Handbook II:

CMS Hospital Inpatient Quality Reporting Program

This training handbook is a resource for the Hospital Inpatient Quality Reporting (IQR) Program for the Centers for Medicare & Medicaid Services (CMS).

[12.05.2011]
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CMS Hospital Inpatient Quality Reporting Program

Section 1: Overview

The Department of Health and Human Services (HHS) in November 2001 announced the Quality Initiative to assure quality healthcare for all Americans through accountability and public disclosure. The Initiative is intended to (a) empower consumers with quality of care information to make more informed decisions about healthcare, and (b) encourage providers and clinicians to improve the quality of healthcare.

The Hospital Inpatient Quality Reporting (IQR) Program requires "sub-section (d)" hospitals to submit data for specific quality measures for health conditions common among people with Medicare, and which typically result in hospitalization. For example, the data currently collected comprises the following conditions: Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN), Surgical Care Improvement Project (SCIP), Emergency Department (ED), Immunization (IMM), Healthcare Associated Infection (HAI), 30-day Risk-Standardized Mortality and Readmission rates for AMI, HF and PN patients, Agency for Healthcare Research and Quality (AHRQ) PSI and Inpatient Quality Indicators (IQI) measures, AHRQ PSI and nursing sensitive measure, Hospital Acquired Conditions (HAC), structural measures that include Cardiac Surgery, Stroke Care and Nursing Sensitive Care, Data Accuracy and Completeness Acknowledgment (DACA) and the patients’ experience of care through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient survey.

Hospitals must report quality measures of process, structure, outcome, and patients’ perspective on care, efficiency, and costs of care that relate to services furnished in an inpatient setting in order to receive the full Annual Payment Update (APU). Each fiscal year, a hospital’s APU will be reduced by 2.0 percentage points if the hospital does not submit certain quality data in a form and manner, and at a time, specified by the Secretary.

The information in this handbook describes how hospitals, paid by Medicare under the acute-care Inpatient Prospective Payment System (IPPS), can receive the full Medicare APU in accordance with the Deficit Reduction Act of 2005.
Handbook Scope

This handbook reviews only information applicable to the Hospital IQR Program.

Additional Information

After review of the Help Guide for questions or detailed guidance on a specific issue, contact the hospital’s state QIO. QIOs may contact the program support contractor for assistance. For a list of QIO contacts, visit the QualityNet website, [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier3&cid=1138900297541](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier3&cid=1138900297541).

Glossary of Terms

**Acute Care Hospital** - A hospital providing inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short term illness or condition).

**Annual Payment Update (APU)** – The annual market basket update for Medicare payments. APU is the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients.

**CMS Abstraction and Reporting Tool (CART)** – CMS tool for the collection, management, and analysis of quality improvement data.

**Critical Access Hospital (CAH)** - A facility providing limited inpatient hospital services to people in rural areas. CMS Definition: A small facility that gives limited outpatient and inpatient services to people in rural areas.

**Data Accuracy and Completeness Acknowledgement (DACA)** – A requirement for Hospital IQR Program participating hospitals, DACA is an electronic acknowledgement indicating the data provided to meet the APU data submission requirements is accurate and complete to the best of the hospital's knowledge at the time of data submission.

**Hospital Inpatient Quality Reporting Program Eligible Provider** - A subsection (d) hospital paid under the Inpatient Prospective Payment System (IPPS).

**Hospital Inpatient Quality Reporting Program Non-Eligible Provider** - A hospital not considered to be a subsection (d) hospital or a hospital that is not paid under the IPPS.

**Hospital Inpatient Quality Reporting Program Quality Measures** – A comprehensive data set for health conditions common among people with Medicare and which typically result in hospitalization.
Proposed Rule and Final Rule Publication Site

The IPPS rule publication can be accessed from the CMS website at http://www.cms.gov/AcuteInpatientPPS/.

1. Select the link for the appropriate fiscal year.

The Final Rule Home page has a list at the bottom of the page that centralizes any files related to the final rule and all subsequent published correction notices for the selected fiscal year.

2. Select the appropriate link for the fiscal year rule.
3. Scroll to the bottom of the Final Rule Home Page section. Select either the “Text Version” link or the “PDF Version” link to download the document. The “F” on CMS-1518-F represents Final and the “CN” represents Correction Notice.

4. To locate the section specific to the Hospital IQR Program, refer to the rule publication news article located on QualityNet (https://www.QualityNet.org).
Section 2: QualityNet Registration

Refer to, Handbook I: Getting Started with QualityNet - Section 2: QualityNet Registration and Section 3: QualityNet Requirements, for complete details on registration and requirements.

To participate in the Hospital IQR Program and submit data for hospital reporting, hospitals register with My QualityNet, the only CMS-approved website for secure healthcare quality data exchange.

The Hospital IQR Program requires the hospital have at least one active QualityNet Security Administrator.

Best Practice: It is recommended hospitals designate a minimum of two QualityNet Security Administrators - one to serve as the primary QualityNet Security Administrator and the other to serve as backup.

To keep the hospital’s account active, it is recommended that the QualityNet Security Administrator sign-in at least once a month.
Section 3: Notice of Participation

To participate in the Hospital IQR Program, each hospital must complete a Notice of Participation through an online tool on *My QualityNet*.

