stroke Education
STK-10	Assessed for Rehabilitation
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis

\*Required chart-abstracted measure

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**NOTE:** Submission of eCQMs **does not** meet any other requirement of the Hospital IQR Program. Hospitals are still responsible for data reporting/submission for all required chart-abstracted, web-based, and structural measures.

The “EHR Data Upload” role is required for hospitals or vendors to upload eCQM data. Registered users can log in to the *QualityNet Secure Portal* at [www.QualityNet.org](http://www.QualityNet.org) > [Log In](#). If you have any questions about roles, or need to have roles added or changed, contact your hospital’s *QualityNet* Security Administrator. If the Security Administrator is unable to assist, please contact the *QualityNet* Help Desk at (866) 288-8912 or [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org).

For more information, please refer to the [Electronic Clinical Quality Measures \(eCQMs\) Overview](#) web page (*QualityNet.org* > *Hospitals - Inpatient* > *Electronic Clinical Quality Measures [eCQMs] Reporting*) and the eCQI Resource Center website (<https://ecqi.healthit.gov>).

Hospitals and vendors are encouraged to utilize the Pre-Submission Validation Application (PSVA) tool prior to submitting files. Developed in response to stakeholder feedback, the PSVA permits users to validate the file format of QRDA Category I test and production files. The PSVA is a downloadable tool that operates on the user’s system and allows the submitter to catch and correct file format errors prior to data submission to CMS. The PSVA tool can be downloaded from the Secure File Transfer section of the *QualityNet Secure Portal*. Users must have the “EHR Data Upload” role assigned to their *QualityNet* account to download and use the PSVA.

### **Voluntary Measure Available**

<b>Voluntary Hybrid Measure – Claims-Based and EHR-Based Outcomes</b>	
<i>Does Not Affect Hospital IQR Program APU Requirements</i>	
Short Name	Measure Name
Hybrid HWR	Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data*

\*Eligible hospitals and CAHs are encouraged to voluntarily report the Hybrid HWR measure discharge data captured from January 1–June 30, 2018, as QRDA Category I files via the *QualityNet Secure Portal*. The submission period is anticipated to begin mid to late August 2018.

CMS adopted the **Hybrid HWR measure** as a voluntary measure for the CY 2018 reporting period:

- Uses claims data and 13 core clinical data elements from EHRs and six linking variables
- Measurement period: January 1–June 30, 2018, on at least 50 percent of discharged Medicare Fee-For-Service (FFS) patients age 65 and older
- Submission period in late Summer/Fall 2018
- Confidential hospital-specific reports (HSRs)
- Will not impact a hospital’s annual payment determination
- Will not be publicly displayed on *Hospital Compare*

EHR data should include the following elements:

- Thirteen core clinical data elements
  - Six vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)

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- Seven laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)
- Six linking variables to match patient EHR data to CMS claims data (CMS Certification Number [CCN], Health Insurance Claim [HIC] Number or Medicare Beneficiary Identifier [MBI], date of birth, sex, admission date, discharge date)

The measure is to be reported utilizing QRDA Category I files via the *QualityNet Secure Portal*.

### **Medicare Promoting Interoperability Program**

Please note that this Hospital IQR Program guide does not specifically address any payment impacts related to the requirements of the Medicare Promoting Interoperability Program (formerly referred to as the Medicare EHR Incentive Program), which is **not** a part of the Hospital IQR Program. You can obtain more information about the Medicare Promoting Interoperability Program on the CMS website: *CMS.gov > Regulations and Guidance > Promoting Interoperability Programs > Promoting Interoperability*. If you have questions about this program, please contact the *QualityNet* Help Desk at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org).

### **10. Complete Structural Measures Information**

Hospitals are required to complete the structural measures questions **on an annual basis by the deadline** via the *QualityNet Secure Portal*. Structural measures data may be submitted between April 1 and May 15 with respect to the reporting period of January 1 through December 31 of the preceding year. The structural measures for CY 2018 reporting/FY 2020 payment determination are shown in the following table.

<b>Structural Patient Safety Measures</b>	
<b>Short Name</b>	<b>Measure Name</b>
Patient Safety Culture	Hospital Survey on Patient Safety Culture
Safe Surgery Checklist	Safe Surgery Checklist Use

### **11. Complete the Data Accuracy and Completeness Acknowledgement (DACA)**

The DACA is a requirement for hospitals participating in the Hospital 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 open period for signing and completing the DACA is April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. Hospitals are required to complete and sign the DACA **on an annual basis** by the deadline via the *QualityNet Secure Portal*.

