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Verifying Your Data Submission?

Check Out the Updated IQR Program PPR Quick Start Guide

Verifying your Hospital Inpatient Quality Reporting (IQR) data submission for the upcoming August 15, 2017 deadline? The updated [Hospital Inpatient Quality Reporting \(IQR\) Program Quick Start Guide: Accessing and Using Your Provider Participation Report \(PPR\)](#) has the info you need.

Check out these helpful hints from the [Quick Start Guide](#) for a quick and easy review of your hospital's PPR.

Page 8 of the [Quick Start Guide](#) shows you a few things to keep in mind when reviewing the first page of your PPR, and we've added some for good measure (pun intended):

- The Completed Structural Measures field displays “No” during the first three Discharge Quarters of the Calendar Year. This field displays “Yes” for the fourth Discharge Quarter once the Structural Measures data have been successfully submitted.
- The Data Accuracy and Completeness Acknowledgement field displays “No” during the first three Discharge Quarters of the Calendar Year. This field displays “Yes” for the fourth Discharge Quarter once the Data Accuracy and Completeness Acknowledgement has been successfully submitted.
- The Intent to Submit EHR Measures field is no longer applicable and can be disregarded.
- Under Measure Sets, the following are not applicable for calendar year (CY) 2017 and can be disregarded: IQR-AMI; IQR-STK – Ischemic sub-population; and IQR-VTE – Principal VTE Patient sub-pop.
- The portion of footnote 4 in the Associated Footnotes that states, “or the provider intends to submit eligible EHR measures” is no longer applicable and can be disregarded.

Page 1 of a sample PPR is shown below with red arrows indicating portions of the report you are able to disregard and green arrows indicating the fields that display “No” during the first three Discharge Quarters of the Calendar Year.

State :	CEO Name:	Active QualityNet Security Administrator: Yes
Provider ID:	Medicare Accept Date:	Completed Structural Measures: No
Provider Name:	Notice of Participation Date:	Data Accuracy and Completeness Acknowledgement: No
Provider City:	Withdrawal or Non-Participation Date:	Intent to Submit EHR Measures:
		EHR Measures Submitted: N/A - Please refer to eCQM Submission Status Report

Selected for Validation: No

Measure Sets ¹	Total Cases Accepted ²	Total Medicare Claims ³	Total Patient Population ⁴	Total Sample Size ⁴	Discharge Quarter Sample Frequency ⁴
IQR-AMI	0	0	No	No	No
IQR-SEP	0	81	No	No	No
IQR-STK - Ischemic sub-population	0	13	No	No	No
IQR-VTE - Other VTE Only Patient sub-pop	0	2	No	No	No
IQR-VTE - Principal VTE Patient sub-pop	0	0	No	No	No
		Total Medicare Claims ³	Total Patient Population ⁴	Total Sample Size ⁴	Discharge Quarter Sample Frequency ⁴
Global Population		346	No	No	No

Total Cases Accepted	
Measure Set: IQR-ED	0
Measure Set: IQR-IMM	0

The Associated Footnotes for page 1 of a sample PPR are shown below with strikethrough of the highlighted text indicating the portion of footnote 4 that is no longer applicable.

Associated Footnotes

¹Note: The Measure Set column contains Measure Set, Strata and Sub-population data. Hospitals that have five or fewer discharges (Medicare and non-Medicare, combined) within a measure set in a quarter are not required to submit patient-level data for that measure set for that quarter, but must still submit the aggregate population and sampling data even if the population is zero.

²“Accepted” is defined as including all Medicare and non-Medicare cases submitted to the Data Warehouse that met all data submission requirements.

³Total Medicare Claims column will be updated monthly with a cumulative total until approximately 15 days prior to the submission deadline for that quarter.

⁴“No” indicates that data has not been submitted for aggregate population and sampling ~~or the provider intends to submit eligible EHR measures.~~

*Vendor is not authorized to submit data for this measure set.

