



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Navigating *QualityNet* Pages and Reports: Inpatient Programs

Questions and Answers

Speakers

Candace Jackson, ADN

Project Lead, Hospital IQR Program

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor (SC)

Maria Gugliuzza, MBA

Outreach and Education Lead, Hospital Inpatient VIQR Outreach and Education SC

April Compingbutra, MPH

Program Lead, Hospital-Acquired Condition (HAC) Reduction Program

Hospital Quality Reporting Program Support Contractor (HQRPSC)

Laura Blum, MPH

Program Lead, Hospital Readmissions Reduction Program (HRRP), HQRPSC

Moderator

Bethany Wheeler-Bunch, MSHA

Hospital Value-Based Purchasing (VBP) Program SC Lead

Hospital Inpatient VIQR Outreach and Education SC

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: Does CMS update pass/fail lists if a provider has its annual payment update (APU) failure reversed through the CMS reconsideration request process?

The three APU recipient lists are not posted to *QualityNet* until phase two of the reconsideration process has been completed and the reconsideration decision letters have been sent to the providers. CMS reverses APU failures prior to the posting of the list, and the provider would be included in the list of those receiving their full market basket update. If a reconsideration decision was appealed and the Provider Reimbursement Review Board reversed it, the lists on *QualityNet* would be updated.

Question 2: For the completion of the Notice of Participation (NOP), can you clarify the differences between hospitals that wish to participate and hospitals that would like to participate for the first time, or that have previously withdrawn?

If a hospital has just opened, it is a brand-new hospital. It has 180 days from the Medicare accept date to complete an NOP. For example, if hospital A just opened and has a Medicare accept date of January 2, 2019, it has until July 1, 2019, to complete an NOP. The date the NOP is signed determines the quarter of data to begin submission. If the hospital signs the NOP on July 1, 2019, the hospital would start submitting with quarter four 2019 data. If the hospital signed the NOP on January 3, 2019, then the hospital starts submitting with second quarter 2019 data. Now, let's say this same hospital did not sign the NOP by July 1, 2019, and, in October of 2019, the hospital would like to start participating in the program, it has until December 31, 2019, to sign the NOP. Then, the hospital would start submitting data with first quarter 2020 discharges.

Question 3: Are critical access hospitals (CAHs) required to sign the NOP and submit data by the established deadline?

CAHs are not eligible to participate in the Hospital IQR Program. However, they can voluntarily submit quality measure data and have the data publicly reported. A non-IQR participating hospital, such as a CAH,



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must complete an inpatient optional public reporting NOP agreement via the *QualityNet Secure Portal* to be able to submit, preview, and have its quality measure data published. If a non-IQR participating hospital wants to voluntarily submit the quality measure data, then it must adhere to the Hospital IQR Program submission deadlines.

Question 4: I am new to the hospital and would like to find the fiscal year (FY) 2015 Percentage Payment Summary Report (PPSR) for our hospital. How long are PPSRs available to download on *QualityNet*?

Currently, PPSRs from FY 2015 through FY 2019 are available on the *QualityNet Secure Portal*. FY 2013 and FY 2014 reports are available by request and will be provided through Secure File Transfer. To request your hospital's FY 2013 and FY 2014 PPSR, contact the Hospital Inpatient VIQR Outreach and Education SC through the Hospital Inpatient Questions and Answers tool at <https://cms-ip.custhelp.com>, or by calling, toll free, (844) 472-4477 or (866) 800-8765, weekdays from 8 a.m. to 8 p.m. Eastern Time.

Question 5: I was able to retrieve my baseline measures report, but I need help understanding my report. Who can I go to for help? Where can I find additional information on the report?

Go back to slide 29, please. On the *QualityNet* Hospital Value-Based Purchasing Program resources page, you will find a document labeled [How to Read Your FY 2020 Baseline Measures Report](#). Also, on this page, you will find the previous year's help guides. They contain resources for the other reports available for the Hospital Value-Based Purchasing Program.

Question 6: I am looking at the search report screen, but my FY 2020 baseline measures report has disappeared from the queue. What should I do?

