Hospital Inpatient Quality Reporting Program Reference Guide Submission Requirements and Accessing and Using Your Provider Participation Report

Overview

The Hospital Inpatient Quality Reporting (IQR) Program submissions dashboard and Provider Participation Report (PPR) summarizes a provider's data submission. Hospital IQR Program-eligible providers use both the submission dashboard and the PPRs to monitor their data submissions to make sure all annual payment update (APU) requirements are met. However, data submission does not guarantee that the provider will receive the full APU. The submission dashboard and PPR updates within 10 hours of submission. **Note:** Expect longer waits, greater than 10 hours, during peak periods, such as submission deadlines.

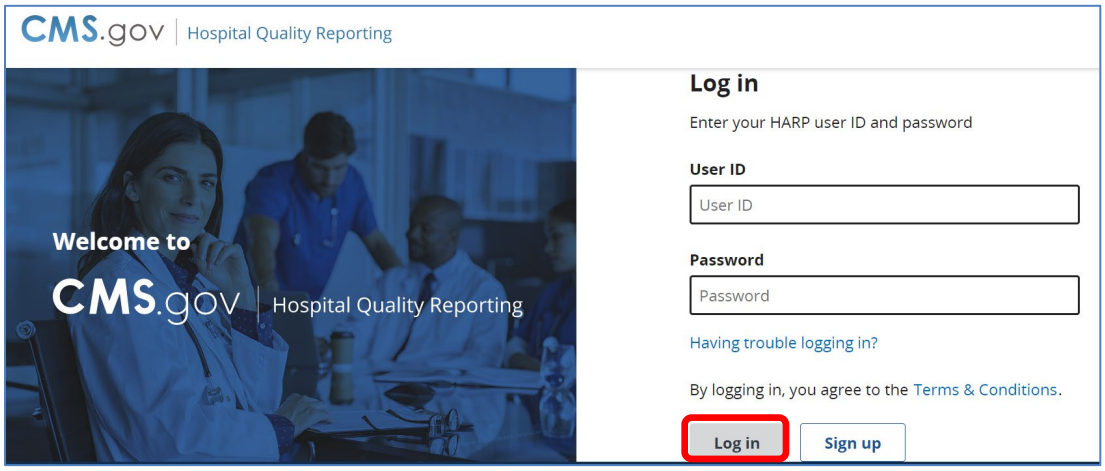
Healthcare systems, inpatient hospitals, vendors, and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) may request authorization to view the submission dashboard and PPRs for affiliated hospitals. These tools can assist them with monitoring and supporting their providers' attempts to meet APU data submission requirements.

NOTE: The screen shots provided below are current at the time of posting. The HQR displays may be different depending upon your role and access.

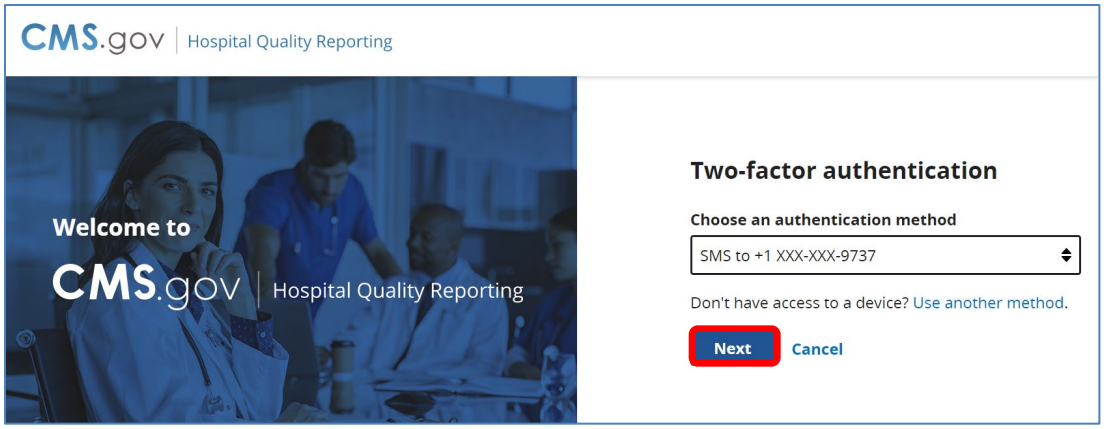
Accessing and Viewing Your Hospital's Submission Requirements