**A hospital that has indicated its intent to participate is considered an active participant and does not need to sign a new Notice of Participation**, unless CMS determines a need for re-pledging or the hospital submits a Withdrawal through the online tool.

New “subsection (d) hospitals” and existing hospitals participating in the Hospital IQR Program for the first time must use the online tool on *My QualityNet* to complete an inpatient Notice of Participation. The hospital must also designate contacts and include the name and address of each hospital campus sharing the same CMS Certification Number (CCN).

Hospitals that would like to participate in the Hospital IQR Program for the first time, or that previously withdrew from the program and would like to participate again, must submit to CMS a completed Notice of Participation by December 31 of the fiscal year proceeding the fiscal year in which they would like to participate. New hospitals with a Medicare Accept Date of 10/15/2009 or after, without a Notice of Participation on file, need to complete a Notice of Participation through the online tool on *My QualityNet* no later than 180 days from the hospital’s Medicare Accept Date. (Medicare Accept Date is the date the provider was accepted for participation in the Medicare program.)

Hospitals begin submitting Hospital IQR Program data starting with discharges that occur the first day of the quarter following the date when the hospital signed its Notice of Participation.

**Example:** A Notice of Participation was signed 4/9/2010. Given the 4/9/2010 signature date, the hospital begins submitting data for 3Q10 discharges.

Refer to the *Notice of Participation* user guide located on *QualityNet* for information on utilizing the Notice of Participation online tool.
1. The user guide can be found by accessing, www.QualityNet.org, and selecting “Hospital Inpatient Quality Reporting Program” from the [Hospital-Inpatient] drop-down menu.

2. Select the “Notice of Participation (IPledge)” link.
3. Select the “User Guide” from the list of available resources.
Section 4: Submit Aggregate Population and Sample Size Counts


On a quarterly basis, hospitals submit aggregate population and sample size counts for Medicare and non-Medicare discharges for the topic areas that require chart abstracted data.

**Best Practice**: *Prior to the population and sampling submission deadline, verify population and sampling numbers in order to identify and correct discrepancies.*

Monitoring data submitted to the QIO Clinical Warehouse is important. Two reports located on *My QualityNet* are helpful in monitoring population and sampling data:

- **Initial Patient Population and Sampling Summary Report** provides a summary of submitted initial patient population and sampling data for Medicare and Non-Medicare patients by quarter, measure set, and provider.
- **QIO Clinical Warehouse Initial Patient Population Submission Report** allows providers and/or vendors who are submitting data to confirm that the XML file with the initial patient population and sampling data was added or deleted, successfully accepted, and if not, indicates any errors related to rejection.

The required user roles for Population and Sampling include:

- **ICD Population Sampling Read role** - Allows the user to view population and sampling information.
- **ICD Population Sampling Update role** - Allows the user to update population and sampling information.

**Required Role: ICD Population Sampling Read or Update Role**
Section 5: Collect, Report, Submit Data

Hospitals participating in the Hospital IQR Program must continuously collect and report data for each of the quality measures in the measure sets (topic areas) that require chart abstractions, specifically: AMI, HF, PN, SCIP, ED and IMM.

Hospitals submit either a complete population of cases or a random sample for each of the measure sets covered by the quality measures. Hospitals must meet the sampling requirements for each discharge quarter. Hospitals are not required to sample; however, the hospital’s initial patient population size must exceed the minimum number of cases per quarter for the measure set or the hospital must submit 100% of the initial patient population.

Detailed information on data collection can be found in the Specifications Manual located on QualityNet.

Also, refer to, Handbook IV: Specifications Manual for National Hospital Inpatient Quality Measures, for specific information regarding collecting and submitting inpatient quality measures.

Five or Fewer Rule

When a hospital has five or fewer discharges in a quarter for a measure set (AMI, HF, PN, ED, IMM or the combined SCIP strata) the hospital:

- Must submit the required population and sampling data for all measure sets and strata, even when the data is zero.
- May opt to submit the data for quality improvement efforts, but is not required to abstract and submit cases for measure set(s) with five or fewer discharges for that quarter.

Initial Patient Population Compared to Medicare Claims

CMS compares the “Total Initial Patient Population” as reported by the hospital or vendor, and “Total Medicare Claims” numbers. The largest number determines how many cases the hospital should sample and abstract for submission.

- Total Medicare Claims are obtained from the CMS Claims Warehouse monthly. It is the number of claims the hospital has submitted to Medicare for a measure set/strata at the point in time the claims counts are obtained. The three months in a quarter are added together as each monthly count is obtained.
• Total Initial Patient Population is reported by the hospital or vendor and includes all payer claims. **Initial Patient Population refers to all patients (Medicare and non-Medicare) combined.** Sample cases should be randomly selected from this combined population.

**Measure Designation**

The Measure Designation application allows a hospital or a contracted vendor to designate the measures to be submitted to the QIO Clinical Warehouse for a given reporting period. Participating hospitals are required to submit all measures required by the Hospital IQR Program.

Hospitals participating in the Hospital IQR Program may **not** deselect measure designations for measures that are required under the Hospital IQR Program.

**Note:** Cases with missing data for a measure selected in Measure Designation will be rejected from the QIO Clinical Warehouse.