My first suggestion is to try and rerun the report. If that doesn't work, please contact the *QualityNet* Help Desk. You can reach them by phone at (866) 288-8912 or email at Qnetsupport@hcqis.org.

Question 7: How do registered *QualityNet* users receive the correct roles to receive reports?



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Registered *QualityNet* users receive roles from their facility's *QualityNet* Security Administrators (SAs). I suggest you contact your facility's *QualityNet* SAs and they can assign you the correct roles to receive reports.

Question 8: I am having trouble downloading a report. Where can I go for help?

If you're having trouble downloading reports, please contact the *QualityNet* Help Desk at (866) 288-8912 or Qnetsupport@hcqis.org.

Question 9: I can find the ListServe notifications on *QualityNet*, but I'm not receiving the communication. Can you help?

If you are signed up for the ListServe notifications but are not receiving the communications, check with your facility's information technology team to see if there are firewalls preventing the notifications from coming into your email box.

Question 10: Where do I find the link to the CMS Patient Safety Indicator (PSI) technical specifications?

Visit the [Resources - CMS PSIs page](#) on *QualityNet* or contact the HAC Reduction Program support team at HACRP@Lantanagroup.com for questions about CMS PSI 90. On the Resources - CMS PSIs page, look at the basic summary of methods and software in each program table for the PSI technical specifications.

Question 11: I have a question about the Centers for Disease Control and Prevention (CDC) healthcare-associated infection (HAI) measures. Where do I go for answers?

Visit the [CDC National Healthcare Safety Network \(NHSN\) page](#), or email NHSN at nhsn@cdc.gov. When contacting NHSN, indicate the measure you are referencing in the subject line of the email. Questions related to the use of the HAI measures in the HAC Reduction Programs can also be directed to the HAC Reduction Program support team at HACRP@Lantanagroup.com. Remember to not submit patient identifiable information (PII) in the emails.



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Question 12: I need help downloading a Hospital-Specific Report (HSR) for my hospital. Who do I contact?

For assistance downloading the HSR from the *QualityNet Secure Portal* or registering for a *QualityNet Secure Portal* account, contact the *QualityNet* Help Desk at Qnetsupport@HCQIS.org. Include the name and CMS Certification Number (CCN) of your hospital in the email.

Question 13: Where do I go for additional help with the Hospital Readmissions Reduction Program (HRRP)?

For questions about the technical specifications and methodology of the CMS 30-day readmission measures, please email CMSreadmissionmeasures@Yale.edu. For calculation review requests and HRRP questions that are unrelated to technical specifications of the CMS readmission measures, please email HRRP@Lantanagroup.com. The HRRP support team is not able to answer inquiries by phone.

Question 14: Where are the answers to HRRP frequently-asked questions (FAQs)?

The link to the HRRP FAQs and fact sheet documents can be found on most [HRRP QualityNet pages](#) in the blue box in the upper right-hand corner.

Question 15: Where can I find my HRRP HSR?

HRRP HSRs contain discharge-level information, including patient identifiable information (PII) and protected health information (PHI). CMS produces HSRs for all hospitals participating in HRRP and releases them during their review and corrections period via the *QualityNet* Secure File Transfer system. To request HSR delivery to your *QualityNet* account outside of the review and corrections period, please email HRRP@Lantanagroup.com.

Subject-matter experts researched and answered the following questions after the live webinar.

Question 16: Besides the Hospital VBP Program, are there any other programs that are effective if a hospital has an Immediate



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Jeopardy/Emergency Medical Treatment and Labor Act (EMTALA) violation present?

Only the Hospital VBP Program is potentially impacted by Immediate Jeopardy/EMTALA violations. HAC Reduction, Hospital Readmissions Reduction, and Hospital IQR Programs are not impacted.

Question 17: **On *QualityNet*, could you add a *Hospital Compare* public reporting schedule for each of the inpatient measures under one of the inpatient tabs to go with the submission deadlines calendar?**

Thank you for your feedback. We will reference your request when updating and developing new resource guides.