1. In your Internet browser, navigate to https://hqr.cms.gov.

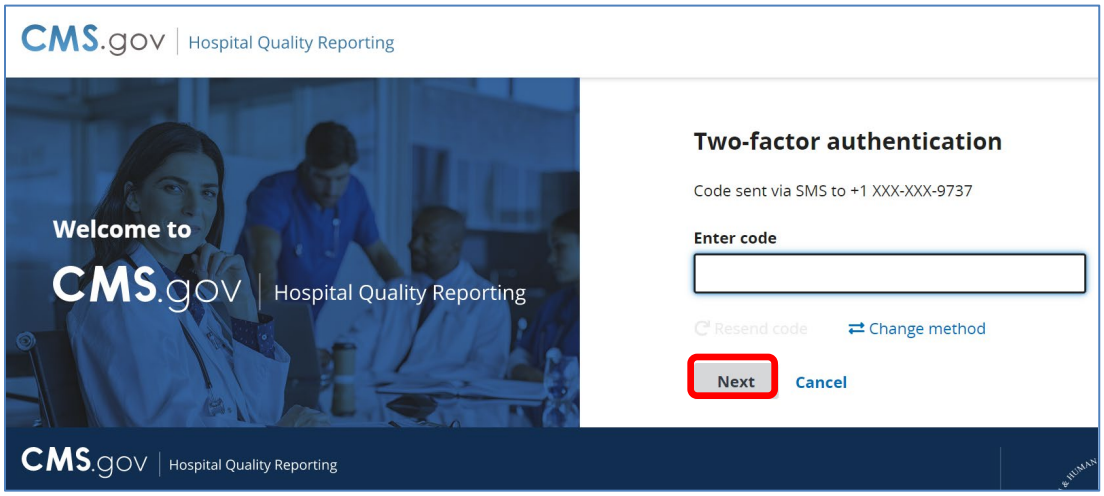
2. The Hospital Quality Reporting (HQR) home page will open. Enter your HARP User ID and Password. Click on **Log in**.



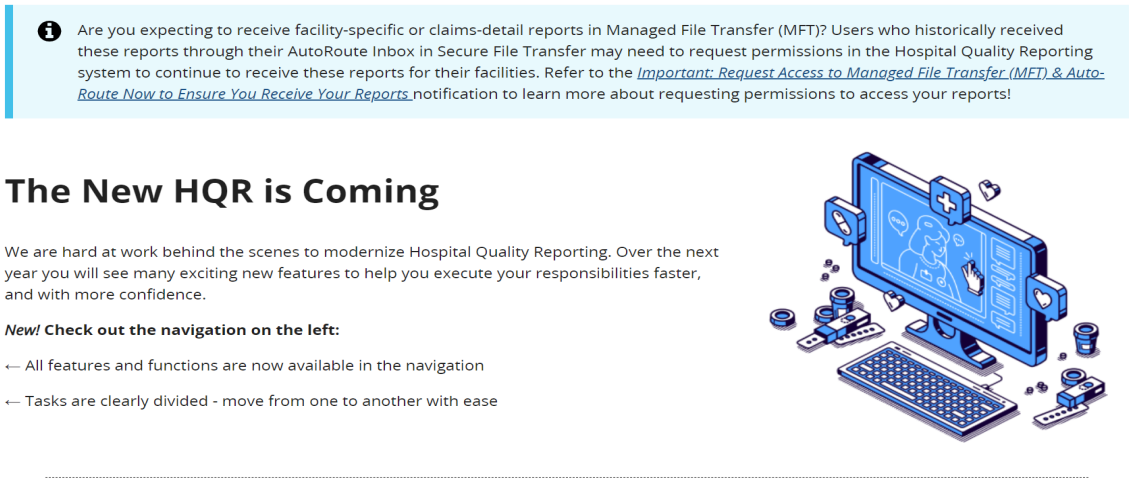
3. Select an authentication method to verify your account. Click on **Next**.



