

Hospital Inpatient Quality Reporting Program (Hospital IQR) formerly known as the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program

Notice: This CMS-approved document is subject to change based on the 2012 IPPS final rule when it is posted in the Federal Register. The requirements below are based on what is printed in the 2011 IPPS rule.

Hospital IQR Program Requirements

This information describes how acute-care hospitals paid for treating Medicare beneficiaries under the acute-care Inpatient Prospective Payment System (IPPS), can receive the full Medicare Annual Payment Update in accordance with the Deficit Reduction Act of 2005. The payment update for Fiscal Year (FY) 2007 and each subsequent fiscal year will be reduced by 2.0% for any IPPS hospital that does not meet the Hospital IQR program requirements or chooses not to participate.

Hospital IQR Program Requirement List – For more details, select a requirement link below.

- ✓ [Register with QualityNet](#)
- ✓ [Identify and maintain a QualityNet Security Administrator](#)
- ✓ [Submit Notice of Participation](#)
 - Medicare Accept Date of **10/15/2009 or after**
 - Withdrawal from the Hospital IQR program
- ✓ [Collect and report clinical process measure data](#)
- ✓ [Submit aggregate population and sample size counts](#)
- ✓ [Continuously collect and submit Hospital Consumer Assessment of Healthcare Providers and Systems \(HCAHPS\) data](#)
- ✓ [Report claims-based data](#)
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- ✓ [Pass clinical process measures validation requirements](#)
- ✓ [Submit Data Accuracy and Completeness Acknowledgement \(DACA\)](#)
- ✓ [Display data on Hospital Compare](#)

Hospital IQR Program Data/Submission Quarters Included for FY2012

Clinical Process Measures - Acute Myocardial Infarction (AMI), Heart Failure (HF) and Pneumonia (PN) - 4Q09, 1Q10, 2Q10, 3Q10 and 4Q10; Surgical Care Improvement Project (SCIP) - 4Q09, 2Q10, 3Q10 and 4Q10

Aggregate Population and Sample Size Counts - 2Q10, 3Q10, and 4Q10

HCAHPS - 2Q10, 3Q10, and 4Q10

Structural Measures - 3Q10 and 4Q10

FY 2012 Reference Checklist

Validation - 1Q10, 2Q10, and 3Q10

Data Accuracy and Completeness Acknowledgement - FY 2012

Hospital IQR Program Requirement Overview

Acute-care hospitals paid for treating Medicare beneficiaries under the inpatient prospective payment system IPPS, can receive the full Medicare Annual Payment Update in accordance with the Deficit Reduction Act of 2005:

The Act reads “(CMS) established the RHQDAPU order to implement section 501(b) of Pub. L. 108-173 (MMA).” The Act states that “the payment update for FY2007 and each subsequent fiscal year will be reduced by **2.0 percentage points** 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.” The Act states, “The new section 1886(b)(3)(B)(viii)(VII) of the Act requires that we establish procedures for making quality data available to the public after ensuring that a hospital has the opportunity to review, in advance, its data that are to be made public. In addition, the Act requires that hospitals report quality measures of process, structure, outcome, and patients’ perspective on care, efficiency, and costs of care that relate to services furnished in inpatient settings...”

✓ 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 are found at <http://www.qualitynet.org>. *QualityNet* is the only CMS-approved web site for secure healthcare quality data exchange.



The screenshot shows the QualityNet website interface. At the top, there are navigation tabs for 'Home', 'My QualityNet', and 'MedQIC', with a 'Help' link on the right. Below these are dropdown menus for 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Nursing Homes', 'ESRD', and 'Quality Improvement'. A red box highlights the 'QualityNet Registration' link in the 'Hospitals - Inpatient' dropdown menu. Below the navigation is a 'QualityNet News' section with a 'More News >' link. The main news item is titled 'Hospital Compare preview reports now available' and provides details about preview reports available from October 12 through November 10 for hospitals participating in various inpatient and outpatient quality initiatives. To the right of the news section is a 'Know the Security Policy' link with a brief description: 'Before transmitting or receiving healthcare information or data, read the QualityNet System Security Policy, PDF'.

✓ Identify and maintain a QualityNet Security Administrator

The QualityNet Security Administrator facilitates the registration process for other users at the organization. Hospitals should designate two QualityNet Security Administrators - one, to serve as the primary QualityNet Security Administrator, and the other, to serve as backup. Hospitals submitting data via *My QualityNet* or using a vendor to submit data on its behalf are **required** to designate a QualityNet Security Administrator. Hospitals are required to maintain an active QualityNet Security Administrator at all times. By logging into the *QualityNet* site at least once a month, the QualityNet Security Administrator can maintain an active account for the hospital.