Note: Claims-based measures do not require data submission by the hospital and are calculated based on Medicare claims data.

Disclaimer: This report provides a snapshot of pertinent information for overall monitoring of Hospital IQR program requirements. It does not confirm or deny whether a provider qualifies for the annual payment update.

Page 9 of the [Quick Start Guide](#) shows you a few things to keep in mind when reviewing the second page of your PPR:

- Disregard the Intent to Submit EHR Measures field.
- Disregard the portion of footnote 11 in the Associated Footnotes that states, “or the provider intends to submit eligible EHR measures.”

Page 2 of a sample PPR is shown below with a red arrow indicating the portion of the report you are able to disregard.

Provider ID:	Intent to Submit EHR Measures							
Provider Name:	EHR Measures Submitted: N/A - Please refer to eCQM Submission Status Report							
Clinical Web-Based Measures								
Measure Set: PC	Total Numerator ¹¹	Total Denominator ¹¹	Total Mother Population	Total Sample Size	Discharge Quarter Frequency	Sample	Total Exclusions ¹¹	
PC-01 Elective Delivery	No	No	No	No	No		No	
							Exclusion	
							ICD-10-CM Principal or Other Diagnosis Code for elective delivery ¹¹	Count
							Enrolled in a Clinical Trial ¹¹	No
							Gestational age patients < 37 or >= 39 weeks gestation ¹¹	No
IQR-HAI Quality Measure Data ⁷		IQR-HAI Data Submitted		Last NHSN File Update to CMS ⁸				
	C.difficile		Yes				09/21/2016	
	CAUTI		Yes				09/21/2016	
	CLABSI		Yes				09/21/2016	
Healthcare Personnel Influenza Vaccination			N/A					
	MRSA Bacteremia		Yes				09/21/2016	
SSI - Abdominal Hysterectomy			Yes				09/21/2016	
SSI - Colon Surgery			Yes				09/21/2016	
HCAHPS Survey Data ⁵		Unverified Files Accepted to Date			Unverified "Zero Cases" Information Accepted to Date ⁶			
	HCAHPS	Apr	May	Jun	Apr	May	Jun	
		Yes	Yes	Yes	No	No	No	

The Associated Footnotes for page 2 of a sample PPR are shown below with strikethrough of the highlighted text indicating the portion of footnote 11 that is no longer applicable.

Associated Footnotes

⁵Hospitals that have five or fewer HCAHPS-eligible discharges in a month are not required to conduct and submit HCAHPS surveys for that month; however, they must submit the total number of HCAHPS-eligible cases that they had for that month as part of their quarterly HCAHPS data submission.

⁶Hospitals that have zero HCAHPS-eligible discharges and have submitted a file indicating zero cases will display a "Yes" in the "Unverified 'Zero Cases' Information Accepted to Date" field.

⁷HAI (Healthcare-Associated Infection) data is updated monthly until the submission deadline for the respective quarter. For more information regarding HAI data, please access the NHSN website: <http://www.cdc.gov/nhsn/acute-care-hospital/index.html>

⁸The Last NHSN file update to CMS date is the date the HAI data was last updated for the Provider for the discharge quarter.

⁹The HAI Data Submitted is N/A for the Healthcare Personnel Influenza Vaccination measure during non-flu season quarters.

¹¹No indicates that data has not been submitted for Clinical Web Based Measures ~~or the provider intends to submit eligible EHR measures.~~

*Vendor is not authorized to submit data for this measure set.

Note: Claims-based measures do not require data submission by the hospital and are calculated based on Medicare claims data.

Disclaimer: This report provides a snapshot of pertinent information for overall monitoring of Hospital IQR program requirements. It does not confirm or deny whether a provider qualifies for the annual payment update.

Questions? Please contact us at (866) 800-8765, Monday through Friday, 8 a.m. to 8 p.m. ET.