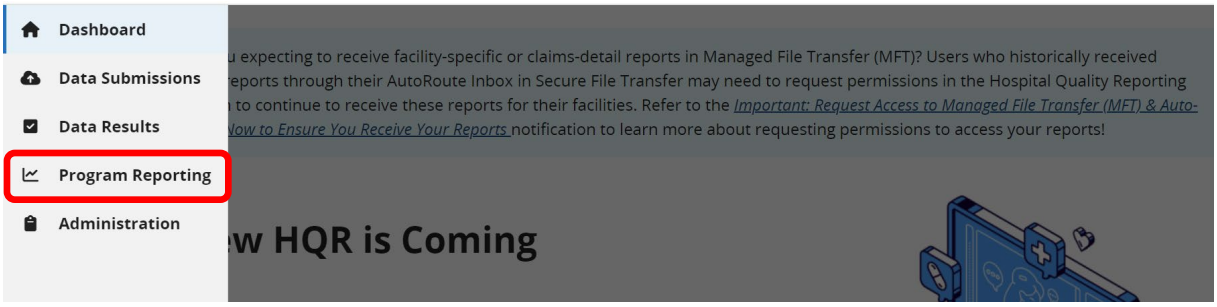
4. Continue the two-factor authentication by entering your security code. Click on **Next**.



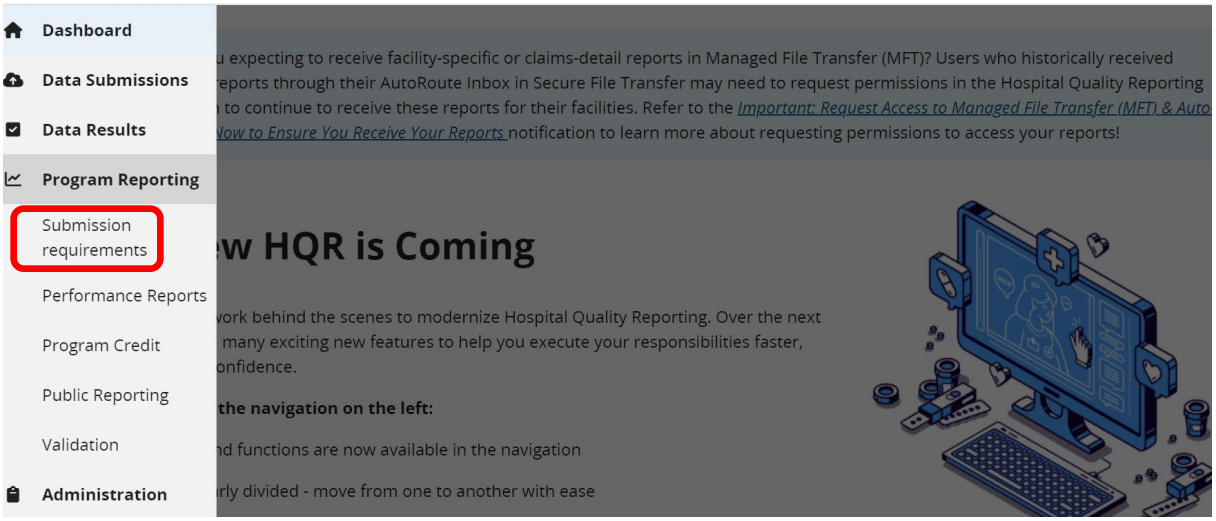
5. The HQR home page will open.



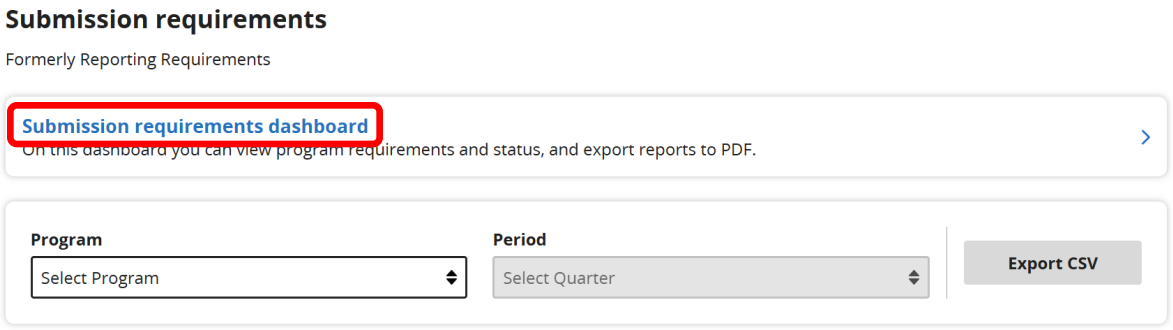
6. From the Dashboard, on the left-hand side of the screen, select **Program Reporting**.