Measure Designation changes can be made until the QIO Clinical Warehouse has accepted data for the measure set, or until the submission deadline. Changes to measure designation can be made after data has been accepted to the QIO Clinical Warehouse, only if submitted cases are deleted first and then must be resubmitted after measure designation changes have been made.

Measure Designation selections carry forward for future reporting periods and remain unchanged unless edited. Measures required for the Hospital IQR Program default to “selected” and can not be edited. When measure defaults change, due to the measure becoming voluntary (no longer required) or required the hospital’s previous selection for that measure **may not** be carried forward and the new CMS default may override the hospital’s previous selection.

The required user role to access the measure designation tool is either the “Measure Designation Update” or “Read” role.

- **Measure Designation Update role** - Allows the user to view, print or edit the questions and answers.
- **Measure Designation Read role** - Allows the user to view or print the question and answer information.

**Required Role: Measure Designation Update or Read Role**

1. Select the “View/Edit Measure Designation” under the Manage Measures section on the My Tasks screen on *My QualityNet*.

Depending upon the Role assigned to the user, there are different options in the Measure Designation tool:

- Hospital users and/or vendors with the Read role will be able to view Measure Designation.
- Hospital users and/or vendors with the Update role will be able to view and edit.
- QIOs will be allowed to select hospitals for the QIOs authorized state(s).
- Multi-state organizations have an option to enter the hospital’s CCN. The CCN selection option is not available to single state organizations.

2. Select “Reporting Period” from a drop-down list.
3. Select the [Edit] button to change Measures for the selected reporting period.

Measures marked with an asterisk (*) are required for hospitals participating in the Hospital IQR Program and cannot be edited. Hospitals may designate any of the other measures by selecting the check box for the appropriate measure and selecting [Save].

When a change is made in Measure Designation the hospital, contracted vendor and the assigned QIO users with read and/or update role are notified by email that a change was made in the Measure Designation.
Vendor Authorization

Hospitals can authorize a third-party vendor to submit clinical data on behalf of the hospital. Hospitals can also authorize vendors to submit Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data.

The hospital is responsible for ALL data submissions, even when contracting with a vendor.


Submit Complete Data

Submit complete data for each quality measure that requires chart abstraction in accordance with procedures provided in the Specifications Manual on *QualityNet*.

Hospitals begin submitting data starting the first day of the quarter following the date they sign a Notice of Participation and in accordance with quarterly deadlines as listed on *QualityNet*.

Hospitals submit specified data in the prescribed format by each quarterly deadline to the QIO Clinical Warehouse using the CMS Abstraction and Reporting Tool (CART), or a hospital contracted vendor tool that meets the measurement specification requirements for data transmission to *QualityNet*.


*QualityNet* provides important information helpful to submitting complete data. Following are some examples:

- Specifications Manual
- Measure Comparison Document
- Data Submission Deadlines

Specifications Manual

The Specifications Manual is the result of the collaborative efforts of CMS and The Joint Commission to publish a uniform set of national hospital quality measures.

Measure Comparison Document

The Measure Comparison document is a reference guide, updated annually, for submitting the Hospital Quality of Care Measures (Inpatient). Measures included in the document are used by: CMS and The Joint Commission. The document identifies the entities using each measure and when data will be displayed on the Hospital Compare website.


2. Select the “Measure Comparison” link.
3. Select the Calendar year discharges link for the desired year to open a PDF document.

![QualityNet](image)

The first page explains how to use the document and how the measures display.
Measures are grouped by topic areas (measure sets) that require chart abstractions: AMI, HF, PN, SCIP, ED and IMM.

Rule References are noted (example below).
Data Submission Deadlines

Hospitals report data by each quarterly deadline as listed on QualityNet.


2. Select “Deadlines” from the left side navigation links.

3. Select the “Data Submission Deadlines” link.
The Data Submission Deadlines information includes both past and upcoming deadlines.

<table>
<thead>
<tr>
<th>Discharge Quarter</th>
<th>Clinical Measure Sets/Strata Deadline</th>
<th>Initial Patient Population &amp; Sampling Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 (Jan-Mar)</td>
<td>Aug 15, 2010</td>
<td>Aug 1, 2010</td>
</tr>
<tr>
<td>Q2 (Apr-Jun)</td>
<td>Nov 15, 2010</td>
<td>Nov 1, 2010</td>
</tr>
<tr>
<td>Q3 (Jul-Aug)</td>
<td>Feb 15, 2011</td>
<td>Feb 1, 2011</td>
</tr>
<tr>
<td>Q4 (Oct-Dec)</td>
<td>May 15, 2011</td>
<td>May 1, 2011</td>
</tr>
</tbody>
</table>

<table>
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</tr>
<tr>
<td>Q2 (Apr-Jun)</td>
<td>Nov 15, 2011</td>
<td>Nov 1, 2011</td>
</tr>
<tr>
<td>Q3 (Jul-Aug)</td>
<td>Feb 15, 2012</td>
<td>Feb 1, 2012</td>
</tr>
</tbody>
</table>
Section 6: Collect and Submit HCAHPS Data

A hospital must continuously collect and submit HCAHPS data in accordance with current HCAHPS Quality Assurance Guidelines and quarterly data submission deadlines.

Information on both the guidelines and deadlines are posted on the HCAHPS website at http://www.HCAHPSonline.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://www.HCAHPSonline.org.

