Inpatient Quality Reporting Program

**Updates from the Centers for Medicare & Medicaid Services
Presentation Transcript**

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Deb Price: Hello! And welcome to the Updates from the Centers for Medicare & Medicaid Services Webinar. Thank you for joining us today.

My name is Deb Price, and I am the education coordinator for today's event.

This slide shows you how to use the questions-and-answers feature for today's event. If you move your mouse over the WebEx Navigation Panel at the top of the screen, it's the little green bar at the top, and "menu" will drop down.

Click on the Q&A icon on that drop-down menu. When you do, the Q&A panel will display on your screen. Click the drop-down arrow next to "Ask," and select "All Panelists." You type your question, and then send by clicking the "Send" button.

Your question will be viewed and addressed by subject matter experts in today's webinar. And if we do not get to all the questions in today's webinar, we will be answering all questions. And they will be posted at QualityNet at a further date.

Hello again! Welcome to the webinar today. The webinar is titled, "Updates from the Centers for Medicare & Medicaid Services."

We have two main speakers from the Inpatient Quality Reporting Program and the Hospital Value-Based Purchasing Program, as well as two guest speakers.

The IQR Program speaker is Candace Jackson, and the Hospital Value-Based Purchasing Program lead is Bethany Wheeler.

The objectives for today's events are to identify inpatient quality reporting inquiry support updates; to explain the planned QIO-QIN Program; to describe Quarter 1 2014 lessons learned; to access the Secure Portal; to access the web-based PC-O1 measure; and finally to identify hospital value-based purchasing updates.

Let me now introduce our guest speaker, Cindy Cullen, from Mathematica Policy Research. Cindy, can you tell us a little bit about your program?

Cindy Cullen: Sure. Thanks, Debra. Good morning, everyone, and thank you for the opportunity to speak with you today. I know that you have a packed agenda, so I'm going to be brief here.

Mathematica was recently awarded the contract from CMS to develop and maintain clinical quality measures for CMS' quality reporting programs.

These include the Hospital Inpatient Quality Reporting Program, Outpatient Quality Reporting Program, the ambulatory surgical care Quality Reporting Program; PPS-exempt Cancer Hospital Quality Reporting Program, and the HER Incentive Program for eligible hospitals - or the Meaningful Use Program.

Yes, we have a lot on our plate.

But we're excited about this opportunity to help improve CMS' hospital quality reporting programs and ultimately the care provided to beneficiaries and patients.

You may have gathered there was a gap between the end of the previous maintenance support contract and the award of our contract, which resulted in a growing mass or backlog of questions in the RightNow tool.

We've heard your frustration with the lack of response. On the first day of our new contract, we learned about the accumulation of the inquiries and have been working with CMS since that day to develop a plan to address this backlog.

Our goals for this plan align with CMS' goals: to improve the quality of data submitted to CMS; to provide improved materials to assist with program reporting; and to provide constant standardized support.

To meet these goals, we started with a review of the RightNow tools and resources available to you. We've begun an initial analysis of the questions received through RightNow, to determine the types, topics and frequencies of questions. Judging from these questions, there's a level of specificity that you need, and additional guidance on how to interpret particular items would be beneficial.

To address this, we'll develop FAQs and answers and populate the topics list on RightNow. We'll also be reviewing the questions currently posted on RightNow to see if we need to make improvements or revisions.

We aim to get as many FAQs in over the next several weeks to provide support to you prior to the November abstraction deadline.

The ultimate source to choose for abstraction information is and will continue to be the program specifications manuals. As has been done in the past, we'll use your questions to help improve the clarity and quality of the specifications manuals.

We also plan to do some direct outreach to you through one-on-one interviews or focus groups, to gain a better understanding of how we can improve the manuals, to make it simpler, easier-to-use, and useful for providing high-quality data.

Stay tuned for more information on how you can contribute to this.

Finally, I want to say - again - that we have heard your frustration and are working as quickly as we can to get resources pushed out to you. It will take some time, and we appreciate your patience and feedback. We look forward to working with you over the next several months.

Now I'll hand it back over to Debra, to continue with the agenda. Thanks.

Deb Price: Thank you, Cindy.