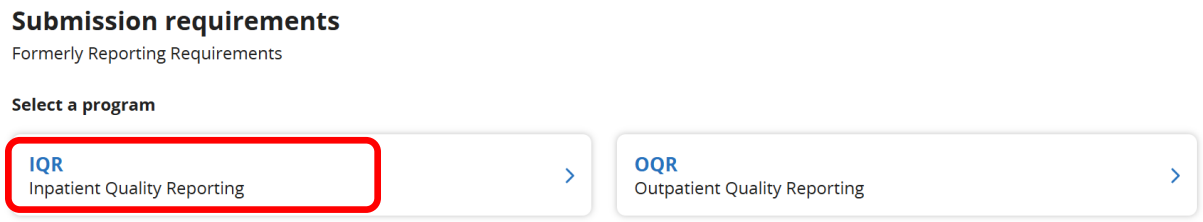
7. Under Program Reporting, click on **Submission requirements.**



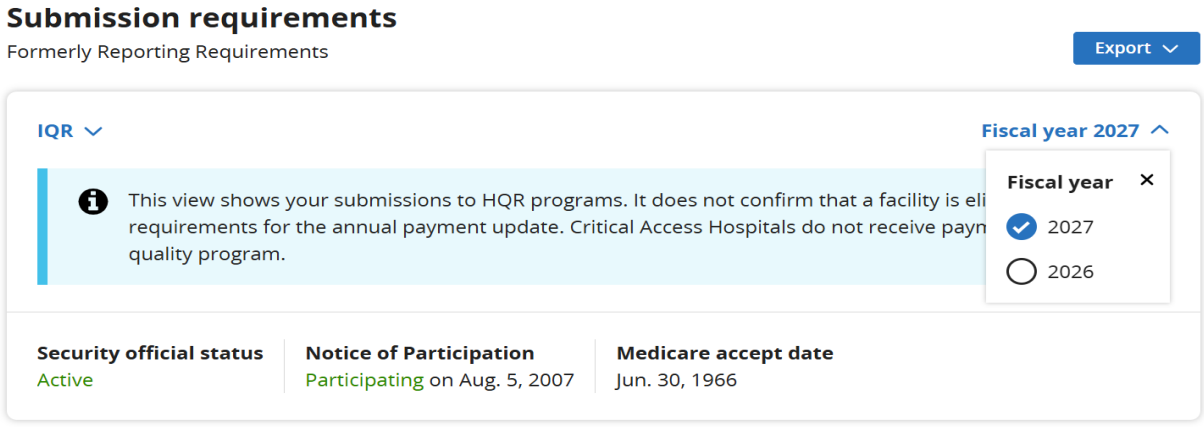
8. On the Submission requirements page, click on **Submission requirements dashboard**.