Hospitals contracting with a survey vendor may authorize the survey vendor to submit data via My QualityNet. Refer to Handbook I: Getting Started with QualityNet - Section 5: Vendor Authorization Process, for more information on vendor authorization.

CMS strongly encourages hospitals to review the HCAHPS Feedback Reports (Provider Survey Status Summary Report and the Data Submission Detail Report) to verify data has been accepted into the QIO Clinical Warehouse.

Refer to Section 9: Monitoring Reports in this handbook for additional information on HCAHPS reports.

A hospital with five or fewer HCAHPS-eligible discharges in any month is not required to submit HCAHPS surveys for that month, although the hospital may voluntarily choose to submit the data. However, the hospital must still submit the total number of HCAHPS-eligible cases, including zero cases, for the month as part of the quarterly HCAHPS data submission.

For more information about requirements to participate in HCAHPS or submit HCAHPS data, please contact the HCAHPS Project Team: hcahps@azqio.sdps.org or 1-888-884-4007.
The required user roles for HCAHPS Survey Data include:

- **HCAHPS Data Upload role** – Allows the user to upload HCAHPS Survey Data and view HCAHPS Warehouse Submission Reports.
- **HCAHPS Online Data Entry role** – Allows the user to enter online HCAHPS Survey Data via the HCAHPS Online Data Entry Tool.

**Required Role: HCAHPS Data Upload or HCAHPS Online Data Entry**

**Participate in the HCAHPS Oversight Process**

To ensure compliance with HCAHPS survey and administration protocols, hospitals and survey vendors must participate in all oversight activities.

The HCAHPS Project Team leads oversight activities which include onsite visits and conference calls. The HCAHPS Project Team reviews the hospital’s or the survey vendor’s systems and assesses protocols based on the Quality Assurance Guidelines. All materials relevant to survey administration are subject to review including but not limited to:

- Survey management and data systems
- Printing and mailing materials and facilities
- Telephone and Interactive Voice Response (IVR) materials and facilities
- Data receipt, entry, and storage facilities
- Written documentation of survey processes

In the event problems are encountered, survey vendors/hospitals are given a defined period in which to correct the problems.

Should CMS find that the survey vendor/hospital is not compliant with the HCAHPS program requirements, CMS may determine the hospital is not submitting HCAHPS data that meets the Hospital IQR Program requirements.
Section 7: Structural Measures and Data Accuracy and Completeness Acknowledgement

Structural Measures assess hospital participation in cardiac surgery, stroke care, and nursing sensitive care systematic databases.

Hospitals must submit structural measure data annually to My QualityNet.

There are three Structural Measures:

- Participation in a Systematic Database for Cardiac Surgery
- Participation in a Systematic Clinical Database Registry for Stroke Care
- Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care

These measures do not require the hospital to participate in a registry:

- Hospitals not currently reporting to a registry are not required to do so, and will not be penalized for not participating in a registry.
- A hospital’s APU is affected only when the hospital does not answer the required question(s) about registry participation.

Refer to the Structural Measures user guide located on QualityNet for information on using the Structural Measures tool.

1. The user guide can be found by accessing www.QualityNet.org and selecting “Hospital Inpatient Quality Reporting Program from the [Hospital-Inpatient] drop-down menu.
2. Select the “Structural Measures/Data Acknowledgement” link from the left navigational bar.

3. Select the “User’s Guide” link at the bottom of the web page.
Section 8: Clinical Process Validation Requirements

Hospitals must pass the validation requirement of a minimum of 75 percent reliability based on chart-audit validation for clinical process measures.

Refer to, Handbook V: Guide to Validation for National Hospital Inpatient Quality Measures (available soon), for details on the clinical process validation requirement.

A random sample of 800 hospitals is selected for validation annually. Hospitals who did not meet the 75 percent reliability rate for validation in the previous year, will also be selected. The selected hospitals will have a stratified sample of charts requested each quarter. The CDAC requests a copy of each of the charts from the appropriate hospital for abstraction of the chart. For each of the measure sets, dependent on the discharge quarter, elements have been identified to be abstracted and the measures are calculated, validated and scored (compared) for the Hospital IQR Program measures.

Confidence Interval

CMS uses appropriate confidence intervals to determine when a hospital has achieved 75 percent reliability. The use of confidence intervals allows CMS to establish an appropriate range below the 75 percent reliability threshold that demonstrates a sufficient level of reliability to allow the data to still be considered validated. The percent reliability is estimated based upon a review of the sampled charts and the 95 percent confidence limit that is calculated. When the upper limit meets the required 75 percent reliability, the hospital data has passed the validation requirement.

Specific information on calculating the confidence interval is available on QualityNet.

2. Select “Hospital Inpatient Quality Reporting Program from the [Hospitals-Inpatient] tab drop-down list.
3. Select the “Confidence Interval Calculation” link.
Section 9: Monitoring Reports

Reports described in this section are helpful in monitoring hospital status as it relates to the Hospital IQR Program.

The reports should be used as a reference tool and do not guarantee a hospital will receive its full APU.

Refer to, Handbook I: Getting Started with QualityNet - Section 6: Requesting, Accessing and Viewing Reports, for information on how to access reports via My QualityNet.

Provider Participation Report

The Provider Participation report provides a summary of the requirements for participation in the Hospital IQR Program. The data assists QIOs, inpatient hospitals and hospital vendors in determining the hospital’s participation status in the IQR Program. However, the information provided does not guarantee the hospital will receive the full APU.