Now I'd like to introduce our second guest speaker, Dr. Jane Brock, the clinical director for the National Coordinating Center from Telligen. Dr. Brock, can you tell us a little bit about your program?

Jane Brock: Yes. Thank you. Thanks for letting me be on this call, to talk about the new QIN-QIO program.

The QIN-QIO program is a nationwide infrastructure dedicated to improving quality of care and helping CMS with the CMS national quality strategy.

QIOs are private organizations staffed by healthcare and quality-improvement professionals, to implement improvements in the quality of care throughout the spectrum of care. We work in every setting.

There's one QIO for each state territory and the District of Columbia, and we have now been organized into Quality Innovation Networks, or QINs - which are multi-state networks of QIOs.

Each QIN covers between two and six states, although there is QIO staff still in every state.

QINs work with providers and communities on data-driven quality initiatives. We drive quality by providing technical assistance and convene in learning and action networks for sharing best-practices, as well as collecting and analyzing data for improvements.

QIOs work under the direction of CMS. So, Telligen has just been awarded the National Coordinating Center contract for the QIN-QIO program, one week ago. We're still kind of getting up to speed.

So each QIN-QIO is working on a number of strategic initiatives that have been set by CMS. These include reducing healthcare-associated infections; reducing readmissions and medication errors; working with nursing homes to improve care for residents; supporting clinical practices; and using interoperable health-information technology, particularly with regard to exchange of essential information to improve the coordination of care.

We work with physician practices and others to promote prevention activities, reduce cardiac disease and diabetes.

In every task, we are seeking to reduce healthcare disparities and to directly engage patients and families - and to encourage engagement of patients and families in their direct care.

We also provide technical assistance for improvements in the CMS value-based purchasing programs - including the physician value-based modifier program.

So, the websites that can give you much more detailed information is QIOProgram.org. It has all of the priority areas and the work that the QIOs are doing in this.

With regard to hospitals, we provide technical assistance to hospitals for collecting and reporting both inpatient and outpatient data; then of course, technical assistance for actually improving the quality of performance, such that it will be reflected in the measures collected and reported.

With regard to hospitals, the primary areas of focus are healthcare-acquired infections and reducing readmissions.

So, thank you. I'd be happy to answer questions. But those are the basic essentials of the QIN-QIO program.

Deb Price: Well, thank you, Dr. Brock!

Now I'd like to introduce our next speaker, Candace Jackson. Candace is the IQR Program lead. Welcome, Candace! Go ahead.

Candace Jackson: Thank you, Deb.

I think we can all agree that with the changes in the CMS support contractors and the new secure portal, first quarter data was a little bit difficult and frustrating for all. As we looked back on the first quarter submission, there were several kinds of issues that seemed to occur.

One of the requirements for Inpatient Quality Reporting or the IQR Program is that the hospital must have at least one security administrator. However, due to unforeseen circumstances, staff being on vacations, illnesses, staff turnover, it was recommended that the hospital have two security administrators.

If it is at the end of the submission deadline and your security administrator is not available, it is going to be very difficult to get another security administrator authorized at that time.

So as the second quarter deadline is soon approaching, if you only have one security administrator, now is the time to get a second one onboard.

We found that there were a large number of hospitals that did not know how to access the new secure portal. We will be walking through that process later in this presentation.

The known issues associated with Inpatient Hospital Reporting - particularly the functionality of applications and reports that support the IQR Program - are outlined in the inpatient known issues document. These are updated to reflect issue resolutions and/or any newly identified issues.

The known issues document can be found on the Home page of QualityNet, on the left-hand side toward the bottom of the page under "Known Issues, Hospital Reporting."

For the inpatient known issues, you will just click on "Inpatient."

We also found that there were many hospitals that were unsure of which reports to run, to assist them in verifying that their data were submitted and processed. There are numerous feedback and annual payment update reports that are available on QualityNet that will assist you in ensuring that you have met your IQR requirements for data submission.

Just a few of those reports that are available include - under the Annual Payment Update category -- the Provider Participation Report. The PPR summarizes the IQR data submission for the provider. Providers can thus monitor their data submissions to make sure they have submitted all information necessary to comply with the program's annual payment update or APU.

The report is updated nightly, with all the data that has been submitted and successfully processed for the previous day. Under the "feedback" report category, you will be able to access the following reports.