FY 2012 Reference Checklist

✓ **Inpatient Notice of Participation online tool (IPledge) - Submit Notice of Participation**

New "subsection (d) hospitals" and existing hospitals that participate in the Hospital IQR program for the first time, must complete a Hospital IQR program Notice of Participation through the online tool on *My QualityNet*. Also, the hospital must designate contacts and include the name and address of each hospital campus sharing the same Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN).

Hospitals with a Notice of Participation indicating participation in the Hospital IQR program will remain an active Hospital IQR program participant until a Withdrawal is submitted through the online tool.

- **Medicare Accept Date of 10/15/2009 or after:**

Hospitals with a new CCN and a new Medicare Accept Date of 10/15/2009 *or after*, that wish to participate in the Hospital IQR program for FY 2012 are required to complete the Notice of Participation no later than 180 days from the hospital's new Medicare Accept Date. These hospitals need to begin submitting the Hospital IQR program data starting with the first day of the quarter following the date when the hospital registered to participate in the Hospital IQR program.

- **Withdrawal from the Hospital IQR Program:**

Hospitals may withdraw from the Hospital IQR program for FY 2012 prior to August 15, 2011, 11:59 Central Time, by submitting a withdrawal through the online tool.

✓ **Collect and report clinical process measure data**

Hospitals must collect and report clinical process measure data as required by the federal regulations found in the Federal Register. Please select the following link to view details: (<http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp?filterType=none&filterByDID=-99&sortByDID=4&sortOrder=descending&intNumPerPage=10>).

- **To meet this requirement hospitals must:**

- Submit complete data for each required clinical process measure: AMI, HF, PN and SCIP.
 - **Best Practice:** Allow ample time to correct any problems identified from the review of the RHQDAPU Provider Participation Report at least ten calendar days prior to the submission deadline.
- Use the *Specifications Manual for National Hospital Inpatient Quality Measures* located on *QualityNet* for abstraction and sampling guidelines.
- Hospitals that have **five or fewer discharges** (*both Medicare and non-Medicare combined*) within a measure set (AMI, HF and PN) and the combined SCIP strata in a quarter *are not* required to submit patient-level data for that quarter. However, hospitals *are* required to submit the aggregate population and sample size counts.
- When a vendor submits data for the hospital, the hospital remains accountable for the submission.

FY 2012 Reference Checklist

✓ **Submit aggregate population and sample size counts**

Hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for AMI, HF, PN and SCIP via *My QualityNet*. This data must be submitted quarterly.

- **Best Practice:** Allow ample time to correct any problems identified from the review of the RHQDAPU Provider Participation Report at least ten calendar days prior to the submission deadline.
- Hospitals that have **five or fewer discharges** (*both Medicare and non-Medicare combined*) within a measure set (AMI, HF and PN) and the combined SCIP strata in a quarter *are* required to submit the aggregate population and sample size counts.
- Hospitals that do not have any AMI, HF, PN or SCIP discharges are required to submit a zero into the application or XML. **Note:** Leaving the fields blank does not fulfill the requirement.
- When a vendor submits data for the hospital, the hospital remains accountable for the submission.

✓ **Continuously collect and submit HCAHPS data**

Hospitals must continuously collect and submit HCAHPS survey data in accordance with the current HCAHPS Quality Assurance Guidelines, which can be found on the HCAHPS web site at, <http://www.hcahpsonline.org>.

- **Best Practice:** Allow ample time to correct any problems identified from the review of HCAHPS Reports at least ten calendar days prior to the submission deadline.
- A hospital that has **five or fewer** HCAHPS-eligible discharges during a month is not required to submit HCAHPS surveys for that month. However, hospitals that meet this exception may voluntarily submit these data. Hospitals with five or fewer HCAHPS-eligible discharges must submit its total number of HCAHPS-eligible cases to the QIO Clinical Warehouse for that month as part of its quarterly HCAHPS data submission.
- When a hospital does not have any HCAHPS-eligible discharges in a given month, the hospital is still required to submit a zero for that month as part of its quarterly HCAHPS data submission.
- Hospitals and survey vendors must participate in all oversight activities conducted by the HCAHPS Project Team.
- When a vendor submits data for the hospital, the hospital remains accountable for the submission.