The Provider Participation report updates nightly with all data submitted and successfully processed for the previous day. The report is available for calendar years beginning in 2005 and is updated annually. Fields vary depending on the calendar year selected. The report is available in both the Annual Payment Update Reports and HCAHPS Warehouse Feedback Reports categories. Healthcare systems, inpatient hospitals, and vendors may request authorization to view the affiliated hospitals’ reports.

1. Access the Provider Participation report by selecting “Annual Payment Update Reports” from the drop-down in the Report Category section and select [Go].
2. Select the “Provider Participation Report” link.
3. Select the Calendar Year and select [Request Report].

4. Select the [View Reports] tab.

The Provider Participation Report includes data for each quarter of discharges. The first section of the report contains the following:

- State ID
- Provider ID
- Provider Name
- Provider City
- CEO Name
- Medicare Accept Date
- Notice of Participation Date
- Withdrawal or Non-Participation Date
- Active QualityNet Security Administrator
- Completed Structural Measures
- Data Accuracy and Completeness Acknowledgement

The “Selected for Clinical Measure Validation” line indicates whether the hospital has been selected for validation. Prior to the selection of hospitals for validation, the line is blank.

After validation selection is complete, the “Selected for Clinical Measure Validation” line displays either “Yes” (when the hospital is selected for validation) or “No” (when the hospital is not selected for validation).
The second section of the Provider Participation Report displays Clinical Measure Sets/Strata. This section of the report assists hospitals with evaluating what data has, or has not, been submitted. For example, when Population and Sampling data has not been submitted, the rows under the two columns will have “No” instead of a number.

The columns include:

- **Total Cases Accepted** - The number of cases meeting all data submission requirements accepted in the QIO Clinical Warehouse at the time the report is run. The column updates nightly until the submission deadline when it is locked.

- **Total Medicare Claims** – Claim information is obtained from the CMS Claims Warehouse monthly and represents the number of claims the hospital has submitted to Medicare for the measure set/strata at the point in time the claims counts are obtained each month. The last month claims data is obtained approximately 15 days prior to the submission deadline. The three months in a quarter are added together as each monthly count is obtained. Once the count for a month is pulled, the month does not get pulled again.

- **Total Patient Population** – The sum of the Medicare and non-Medicare Population as reported by the hospital. The number should never be less than any of the following: Total Medicare Claims, Total Cases Accepted or Total Sample Size. Sample cases should be randomly selected from the combined population.

- **Total Sample Size** – The number of cases the hospital is submitting to the QIO Clinical Warehouse by the submission deadline. The number should not be greater than the Total Patient Population and is provided by the hospital.

- **Discharge Quarter Sample Frequency** – The sampling frequency the hospital entered in the Population and Sampling tool.
The third section includes a summary of the HAI data that CMS has received from CDC. This data is updated monthly until the submission deadline.

<table>
<thead>
<tr>
<th>HAI Quality Measure Data</th>
<th>HAI Data Submitted</th>
<th>Last NHSN File Update to CMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td>Yes</td>
<td>08/17/2012</td>
</tr>
<tr>
<td>CAUTI</td>
<td>No</td>
<td>08/17/2012</td>
</tr>
<tr>
<td>SSI - Colon Surgery</td>
<td>No</td>
<td>08/17/2012</td>
</tr>
<tr>
<td>SSI - Abdominal Hysterectomy</td>
<td>No</td>
<td>08/17/2012</td>
</tr>
</tbody>
</table>

The fourth section of the report displays the HCAHPS Survey information of files accepted for the hospital into the QIO Clinical Warehouse for each month during a quarter. The information is based on the files submitted and does not confirm that the files have been verified. The section also shows when the hospital’s files included information regarding “Zero Cases”.

<table>
<thead>
<tr>
<th>HCAHPS Survey Data</th>
<th>Unverified Files Accepted to Date</th>
<th>Unverified “Zero Cases” Information Accepted to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td>HCAHPS</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

The last section of the report includes footnotes, a note on Claims-based data, and a disclaimer.

Confidence Interval Report

The Confidence Interval report displays the confidence interval reliability result for the hospital. A new report is available after the end of the fiscal year when confidence interval rates are calculated.

1. Access the Confidence Interval report by selecting “Annual Payment Update Reports” from the drop-down in the Report Category section and select [Go].
2. Select the “Confidence Interval” link.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Report Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS Confidence Interval</td>
<td>This report displays the confidence interval reliability result for the Annual Payment Update.</td>
</tr>
<tr>
<td>HCAHPS Provider Participation Report</td>
<td>A summary of requirements for participation in the HCAHPS program.</td>
</tr>
</tbody>
</table>

3. Select the appropriate provider from the list and select “Request Report”.

HCAHPS Reports

Use the HCAHPS reports to determine what HCAHPS files have been submitted and what the file status is.

1. Access the HCAHPS reports, by selecting “HCAHPS Warehouse Feedback Reports” from the Report Category drop-down list and select [Go].

2. Select a report link from the list for information on HCAHPS data submissions:
   - **HCAHPS Data Submission Detail** – Detailed report of files submitted to the HCAHPS Warehouse including submission status and error messages.
   - **HCAHPS Provider Survey Status Summary** – Summary of HCAHPS Warehouse provider survey submission status per Discharge Month (number of Admin and Survey data accepted).
   - **HCAHPS Participation** – Information for QIOs on Providers’ participation in the HCAHPS program on a quarterly basis.