The Submission Detail Report: This is a detailed report of cases submitted to the clinical data warehouse. The report includes all submissions for a particular case, rather than just the most recent submission. This report provides - for each case - the measure set, the admit and discharge dates, the data uploaded to the warehouse, whether the case was added or deleted, whether the case was accepted or rejected, and the messages and/or critical errors that are relevant for the case.

The hospital reporting facility state and national report displays the number of hospital records submitted for a provider. It summarizes and compares, by quarter, the data for the measures chosen at the facility state and national level.

Data and calculations are obtained from cases successfully accepted into the data storage databases.

The state and national columns are blank until approximately 30 days after the submission deadline for the quarter. The other report is the case status report, which is a total of unique cases submitted to the QIO clinical warehouse by a measure set for the specified discharge quarter. This report includes the number of cases submitted, accepted, and rejected.

As stated earlier, one of the common issues that we heard during the first quarter submission period was that many hospitals did not know how to access the new secure portal. To access the secure portal, you will go to the Home page of QualityNet.

Once on the Home page, locate the Secure Portal login, located on the upper right-hand side of the page, and click on "Login."

Once logged in, the QualityNet destination page will open. On the destination page, you will be able to select the quality program you wish to log into. For this presentation, since we are focusing on the IQR Program, you would select the Inpatient Hospital Quality Reporting Program.

Once you have selected your program, the login page will open. You will enter your user ID, your password, and the security code. Once you have entered this information, you will select the "Submit," button.

If you are a new user and need a QualityNet account or have not enrolled, or if you are having trouble with your security code or forgot your password, then you can select the appropriate action under the "Help" function.

To enter your security code, open the VIP Access application. Once this is open, you will see the token that has a security code that changes every 30 seconds. Copy this, which you can do by selecting the "Copy" button on the far right of the code, and paste that code into the Security Code box on the Login screen.

You will need to do this every time you log into the new secure portal.

Once you have entered your user ID, password, and security code, the US Government Information System warning page will open. To proceed, you will need to select the "I ACCEPT" button.

After you have selected "I ACCEPT" on the warning page, the QualityNet Secure Portal launch page will open. Here, you will be able to select the program you wish to access under the Quality Programs drop-down menu.

For the IQR applications such as the PC-O1 web-based measure, you will click on the Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR link.

As we also indicated earlier, another concern that we heard was that many hospitals did not know how to access and/or enter the PC-O1 data. Once you have clicked on Hospital Quality Reporting link on the secure portal launch page, the "Quality Reporting System: My Tasks" page will open.

The applications that will be displayed will be dependent upon the security access or role that you as an individual QualityNet user have been granted. To enter the PC-O1 data, you will go to the section titled, "Manage Measures" and select, "View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)."

The View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA) popup page will then open. Under, "Select a Program," you will select "Inpatient Web-Based Measures."

This will open the Inpatient Web-Based Measures page, where you'll be able to select the Payment Year from the drop-down menu. As we are currently entering 2014 data, you will select 2016 as the payment year.

Once you select the Payment Year, you will select the "Continue" button.

The Quarter Selection page for the payment year will open, which will allow you to select the quarter of data you wish to enter. Currently, you would be able to view first quarter 2014 data by selecting, "Select Qtr-1" under the "Action" column.

To enter second quarter 2014 data, you would select, "Quarter 2," under the "Action" column. However, the submission period for second quarter data does not open until October 1st. You will have from October 1st through November 15th of 2014 to enter the second quarter submissions data.

After selecting the specific quarter, the status page will open. This will allow you to see if the data have been entered, which would display as, "Complete," or if they have not been entered, which would display as, "Incomplete."

To enter or view the actual data, you will select the measure, in this case, PC-O1, which is in blue. This will open the screen. That will allow you to either view or enter the PC-O1 data.

The Measure Data Details screen for PC-O1 will open. If it is a past quarter, you will be able to view but not change the data that have been entered. If it is a current quarter and you have already entered the data, you will be able to view and/or edit the data that have

been entered. If it is a current quarter and you have not entered the data, you will be able to do so at this time.

You will enter the aggregate Mother population, the sample size and sampling frequency, the aggregate numerator and denominator counts, and the aggregate counts for each of the measure exclusions.