### **12. Meet Validation Requirements (If Hospital Is Selected for Validation)**

#### **Chart-Abstracted Data Validation**

For Chart-Abstracted Data Validation, CMS performs an annual random selection of up to 400 IPPS hospitals, as well as a targeted selection of up to 200 IPPS hospitals.

The quarters included in FY 2020 Chart-Abstracted Data Validation are third quarter 2017 (3Q 2017), fourth quarter 2017 (4Q 2017), first quarter 2018 (1Q 2018), and second quarter 2018 (2Q 2018).

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CMS will validate up to eight cases for Clinical Process of Care measures per quarter per hospital. Cases are randomly selected from data submitted to the CMS Clinical Warehouse by the hospital. Information regarding the measures to be validated may be obtained from the [QualityNet Data Validation – Chart-Abstracted and eQOMs](#) web page at [QualityNet.org > Data Validation \(Chart-Abstracted & eQOMs\)](#).

CMS will validate up to 10 candidate HAI cases total per quarter per hospital. CMS will validate candidate cases sampled for the following HAI measures: CLABSI, CAUTI, MRSA LabID events, CDI LabID events, or SSI.

Hospitals selected for FY 2020 validation will provide two of four lists of positive cultures each quarter. Hospitals will submit either (but not all four):

- CAUTI and CLABSI Validation Templates

### **OR**

- MRSA and CDI Validation Templates

CMS will randomly assign half of the hospitals selected for FY 2020 validation to submit CLABSI and CAUTI Validation Templates, and the other half of hospitals will be assigned to submit MRSA and CDI Validation Templates. CMS will select up to four candidate HAI cases per hospital from each of the assigned Validation Templates.

CMS will also select up to two candidate SSI cases from Medicare claims data for patients who had colon surgeries or abdominal hysterectomies that appear suspicious of infection. Hospitals do not fill out templates for SSI cases. When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select candidate cases from other infection types to meet sample size targets.

CMS calculates a total score across all quarters included in the validation Fiscal Year to determine the validation pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement.

The FY 2020 Validation Templates, submission instructions for the *Secure Portal*, and supporting documentation can be found on [www.QualityNet.org](#) by hovering over the **Hospitals - Inpatient** drop-down and selecting the **[Data Validation (Chart-Abstracted & eQOM)]** link, followed by selecting **[Chart-Abstracted Data Validation]**. From the navigation bar on the left side of the Chart-Abstracted Data Validation - Overview page, select **[Resources]**.

### **Questions**

- Validation: Please direct validation questions to [validation@hcqis.org](mailto:validation@hcqis.org).
- CDAC: Each quarter, the Clinical Data Abstraction Center (CDAC) will send hospitals a written request to submit a patient medical record for each case that CMS selected for validation. Medical record submission questions should be directed to the CDAC Help Desk at [cdachelpdesk@hcqis.org](mailto:cdachelpdesk@hcqis.org) or (717) 718-1230.

### **Validation Educational Reviews**

CMS formalized the educational review process for chart-abstracted measure data, beginning with validation for the FY 2020 payment determination and subsequent years.

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- Hospitals may use this process to correct quarterly scores for any of the first three quarters of validation in order to compute the final confidence interval.

For further information, please visit the [Chart-Abstracted Data Validation – Educational Reviews](#) web page at *QualityNet.org > Hospitals - Inpatient > Data Validation (Chart-Abstracted & eCQMs) > Chart-Abstracted Data Validation > Educational Reviews*.

### **eCQM Data Validation**

eCQM validation of CY 2017 reported eCQM data begins Spring 2018 for the FY 2020 payment determination. Please note that this is the first time that CMS will conduct eCQM data validation for the Hospital IQR Program.

- CMS will continue to include up to 600 (400 random and up to 200 targeted) hospitals for chart-abstracted validation for the Hospital IQR Program.
- Up to **200** additional hospitals will be selected for eCQM validation via random sample. The following will be excluded from the hospital selection:
  - Any hospital selected for chart-abstracted measure validation
  - Any hospital that has been granted a Hospital IQR Program Extraordinary Circumstances Exception (ECE) for the applicable eCQM reporting period
  - Any hospital that does not have at least five discharges for at least one reported eCQM

**NOTE:** Criteria will be applied **before** the random selection of 200 hospitals for eCQM data validation (i.e., the hospitals meeting any one of the aforementioned criteria are not eligible for selection).