Hospital Validation Reports

Hospitals can use the validation reports to monitor case and validation status.
1. Select “Hospital Validation Reports” from the Report Category drop-down list and select [Go] to view the list of available reports.

![Report Category: Hospital Validation Reports](example.png)

2. Select a report link from the list for information on Hospital Validation Reports:
   - **Case Detail Report** - Provides a list of all elements abstracted compared to the CDAC re-abstraction on each case regardless of an error/mismatch.
   - **Case Selection Report** - Displays patient-identifying information available in the QIO Clinical Warehouse pertaining to the cases selected for validation.
   - **National Mismatch Frequency** - Identifies the top ten mismatched data elements during a completed validation quarter when comparing original abstractions to adjudicated records.

**Dashboard**

The APU Dashboard is a reference tool used in determining the hospital’s progress in submitting requirements for the Hospital IQR Program. The information displayed on the APU Dashboard, however, does not guarantee the hospital will receive its full APU.

![Dashboard](example.png)

A special feature provided by the APU Dashboard allows the user to run Hospital IQR specific reports directly from the Dashboard without having to access the View/Run Report feature in *My QualityNet*.

1. Select the "APU Dashboard" link in the Reports section to open the dashboard.

2. The Dashboard system displays a message indicating that the system can take several minutes to verify permission settings and load data.

   **Note:** To exit the Dashboard, select the "Back to My Tasks" link.

For the selected hospital, the APU requirements display in rows with the status in columns.

- The **first column**, titled “Not Satisfied”, is filled-in (color: red) for the APU requirements that do not appear to be satisfied for the current quarter.
- **The middle column**, titled “Partially Satisfied”, is filled-in (color: yellow) for the APU Requirements that appear to be partially satisfied for the current quarter.
- **The last column**, titled “Fully Satisfied”, is filled-in (color: green) for the APU Requirements that appear to be satisfied for the current quarter.

The columns under the “Submission Period” heading indicate the “Open Period” or “Submission Deadline”.

<table>
<thead>
<tr>
<th>APU Element</th>
<th>Status for Open Period</th>
<th>Submission Period</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Satisfied</td>
<td>Partially Satisfied</td>
<td>Fully Satisfied</td>
</tr>
<tr>
<td>Active Hospital IQR Notice of Participation</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Quality/Net Security Administrator(s)</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population and Sampling Submitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure Set / Strata Submitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCAHPS Survey Data Submitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Open Period** - Current quarter and year for the submission period currently accepting data. More detail is provided in the sections below.
- **Submission Deadline** - Date the data is due to be considered for an APU payment. Data is accepted up to and including the date listed in the “Submission Deadline” column. A countdown begins at 30 days, at which time, "Due in 30 Days" displays (color: red) and the system counts down each day until the requirement’s due date arrives.

When no text is displayed in the “Open Period” or “Submission Deadline” columns, there is no open quarter or submission deadline to report for the requirement.

The “View” column offers details or reports for an APU requirement, where applicable. To view details of the requirement select the appropriate button, [Details] or [Report].

A summary of the requirement displays in the Details area.
The next sections in this handbook provide further detail of how each APU Requirement is displayed in the Dashboard.

**Active Notice of Participation**

When the “Status for Open Period” displays as:

- **Not Satisfied** - A signed Notice of Participation is not on file or an indication of withdrawal has been received from the hospital. The hospital has *either* withdrawn *or* chosen not to participate in the Hospital IQR Program.

- **Partially Satisfied** - Status does not apply to the APU requirement.

- **Fully Satisfied** - A current, signed Notice of Participation is on file for the hospital, fulfilling the requirement to participate in the Hospital IQR Program.

Select the [Details] button in the “View” column to display the status of the hospital’s “Active Notice of Participation” requirement as: Participating, Withdrawn, or Not Participating (right side of the screen).

**Note:** Hospitals with Withdrawn or Not Participating status that would like to participate in the Hospital IQR Program may use the contact information listed for the QualityNet Help Desk to obtain assistance with the process.

Refer to **Section 3: Notice of Participation** of this handbook for information on signing a Notice of Participation.

**Active QualityNet Security Administrator(s)**

When the “Status for Open Period” displays:

- **Not Satisfied** - The hospital does not have at least one active Security Administrator (SA) on file. To take steps to fulfill this requirement select this requirement’s “Details” button for further information.
• **Partially Satisfied** - The status does not apply to the APU requirement.

• **Fully Satisfied** - The hospital has at least one active SA on file, fulfilling this requirement.

Select the [Details] button in the “View” column to display the status of the hospital’s SA on the right side of the Dashboard screen.

Refer to [Section 2: QualityNet Registration](#), of this handbook for information on QualityNet Security Administrators.

**Population and Sampling Submitted**

Participating hospitals must submit Population and Sampling data for Medicare and non-Medicare discharges for the measure sets/strata where chart-abstracted data is required on a quarterly basis. The data submitted is represented on the Dashboard as shown below.

When the “Status for Open Period” displays:

• **Not Satisfied** - The Population and Sampling requirement has not been fulfilled for the quarter indicated in the “Open Period” column.