If you do not have an OB unit or treat OB patients, you will still need to complete the data entry by entering zeros for all of the data fields. Once you have entered the data, you will select the "Calculate" button, which will calculate the total exclusion count and the rate.

Before leaving the screen, you will need to save the results. Once you have completed the data entry, you can return to the summary screen, and it should have changed from "Incomplete" to "Complete."

As we heard from many hospitals at the submission deadline that they thought they had entered their data, we recommend that you print or take a screenshot of your data, to be able to verify that your data have been entered.

I would now like to turn this over to Bethany Wheeler. Bethany Wheeler is the program lead for the Hospital Value-Based Purchasing Program. Bethany?

Bethany Wheeler: Thank you, Candace.

The Hospital Value-Based Purchasing Program is required by Congress under Section 1886 of the Social Security Act as added by the Patient Protection and Affordable Care Act.

The Hospital Value-Based Purchasing Program is the first national inpatient pay-for-performance program, meaning hospitals will be paid for services based on the quality of care and not just the quantity of services provided.

The program pays for care that rewards better value, patient outcomes, innovations, and cost efficiencies rather than volume of services.

The Hospital VBP Program is a budget-neutral program and is funded through a percentage of withholds from participating hospitals' diagnosis-related group payments. Payment amounts will be redistributed based on the hospitals' total performance scores in the program, in comparison to the distribution of all hospitals' total-performance scores and the estimated DRG payment amounts to fund the program.

It is important to note that withholds and incentive payments are not made in a lump sum, but through each eligible Medicare claim made to CMS.

The funding from the first year of the program - Fiscal Year 2013 - came from a withhold amount of 1%. The percentage of withhold is increased by a fourth of a percentage point until Fiscal Year 2017, when the program reaches the withhold percentage of 2%.

The Hospital Value-Based Purchasing Program applies to subsection (d) hospitals in the 50 states and the District of Columbia - excluding acute care hospitals in Maryland.

In each of the fiscal years of the program, more than 3,000 hospitals participated in the program. Although a hospital may be eligible for the Hospital Value-Based Purchasing Program initially, they could be excluded from the program for one of the following reasons listed on the slide, such as being subject to payment reductions under the Hospital IQR Program for the same fiscal year; being excluded from IPPS; the hospital was cited for two or more deficiencies during the performance period that posed immediate jeopardy to the health or safety of patients; the hospital did not meet the minimum number of measures, dimensions, or demands required for inclusion; or the hospital was located in the state of Maryland.

If a hospital is excluded, it will not have a base operating DRG payment amount withheld, nor will it receive incentive payments for that fiscal year of the program. Payments for the Fiscal Year 2015 Program will begin on October 1, 2014, and will continue until September 30 of 2015, which is the end of Fiscal Year 2015.

Hospitals have the opportunity to be scored based on achievement and improvement covered later in this presentation. In order to calculate those values, performance standards or comparison values must be created to show how much a hospital has achieved

or how much the hospital has improved relative to the other hospitals within the Hospital VBP Program.

There are three performance standards that are used in the Hospital Value-Based Purchasing Program, and all three values are collected using hospital data from the baseline period, except for the Medicare Spending per Beneficiary measure that uses performance period data.

The floor is the lowest performing hospital's performance rates during the baseline period. The floor is only used in the patient experience of care domain that identifies a hospital's lowest dimension score, which is used to calculate the HCAHPS.

The achievement threshold is the rate at the 50th percentile or the median of hospitals during the baseline period. The achievement threshold is used in conjunction with the benchmark, to calculate achievement points within the program.

The benchmark is the average or mean of the top 10% of hospitals' rates during the baseline period for a particular measure. The benchmark is used in calculating improvement points and achievement points.

Achievement points are awarded by comparing an individual hospital's rates during the performance period with all hospital rates from the baseline period by using two performance standards: the achievement threshold and the benchmark.

If a hospital has a performance period rate that is equal to or better than the benchmark, 10 achievement points will be awarded. If the rate is lower than the achievement threshold, the hospital will receive zero achievement points. If the performance period rate is equal to or better than the achievement threshold but it's still lower than the benchmark, 1 to 10 points will be awarded.