- **Eight** (approximately two cases for each of the four eCQM measures reported) cases (individual patient-level reports) will be randomly selected from the QRDA Category I files submitted per hospital selected for validation. The following cases will be excluded prior to case selection:
  - Episodes of care that are longer than 120 days
  - Cases with a zero denominator for each measure
- Selected hospitals must submit at least 75 percent of sampled eCQM medical records within **30** days of the date listed on the CDAC medical records request. Timely and complete submission of medical record information will impact FY 2020 payment updates for IPPS hospitals.
- Hospitals are required to submit sufficient patient-level information necessary to match the requested medical record to the original submitted eCQM measure data.
  - Sufficient patient-level information is defined as the entire medical record that sufficiently documents the eCQM measure data elements, including, but not limited to:
    - ✓ Arrival date and time
    - ✓ Inpatient admission date
    - ✓ Discharge date from inpatient episode of care

**IMPORTANT NOTE:** The accuracy of eCQM data (i.e., the extent to which data abstracted for validation matches the data submitted in the QRDA Category I files that are submitted for validation) will **not affect** a hospital's validation score for the FY 2020 payment determination.

## FY 2020 Hospital IQR Program Reference Checklist

### Questions

- Validation: Please direct validation questions to [validation@hcqis.org](mailto:validation@hcqis.org).
- CDAC: The Clinical Data Abstraction Center (CDAC) will send hospitals a written request to submit a patient medical record for each case that CMS selected for validation. Medical record submission questions should be directed to the CDAC Help Desk at [cdachelpdesk@hcqis.org](mailto:cdachelpdesk@hcqis.org) or (717) 718-1230.

For further information, please visit the eCQM Data Validation – Overview web page at [QualityNet.org](http://QualityNet.org) > *Hospitals - Inpatient* > *Data Validation (Chart-Abstracted & eCQMs)* > [eCQM Data Validation](#).

## Other IQR Requirements

### Claims-Based Measures

CMS collects information for some quality measures using the data hospitals provide on their Part A and Part B claims for Fee-For-Service (FFS) Medicare patients. These measures are called claims-based measures and are related to either patient outcomes or payment. No additional data submission by the hospital is necessary. CMS calculates the measure rates based solely on data provided by the hospitals on their claims.

Hospital-specific reports (HSRs) for the claims-based measures are made available for hospitals via the *QualityNet Secure Portal*. The HSRs contain discharge-level data, hospital-specific results, and state and national results for the Hospital IQR Program claims-based measures. HSRs will be accompanied by a document describing the Hospital IQR Program and details of the HSR.

#### IMPORTANT NOTES:

- HSRs are only accessible for a specific period of time, depending on the HSR, and should be downloaded as soon as they are available.
- The HSRs contain Personally Identifiable Information (PII) and Protected Health Information (PHI). Emailing these data is a security violation.

Hospitals will find their HSRs on the *QualityNet Secure Portal* in the **Auto Route Inbox of Secure File Transfer**. The reports can be accessed by hospital staff who are registered *QualityNet* users and who have been assigned both the “Hospital Reporting Feedback-Inpatient” role and the “File Exchange and Search” role. For help in accessing an HSR, contact the *QualityNet* Help Desk at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org).

Please see the tables below for the claims-based outcome and payment measures.

Claims-Based Outcome Measures	
Short Name	Measure Name
MORT-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
MORT-30-CABG	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery
MORT-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
MORT-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR)

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<b>Claims-Based Outcome Measures</b>	
<b>Short Name</b>	<b>Measure Name</b>
	Following Heart Failure (HF) Hospitalization
MORT-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke
READM-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization
READM-30-CABG	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery
READM-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
READM-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization
READM-30-HWR	Hospital-Wide, All-Cause, Unplanned Readmission Measure (HWR)
READM-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
READM-30-STK	30-Day, Risk-Standardized Readmission Rate Following Stroke Hospitalization
READM-30-THA/TKA	Hospital-Level 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI)
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure (HF)
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia
Hip/Knee Complications	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
PSI 04	Death Rate Among Surgical Patients with Serious Treatable Complications
PSI 90	Patient Safety and Adverse Events Composite