FY 2012 Reference Checklist

✓ Report claims-based data

Hospitals must report measure information obtained through claims-based data. CMS uses enrollment data as well as Part A and Part B claims for Medicare fee-for-service patients to calculate these measures. No hospital data submission is required to calculate these measure rates which include:

- 30-Day Risk-Standardized Mortality Measures (AMI, HF and PN)
- 30-Day Risk-Standardized Readmission Measures (AMI, HF and PN)
- Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI), Inpatient Quality Indicators (IQI) and Composite Measures
- AHRQ PSI and Nursing Sensitive Harmonized measure
- Healthcare Acquired Conditions (HAC)

✓ Submit structural measures information

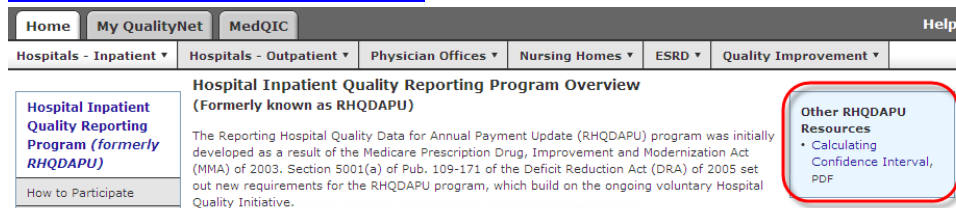
Hospitals must report three structural measures via *My QualityNet*. The structural measures include: Participation in a Systematic Database for Cardiac Surgery; Participation in a Systematic Clinical Database Registry for Stroke Care; and Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care. The submission for the structural measures will be from July 1, 2011 through August 15, 2011 with respect to the time period of July 1, 2010 through December 31, 2010.

- **Best Practice:** Allow ample time to correct any problems identified from the review of the RHQDAPU Provider Participation Report at least ten calendar days prior to the submission deadline.
- When a vendor submits data for the hospital, the hospital remains accountable for the submission.

✓ Pass clinical process measures validation requirements

Selected hospitals must pass clinical process measures validation requirements by receiving a Confidence Interval of 75 percent or greater based on chart audit validation for 1Q10 through 3Q10 discharges. **Note:** the Confidence Interval cannot be determined by averaging the quarter's validation rates. The Confidence Interval calculation is available on *QualityNet* at:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1138115987129>.



The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with 'Home', 'My QualityNet', 'MedQIC', and 'Help'. Below this is a secondary navigation bar with dropdown menus for 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Nursing Homes', 'ESRD', and 'Quality Improvement'. The main content area is titled 'Hospital Inpatient Quality Reporting Program Overview (Formerly known as RHQDAPU)'. It contains a paragraph explaining the program's development and a link to 'Other RHQDAPU Resources' which includes a 'Calculating Confidence Interval, PDF' document.

Additional information and documents about Data Validation are located on *QualityNet* at:
<http://qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1140537255912>.

FY 2012 Reference Checklist

✓ **Submit Data Accuracy and Completeness Acknowledgement (DACA)**

Hospitals must acknowledge all information submitted as required by the Hospital IQR program for the FY 2012 payment determination is complete and accurate to the best of its knowledge. Hospitals will be able to submit through an online application on *QualityNet* from July 1, 2011 through August 15, 2011.

- **Best Practice:** Allow ample time to correct any problems identified from the review of the RHQDAPU Provider Participation Report a few days prior to the submission deadline.
- When a vendor submits data for the hospital, the hospital remains accountable for the submission.

✓ **Display data on *Hospital Compare***

The hospital quality measures on the *Hospital Compare* web site reflect recommended treatments for some of the most common and costly conditions that hospitals treat. Research has shown these treatments provide the best results for most patients and are an important part of the patients' overall care. The Hospital IQR program participating hospitals are required by the Deficit Reduction Act of 2005 to display quality data on *Hospital Compare*, <http://www.hospitalcompare.hhs.gov>, for public viewing.

- In order for data to display on *Hospital Compare*, the hospital characteristics information must be complete. Hospitals should run a Preview Report during the designated preview period. When the Preview Report does not display the hospital's characteristics, then the hospital should contact its state OSCAR/ASPEN coordinator to complete the information. A list of the OSCAR/ASPEN coordinators is located at the following web site:
http://www.hospitalcompare.hhs.gov/staticpages/contact_information/state_survey_agency.aspx.
- Required hospital characteristics are: address including city, state and ZIP, phone number, county name, type of facility, type of ownership (not publicly reported but available in the downloadable Access database on *Hospital Compare*), accreditation status (not reported on *Hospital Compare* or available in the Access database) and emergency service status.

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