Question 18: **Is there a resource available that combines, for all programs, the baseline period, performance period, preview report release date, *Hospital Compare* release date, and the time frame CMS will adjust payments?**

The [Acute Care Hospital Quality Improvement Measures document](#), available on *QualityNet*, has some of those elements and would be a good resource, but it does not contain all of the elements that you referenced. We will take your feedback about providing additional information under consideration.

Question 19: **Last year, CMS published the anticipated dates for the release of reports. I believe they were on the third page of a CMS newsletter. This timeline was extremely helpful. Do you plan to provide a similar list of dates for this year's expected reports?**

Thank you for your feedback and I'm happy to hear the table with anticipated dates helped you last year. This year's article is currently being developed, so please keep a look out for it in the future.

Question 20: **We have an acute rehabilitation unit within our hospital, but it functions independently of the hospital. Are we required to report HACs from that unit?**

If your hospital has a subsection (d) CCN, then your hospital will be included in the HAC Reduction Program. As defined under the Social



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Security Act, all subsection (d) hospitals are subject to the HAC Reduction

Program. CMS exempts certain hospitals and hospital units from the HAC Reduction Program. Exempted hospitals and units include:

- CAHs
- Rehabilitation hospitals and units
- Long-term care hospitals (LTCHs)
- Psychiatric hospitals and units
- Children's hospitals
- Prospective Payment System (PPS)-exempt Cancer Hospitals
- Short-term acute care hospitals located in Guam, the U.S. Virgin Islands, the Northern Mariana Islands, and American Samoa
- Religious nonmedical health care institutions (RNHCI)

For a full description of subsection (d) hospitals, refer to the Social Security Act on the Social Security Administration's website at this direct link: https://www.ssa.gov/OP_Home/ssact/ssact-toc.htm. Maryland hospitals are exempt from payment reductions under the HAC Reduction Program. These hospitals currently operate under a waiver agreement between CMS and the state of Maryland.

As of January 1, 2015, acute care hospitals are required to report CLABSI and CAUTI data from all patient care locations that are mapped as National Healthcare Safety Network (NHSN) adult and pediatric medical, surgical, and medical/surgical wards, in addition to the ongoing reporting from Intensive Care Units (ICU). The requirement to report from ward locations will be limited to those locations that are mapped as/defined as Centers for Disease Control and Prevention (CDC) adult and pediatric medical, surgical, and medical/surgical wards, as provided 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



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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 IPPS reporting in 2016 and forward; any data reported from non-required units in NHSN will not be submitted to CMS.

Question 21: **In what format will CMS produce the reports?**

The Percentage Payment Summary Reports and Baseline Measures Reports are available as PDFs. The HACRP/HRRP HSRs are available in Excel format.

Question 22: **How will we know when HAC Reduction Program HSRs are released?**

CMS notifies hospitals via ListServes and *QualityNet*. CMS distributes the HAC Reduction Program HSRs via the *QualityNet Secure Portal*. Hospital staff registered as *QualityNet Secure Portal* users can access HSRs. Users must be assigned the following two roles:

- **Hospital Reporting Feedback – Inpatient** role is required to receive the report.
- **File Exchange & Search** role is required to download the report from the *QualityNet Secure Portal*.

For assistance downloading the HSR from the *QualityNet Secure Portal* or registering for a *QualityNet Secure Portal* account, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org. Include the hospital's name and CCN in the email.

Question 23: **Will this presentation be available again, via webinar, anytime soon?**

The webinar recording, transcript, and this questions and answers summary document will be made available on QualityReportingCenter.com.



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Question 24: **Are Hospital VBP Program preview reports generally released in August? Are HAC Reduction Program preview reports released in July? Are HRRP preview reports released in July?**

Generally, the Hospital VBP Program PPSRs are released annually in late July, the HAC Reduction Program HSRs are released in mid-July, and the HRRP HSRs are released in early August. Currently, the HAC Reduction Program, HRRP, and Hospital VBP Program results are not included in the new *Hospital Compare* user interface used for preview in the *QualityNet Secure Portal*.