<b>Claims-Based Payment Measures</b>	
<b>Short Name</b>	<b>Measure Name</b>
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
MSPB	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)
Cellulitis Payment	Cellulitis Clinical Episode-Based Payment Measure
GI Payment	Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure
Kidney/UTI Payment	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure
AA Payment	Aortic Aneurysm Procedure Clinical Episode-Based Payment Measure
Chole and CDE Payment	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure
SFusion Payment	Spinal Fusion Clinical Episode-Based Payment Measure

## FY 2020 Hospital IQR Program Reference Checklist

### Hospital Compare

The CMS *Hospital Compare* website 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 Hospital 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 their data during a 30-day preview period via the *QualityNet Secure Portal*.

**Public Reporting for eQOMs:** For CY 2018 reporting, any data submitted as an eQOM **will not be posted** on the *Hospital Compare* website. Public reporting of eQOM data will be addressed in future rulemaking.

### When Hospital IQR Program Requirements Are Not Met

#### Extraordinary Circumstances Exceptions (ECE) Policy

CMS offers a process for hospitals to request, and for CMS to grant, exceptions to the reporting of required quality data – including eQOM data – for one or more quarters when a hospital experiences an extraordinary circumstance beyond the hospital's control.

#### Non-eQOM-Related ECE Requests

Hospitals may request an exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the hospital. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data-collection systems that directly affected the ability of hospitals to submit data.

For non-eQOM-related ECEs, hospitals must submit an Extraordinary Circumstances Exception (ECE) request form with **all** required fields completed **within 90 calendar days** of the extraordinary circumstance. Submission instructions are on the form.

This form is available electronically on the *QualityNet* website ([QualityNet.org](http://QualityNet.org) > *Hospitals - Inpatient* > [Hospital Inpatient Quality Reporting Program](#)) and the *Quality Reporting Center* website ([QualityReportingCenter.com](http://QualityReportingCenter.com) > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#)).

#### eQOM-Related ECE Requests

Hospitals may utilize the ECE request form to request an exemption from the Hospital IQR Program eQOM reporting requirement for the applicable program year, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (e.g., a hospital is in an area without sufficient Internet access) or unforeseen circumstances such as vendor issues outside of the hospital's control, including a vendor product losing certification). For further information, please review the [Clarifying Questions and Answers Regarding Hospital Inpatient Quality Reporting Program Requests for Extraordinary Circumstance Extensions/Exemptions on the Basis of eQOM Reporting Difficulties](#) on the *QualityNet* [Extraordinary Circumstances Exceptions Policy page](#) ([QualityNet.org](http://QualityNet.org) > *Electronic Clinical Quality Measures (eQOMs) Reporting* > *Extraordinary Circumstances (ECE) Request Form*).

**For eQOM-related ECE requests only**, hospitals must submit an ECE request form including supporting documentation by **April 1, following the end of the reporting period Calendar Year**. As an example, for data collection for the CY 2018 reporting period (through December



## FY 2020 Hospital IQR Program Reference Checklist

31, 2018), hospitals would have until April 1, 2019, to submit an ECE request. Submission instructions are on the form.

This form is available electronically on the *QualityNet* website ([QualityNet.org](http://QualityNet.org) > *Hospitals - Inpatient* > [Hospital Inpatient Quality Reporting Program](#)) and the *Quality Reporting Center* website ([QualityReportingCenter.com](http://QualityReportingCenter.com) > *Inpatient* > *Hospital IQR Program* > [Resources and Tools](#)).

### **Hardship Exceptions for the Medicare Promoting Interoperability Program**

Please note that the Hospital IQR Program is *separate* from the Medicare Promoting Interoperability Program (formerly referred to as the Medicare EHR Incentive Program). For hospitals participating in the Medicare Promoting Interoperability Program, information about the Medicare Promoting Interoperability Program requirements and hardship information can be located at: [www.CMS.gov](http://www.CMS.gov) > *Regulations and Guidance* > *Promoting Interoperability Programs* > [Payment Adjustments & Hardship Information](#). Hospitals requesting additional information on the Hardship Exception application process and payment adjustments may email questions to [ehrhardsip@cms.hhs.gov](mailto:ehrhardsip@cms.hhs.gov).