• **Partially Satisfied** - The status does not apply to this APU requirement.

• **Fully Satisfied** - The Population and Sampling requirement has been fulfilled for the quarter indicated in the “Open Period” column.
Select the [Details] button in the “View” column to display the status of the hospital’s Population and Sampling data submissions.

<table>
<thead>
<tr>
<th>APU Element</th>
<th>Status for Open Period</th>
<th>Submission Period</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Hospital IQR Notice of Participation</td>
<td>Not Satisfied</td>
<td>Q2 2011</td>
<td></td>
</tr>
<tr>
<td>Active Quality/Sec Admin(s)</td>
<td>Not Satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population and Sampling Submitted</td>
<td>Not Satisfied</td>
<td>Q2 2011</td>
<td></td>
</tr>
</tbody>
</table>

Select a button to display the Initial Patient Population and Sampling Summary Report.

Measure Sets/Strata Submitted

Participating hospitals are required to submit quarterly data for clinical quality measures based on counts of Medicare and non-Medicare discharges for AMI, HF, PN, SCIP, ED and IMM measure sets/strata for the hospital.

When the “Status for Open Period” displays:

- **Not Satisfied** - No cases were submitted for any measure set.
- **Partially Satisfied** - At least one case has been submitted for at least one measure set/strata in which data submission is required.
• **Fully Satisfied** - Sufficient cases have been submitted based on quarterly sampling guidelines, according to the *Specifications Manual* for all measure sets/strata requiring submission of cases for the current open quarter.

Refer to Section 5: Collect, Report, Submit Data of this handbook for information on the *Specifications Manual* containing additional measure details.

The five or fewer rule is figured into the Dashboard representation of the measure sets/strata submitted APU Element.

Therefore a hospital with five or fewer discharges that has not submitted any cases for a measure set/strata displays as Fully Satisfied. A hospital with 6 discharges for a measure set/strata that has only submitted one case would be displayed as Partially Satisfied. A hospital with more than five discharges in all measures sets/strata that has not submitted any cases would be displayed as Not Satisfied.

Select the [Details] button in the “View” column to display a summary of the data submissions for each measure set/strata. Select a button within the display area to open the Provider Participation Report.

Underlined and highlighted (color: red) numbers indicate the number of claims still required for complete submission, based on quarterly sampling guidelines. As claims are submitted the numbers count down. When zero cases remain for a requirement the box fills-in (color: green). The “Status for Open Period” displays as Fully Satisfied when the detail table’s column for that quarter has sufficient cases submitted.
HCAHPS Survey Data Submitted

Participating hospitals must continuously collect and submit monthly HCAHPS survey data files by the quarterly submission deadline. When “Status for Open Period” displays:

- **Not Satisfied** - HCAHPS survey data has not been submitted or accepted for any month in the current open quarter.
- **Partially Satisfied** - One or more months of HCAHPS data files have not been submitted for the current open quarter. Hospitals must submit data files for each of the three months of the quarter.
- **Fully Satisfied** - HCAHPS survey data files were submitted and accepted for all three months for the current open quarter.

Select the [Details] button in the “View” column to display a summary of the HCAHPS data submissions. Select a button within the display area to open the HCAHPS Warehouse Provider Survey Status Summary Report.
Structural Measures Data Submitted

Participating hospitals are required to answer the Structural Measures questions by the submission deadline.

When the “Status for Open Period” displays:

- **Not Satisfied** - The Structural Measures question(s) have not been completely answered.
- **Partially Satisfied** - The status does not apply to the APU requirement.
- **Fully Satisfied** - The Structural Measures question(s) have been completely answered, fulfilling this requirement.

Select the [Details] button in the “View” column to display a summary of the Structural Measures Data Submissions.
Data Accuracy and Completeness Acknowledgement

Participating hospitals are required to attest to the accuracy of submitted data. When the “Status for Open Period” displays:

- **Not Satisfied** - The Data Accuracy and Completeness Acknowledgement requirement has not been completed.
- **Partially Satisfied** - The status does not apply to the APU requirement.
- **Fully Satisfied** - The Data Accuracy and Completeness Acknowledgement has been completed, fulfilling the requirement.

**Note:** The “View” column for the “Data Accuracy and Completeness Acknowledgement” APU Element is not available.

<table>
<thead>
<tr>
<th>APU Element</th>
<th>Status for Open Period</th>
<th>Submission Period</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Accuracy and Completeness Acknowledgement</td>
<td>Not Satisfied</td>
<td>Partially Satisfied</td>
<td>Fully Satisfied</td>
</tr>
</tbody>
</table>

Healthcare Associated Infection (HAI)

Participating hospitals are required to submit HAI data to the CDC via the National Healthcare Safety Network. When the “Status for Open Period” displays:

- **Not Satisfied** - No data was submitted for any HAI measure set requiring submission for the current open period.
- **Partially Satisfied** - Data has been submitted for some but not all of the HAI measures in which data submission is required.
- **Fully Satisfied** - Sufficient data has been submitted for all HAI measures requiring submission for the current open period.