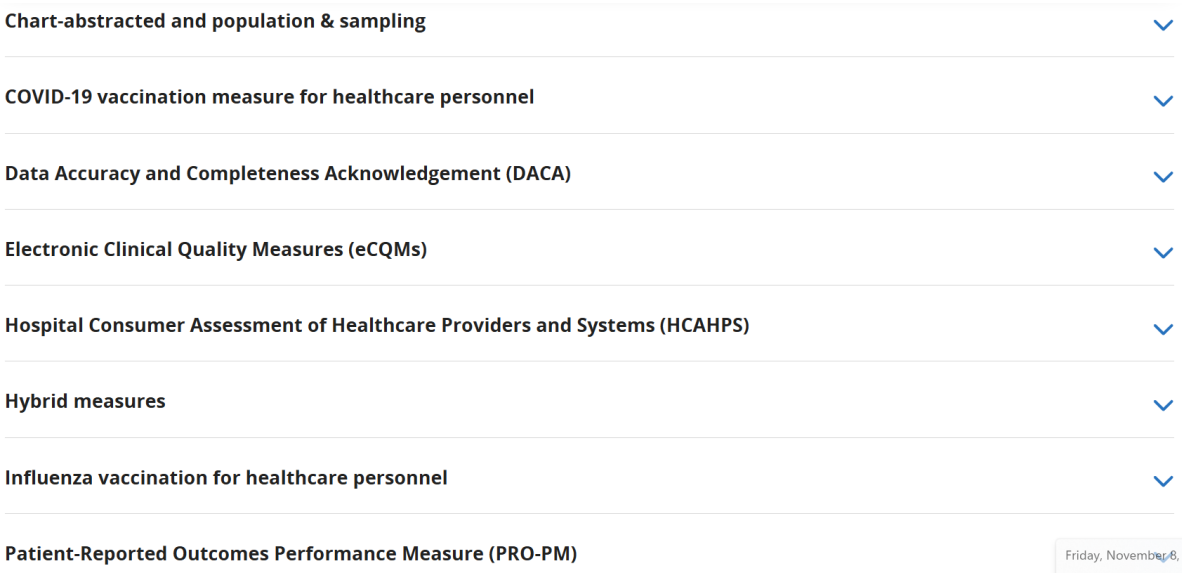
9. Under **Select a program,** select **IQR**.



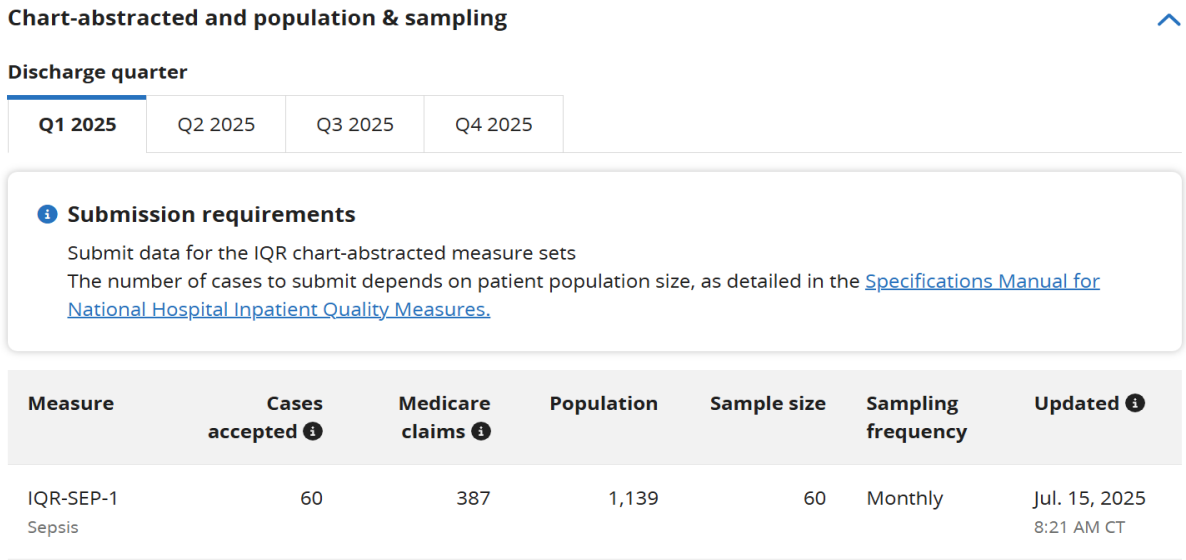
10. Select the applicable **Fiscal year. Note:** The system will default to the next fiscal year.