For other questions related to this program, please contact the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

### **Annual Payment Update 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 Annual Payment Update. An overview of the reconsideration process can be found on *QualityNet* at [QualityNet.org](http://QualityNet.org) > *Hospitals - IQR* > *Hospital Inpatient Quality Reporting Program* > [Reconsideration Overview](#).

## **Contact Information and Resources**

### **CMS**

#### **CMS Website**

[www.cms.gov](http://www.cms.gov)

CMS is the Department of Health and Human Services (HHS) agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), and several other health-related programs.

### **Federal Register**

#### **Federal Register Website**

[www.federalregister.gov](http://www.federalregister.gov)

The *Federal Register* is the official publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

### **Hospital IQR Program**

The Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Team supports activities under the Hospital IQR Program, including assisting hospitals with quality data reporting.

- **Hospital IQR Program Website**

<http://www.qualityreportingcenter.com/inpatient/iqr/>

## FY 2020 Hospital IQR Program Reference Checklist

The *Quality Reporting Center* contains numerous resources concerning reporting requirements, including reference, and training materials; tools for data collection, submission, and validation; educational presentations; timelines; and deadlines.

- **Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor (SC)**
  - **Phone Numbers:** (844) 472-4477 or (866) 800-8765 (8 a.m. to 8 p.m. ET, Monday through Friday)
  - **Email:** [iqr@hsag.com](mailto:iqr@hsag.com)
- **IQR 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. It is available on the *Quality Reporting Center* website at *QualityReportingCenter.com > Inpatient > Hospital IQR Program > Resources and Tools*. Here is direct link to the Resources and Tools page: <https://www.qualityreportingcenter.com/inpatient/iqr/tools/>.
- **Contact List for CMS Contractors in the 11th Scope of Work**

This helpful scope-of-work list can be located on the *Quality Reporting Center* website under *Inpatient > Hospital IQR Program > Resources and Tools* at <https://www.qualityreportingcenter.com/inpatient/iqr/resources-and-tools/>.
- **Hospital IQR Program ListServe Sign-Up**

*QualityNet.org > Join ListServes > Notifications and Discussions*  
Direct link:  
<http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>  
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, timelines or process/policy modifications, and alerts about applications and initiatives.
- **Hospital Inpatient Questions and Answers**

The Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Team maintains the Hospital Inpatient Questions and Answers knowledge database, which allows users to ask questions, obtain responses from all previously resolved questions, and search by keywords or phrases. This tool is available on *QualityNet: QualityNet.org > Questions & Answers > Hospitals Inpatient*. Direct link: <https://cms-ip.custhelp.com>
- **eCQM-Specific Resources**
  - **Medicare Promoting Interoperability Program inquiries** are submitted to the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.
  - **eCQM Specifications and QRDA standards questions** are submitted to the ONC JIRA Tracker under the CQM and QRDA Issue Trackers: <https://oncprojecttracking.healthit.gov/support>.
  - **eCQM Validation inquiries** are submitted to the Validation Support Contractor at [validation@hcqis.org](mailto:validation@hcqis.org).
  - **eCQI Resource Center**  
<https://ecqi.healthit.gov>  
The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to eCQI and eCQMs.

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### ➤ EHR ListServe

Sign up for the hospital reporting EHR ListServe to receive emails about important issues related to eCQM submission. Go to the [QualityNet](#) website. 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 for the [ListServe Registration](#) web page. From here, you can choose to receive ListServes about multiple programs.

### QualityNet

- **QualityNet Website**

[www.qualitynet.org](http://www.qualitynet.org)

Established by CMS, the *QualityNet* website provides healthcare quality improvement news, resources, as well as 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 *QualityNet Secure Portal* and *QualityNet* registration.