<table>
<thead>
<tr>
<th>APU Element</th>
<th>Status for Open Period</th>
<th>Submission Period</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Associated Infection (HAI) Quality Measures Data Submitted</td>
<td>Not Satisfied</td>
<td>Partially Satisfied</td>
<td>Fully Satisfied</td>
</tr>
</tbody>
</table>

Details
Select the [Details] button in the “View” column to display a summary of the data submissions for each HAI measure. Select a button within the display area to open the Provider Participation Report.

Validation Sample Medical Records Received

Participating hospitals selected for validation are required to submit the requested validation sample records to the Clinical Data Abstraction Center (CDAC) by the Medical Record Request Date.

When the “Status for Open Period” displays:

- **Not Satisfied** - All medical records have **not** been received for the current open period.
- **Partially Satisfied** - The status does not apply to the APU requirement.
- **Fully Satisfied** - All medical records for the current open period have been received, fulfilling the requirement.

Once the medical records are requested based on the validation sample generated, the submission deadline date displays in the “Submission Deadline” column. Data is accepted up to and including the date listed for the open period.

The following text might appear in the “Submission Deadline” column instead of a date:

- **Not Applicable** - The provider is not selected for the current Fiscal Year validation.
Select the [Report] button in the “View” column to open the current quarter’s “Hospital Data Validation: Case Selection” report.

Select the [View Report] button in the detail area of the screen to continue.

Validation Results

Medical records submitted to the CDAC are abstracted and scored against the original abstraction conducted by the hospital. A 75% validation rate is needed to achieve a passing status. Hospitals receiving less than 75% on the Overall Reliability Rate on the “Hospital Data Validation: Case Detail” report are eligible to file an appeal with their state’s QIO. The “Posted on” date that appears in the APU Element column is the most recent posting of validation results for the hospital.

When the “Status for the Open Period” displays:

- **Not Satisfied** - Medical records submitted received less than a 75% validation rate against the original abstraction.
- **Partially Satisfied** - The status does not apply to the APU requirement.
- **Fully Satisfied** - Medical records submitted achieved a 75% or greater validation rate against the original abstraction, fulfilling this requirement.

The submission deadline displays a link only when the hospital has not met the validation requirement, as shown in the example above (example text reads, “File an Appeal by Friday 10/21/11”). The link text specifies the deadline for filing an appeal. Selecting the link opens a new browser window to the hospital data validation forms page on QualityNet. This allows the hospital to begin the process of filing an appeal. The link is displayed up to 10 business days after the validation results are posted or until an appeal is filed.

Select the [Details] button in the “View” column to open the “Hospital Data Validation: Case Detail” report for the related open period.
The table’s cells are used as follows:

- A filled-in box (color: green) with a number denoting the hospital’s passing percentage rate displays for quarters in which the hospital passed validation.
- A filled-in box (color: green) with a number and the letter “A” beneath it displays for quarters in which the hospital passed validation after an appeal was made.
- A box with a highlighted number (color: red) displays for quarters in which the hospital failed validation.
- A box with a highlighted number (color: red) and the letter “A” beneath it displays for quarter(s) in which the hospital failed validation after an appeal was made.
- A filled-in box (color: gray) indicates there is no data for the quarter.

**Quarterly Validation Rate Appeal Received**

The “Quarterly Validation Rate Appeal Received” APU Element displays only when the hospital received less than a 75% Validation Result for the open period, indicating the hospital is eligible for validation appeal.

The “Quarterly Validation Rate Appeal Received” APU Element will not display when the hospital meets one of the following conditions:

- Passed validation for the open quarter.
- Failed to submit an appeal by the submission deadline. The submission deadline date will display for 10 business days after failing validation.
When the “Status for the Open Period” displays:

- **Not Satisfied** - No appeal has been submitted for the open quarter.
- **Partially Satisfied** - The status does not apply to the APU requirement.
- **Fully Satisfied** - An appeal was received.

The “Open Period” column displays the quarter number and year of the discharge time period for validation results posted in the database.

The submission deadline displays the date the appeal was received. This date will not display when an appeal has not been submitted.

The “Quarterly Validation Rate Appeal Received” APU Element does not have a [Details] button in the View column because the requirement does not have further details to display.

**Links to External Sites**

The lower left corner of the Dashboard displays the hospital’s Senior Officer, and includes links to Hospital Compare and to the QualityNet Help Desk.

The Hospital Compare link opens the search options of the Hospital Compare website, http://www.HospitalCompare.hhs.gov/Hospital/Search/SearchOptions.asp, in a new browser window, allowing review of the hospital’s quality performance compared with other hospitals.

The name of the hospital’s Senior Executive (the CEO, for example) displays in conjunction with the second link. When the Senior Executive’s name is displayed incorrectly here, please update with the information using the inpatient Notice of Participation online tool. The link opens the contact information for the QualityNet Help Desk, https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/Page/PageFooterContent&name=glh.ContactUs.pag, for assistance with updating contacts in the Notice of Participation tool.
Section 10: Public Display Requirements

Procedures are established annually through the federal rule-making process regarding the Hospital IQR Program measures made available to the public. The public display is accessed on the Hospital Compare website at, http://www.HospitalCompare.hhs.gov.

Examples of Data Available:

- Clinical process measures
- Structural measures
- HCAHPS survey information
- Outcome measures for mortality and readmission

Refer to, Handbook III: Public Reporting of Inpatient Hospital Data, for details on publically reported data along with non-required data available on Hospital Compare (such as Children’s Asthma and Medicare Payment and Volume).