11. Select the requirement that you want to view.

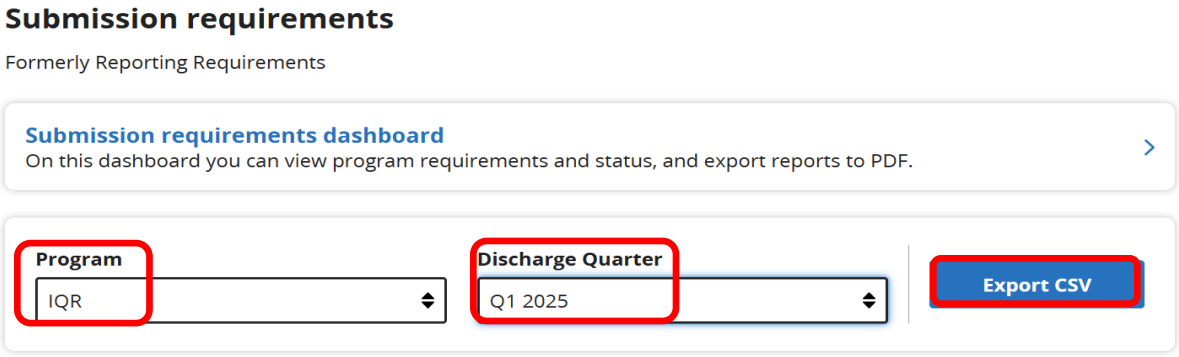


For example, if you select **Chart-abstracted and population & sampling**, the following will display:



Running and Viewing Your Hospital's PPR

12. On the Submission requirements page, select **IQR** in the **Program** dropdown. Select the applicable quarter in the **Discharge Quarter** dropdown. Then, click on **Export CSV**.



Note: HQR users who have authorization to access multiple providers, select the provider in the **Provider(s)** dropdown or use the search bar to find specific providers by name or CMS Certification Number (CCN).

> **Helpful Tip:**
> Allow ample time before the deadline to review your data. You may need this time to correct the data. Hospitals can update/correct their submitted clinical data until the CMS submission deadline. Immediately after that deadline, the HQR system locks. Any updates made after the submission deadline are not reflected in the data CMS uses.

Interpreting Your Submission Report

Column	Column Name	Description
G	active_so	Displays "Yes" if the provider has at least one active Security Official (SO).
H	nop_start_date	Displays the date, mm/dd/yyyy, that the Notice of Participation (NOP) was signed.
J	selected_for_validation	Displays "Selected" if the provider has been selected for validation. Otherwise, it will display "Not Selected." Note: It does not indicate if the provider was selected for random or targeted validation.
M	measure_set	Displays "IQR-SEP."
N	total_cases	Displays the number of sepsis cases that have been successfully submitted to the HQR Secure Portal. If no cases have been submitted and/or accepted, it will display "0" (zero).
O	total_claims	Displays the number of pure Medicare Part A sepsis claims that are in a final status. This column will be updated monthly with a cumulative total until approximately 15 days prior to the submission deadline for that quarter.
P	sample	Displays the sample size for the quarter. If the sampling data have not been entered or submitted, it will display "Not Submitted."
Q	population	Displays the population size for the quarter. If the population data have not been entered or submitted, it will display "Not Submitted."
R	sampling_frequency	Displays the sampling frequency option for the quarter: Monthly, Quarterly, Not Sampling, N/A. If the sampling frequency data have not been entered or submitted, it will display "Not Submitted."
S	daca_completed	Displays "Yes" once the Data Accuracy and Completeness Acknowledgement has been signed. If not signed during the submission period and during the non-submission periods, it will display "No."
T	maternal_morbidity	Displays "Submitted" once the Maternal Morbidity Structural measure data has been submitted. During the non-submission periods, it will display "Not Submitted."
U	hche	A blank will display. This measure has been removed from the Hospital IQR Program.
V	sdoh-1	A blank will display. This measure has been removed from the Hospital IQR Program.
W	sdoh-2	A blank will display. This measure has been removed from the Hospital IQR Program.
X	fluvac_submission	Displays "Submitted" if the HCP Influenza Vaccination data have been submitted to the National Healthcare Safety Network (NHSN). Displays "Not Submitted" if the data have not been submitted. This will only display on the Q1 report.

Column	Column Name	Description
Y	fluvac_last_NHSN_file	Displays the date, mm/dd/yyyy, that the last file was received from NHSN.
Z **AA** **AB**	hcahps_<month>_file_submission	Displays "Submitted" if the Hospital Consumer Assessment of Healthcare Providers and Systems Survey data have been submitted for the month. There will be a column for each month within the quarter. Will display "Not Submitted" if the data have not been submitted.
AC	covid19_submission	A blank will display. This measure has been removed from the Hospital IQR Program.
AD	covid19_last_NHSN_file	A blank will display. This measure has been removed from the Hospital IQR Program.