12000 Ridgmont Drive

Urbandale, IA 50323

Phone: (866) 288-8912

Fax: (888) 329-7377

[qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)

## FY 2020 Hospital IQR Program Reference Checklist

### Acronyms

Acronym	Term
<b>AA</b>	Aortic Aneurysm
<b>ACS-CDC</b>	American College of Surgeons – Centers for Disease Control and Prevention
<b>AMI</b>	Acute Myocardial Infarction
<b>APU</b>	Annual Payment Update
<b>CABG</b>	Coronary Artery Bypass Graft
<b>CAC</b>	Children’s Asthma Care
<b>CAH</b>	Critical Access Hospital
<b>CAHPS</b>	Consumer Assessment of Healthcare Providers and Systems
<b>CART</b>	CMS Abstraction and Reporting Tool
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infection
<b>CCN</b>	CMS Certification Number
<b>CDAC</b>	Clinical Data Abstraction Center
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDE</b>	Common Duct Exploration
<b>CDI</b>	<i>Clostridium difficile</i> Infection
<b>CEHRT</b>	Certified Electronic Health Record Technology
<b>CHIP</b>	Children’s Health Insurance Program
<b>Chole</b>	Cholecystectomy
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CQM</b>	Clinical Quality Measure
<b>CY</b>	Calendar Year
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement
<b>DRA</b>	Deficit Reduction Act of 2005 (Public Law 109-171)
<b>ECE</b>	Extraordinary Circumstances Exceptions
<b>eCQI</b>	Electronic Clinical Quality Improvement
<b>eCQM</b>	Electronic Clinical Quality Measure
<b>ED</b>	Emergency Department
<b>EHDI</b>	Early Hearing Detection and Intervention
<b>EHR</b>	Electronic Health Record
<b>FFS</b>	Fee-For-Service
<b>FY</b>	Fiscal Year
<b>GI</b>	Gastrointestinal
<b>HAC</b>	Hospital-Acquired Condition
<b>HACRP</b>	Hospital-Acquired Condition Reduction Program
<b>HAI</b>	Healthcare-Associated Infection
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems
<b>HCP</b>	Healthcare Personnel
<b>HF</b>	Heart Failure
<b>HHS</b>	Department of Health and Human Services
<b>HIC</b>	Health Insurance Claim
<b>HIPAA</b>	Health Insurance Portability and Accountability Act of 1996
<b>HRRP</b>	Hospital Readmissions Reduction Program
<b>HSR</b>	Hospital-Specific Report
<b>HVBP</b>	Hospital Value-Based Purchasing

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Acronym	Term
<b>HWR</b>	Hospital-Wide Readmission
<b>ICU</b>	Intensive Care Unit
<b>IMM</b>	Immunization
<b>IPPS</b>	Inpatient Prospective Payment System
<b>IQR</b>	Inpatient Quality Reporting
<b>IT</b>	Information Technology
<b>LabID</b>	Laboratory-Identified
<b>MBI</b>	Medicare Beneficiary Identifier
<b>MORT</b>	Mortality
<b>MRSA</b>	Methicillin-resistant <i>Staphylococcus aureus</i>
<b>MSPB</b>	Medicare Spending Per Beneficiary
<b>MU</b>	Meaningful Use
<b>NHSN</b>	National Healthcare Safety Network
<b>NOP</b>	Notice of Participation
<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>PC</b>	Perinatal Care
<b>PCI</b>	Percutaneous Coronary Intervention
<b>PHI</b>	Protected Health Information
<b>PI Program</b>	Promoting Interoperability Program
<b>PII</b>	Personally Identifiable Information
<b>PN</b>	Pneumonia
<b>PSI</b>	Patient Safety Indicators
<b>PSVA</b>	Pre-Submission Validation Application
<b>PT</b>	Pacific Time
<b>PY</b>	Payment Year
<b>Q</b>	Quarter
<b>QRDA</b>	Quality Reporting Document Architecture
<b>READM</b>	Readmission
<b>RSCR</b>	Risk-Standardized Complication Rate
<b>RSMR</b>	Risk-Standardized Mortality Rate
<b>RSRR</b>	Risk-Standardized Readmission Rate
<b>SA</b>	Security Administrator
<b>SC</b>	Support Contractor
<b>SEP</b>	Sepsis
<b>SFusion</b>	Spinal Fusion
<b>SOW</b>	Scope of Work
<b>SSI</b>	Surgical Site Infection
<b>STK</b>	Stroke
<b>THA</b>	Total Hip Arthroplasty
<b>TKA</b>	Total Knee Arthroplasty
<b>THA/TKA</b>	Total Hip Arthroplasty/Total Knee Arthroplasty
<b>US</b>	United States
<b>UTI</b>	Urinary Tract Infection
<b>VBP</b>	Value-Based Purchasing
<b>VTE</b>	Venous Thromboembolism
<b>XML</b>	Extensible Markup Language