CMS may award hospitals improvement points if the hospitals' performance period rate is better than their baseline period rate. The maximum point value for improvement points is 9 points.

In the Fiscal Year 2016 program, no new domains were added from the Fiscal Year 2015 program. However, the domain weights were modified from the Fiscal Year 2015 program, to show a greater emphasis in the outcome domain.

In the Fiscal Year 2017 program, CMS adapted its proposal to align the Hospital VBP Program's quality measurement domain with the national quality strategy. The patient and caregiver centered experience// care coordination domain is weighted at 25%. The safety domain is weighted at 20%. The efficiency and cost reduction domain is weighted at 25%. And the clinical care domain is weighted at 30%, with two subdomains, outcome weighted at 25% and process weighted at 5%.

In this section of the presentation, we will walk through how to run a percentage payment summary report in the new secure portal. Candace has already presented how to login to the secure portal, so I will not be covering that. But you will need to login to the secure portal prior to following these steps.

After you've entered the QualityNet Secure Portal, select the drop-down arrow located next to the "My Reports" tab, on the yellow ribbon. Select the "Run Reports" option in the selection drop-down box.

After being directed to the Report Run Interface, select "Run Report(s) in the "I'd Like To" box.

In the "Select Program, Category and "Reports" section, choose IQR in the Report Program drop-down. Select "Hospital Value-Based Purchasing - Feedback Report" in the Report Category drop-down.

Select "Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary Report link in the "Report Name" section that now displays under the section that we just covered.

In the Report Parameters section, select your state in the "Select State" drop-down. Select your provider ID in the "Select Provider" drop-down. Select FY 2015 reporting period in the "Select Reporting Period" drop-down.

Select PDF in the "Report Format" drop-down. Finally, select "Run Report."

Select the "Search Reports" option at the bottom of the Report Run Interface to find your report.

Your report request has officially been queued within the system as indicated in the "Status" section. When your report is ready for download, the status will display a green checkmark.

In the "Action" section, you may View the report by selecting the magnifying glass, Download the report by selecting the green-download pointing arrow, Favorite the report by selecting the yellow star, or delete the report by selecting the no symbol or prohibition sign.

I would like to thank you all for joining this webinar. If you have any questions about the program, or technical questions, please reference the contact information listed on this slide.

In addition to the phone line listed for HSAG, we have an alternative phone number that is 866.800.8765. Again, that is 866.800.8765.

We would be more than happy to address any questions that you have regarding the IQR and VBP Programs. I will now turn the floor over to Deb. Thank you.

Deb Price: Thank you, Bethany.

I'd like to thank all of our speakers for the information that they shared with us today.

Before we have our subject-matter experts read questions that have been sent in during the program, I want to remind you that today's webinar has been approved for one continuing education credit by the boards listed on Slide 50.

If your license is not from one of the boards listed, you do have the opportunity to print out your certificate and use that for your credit.

We now have an online CE certificate process. If you've registered through the webinar, through WebEx, a survey will automatically pop up when this WebEx closes. Complete the survey, and then another page will display. You have to choose whether you are a new user to the system or an existing user.

You will have a one-time registration required. Use your complete e-mail address as the user ID.

Number 2 - if you did not receive the survey or if one doesn't pop up in the WebEx, we will be sending out the survey link in an e-mail to all participants who registered for this event. It won't arrive today, so don't look in your e-mail today. It will be within the next 48 hours.

Again, take the survey that's sent out. Then as soon as you click "Done" at the end of the survey, you will be required to say whether you're an existing user or a new user, and again - the same thing…. You will be sent your CE certificate.

Finally, if you do not receive an e-mail within 48 hours, please contact us. You can see on this slide how to contact us, and we'll make sure you get your certificate.

We will now ask our subject matter experts to read some of the questions that have been sent in for new attendees.

First one I'd like to ask is Chris. Do you want to read a couple of questions and answers that you've given to those questions?

Chris Leber: Thanks, Deb. I have compiled a few questions on the PC-O1 measure.

First question: "On the preview report released September 15th, the aggregate PC-O1 numbers are lower than my hospital was expecting to see, based on our calculations."

The answer is there was an error for PC-O1 on the preview report that was initially released, in that it failed to include first quarter 2014 data. This has been corrected as of September 18th. If you rerun your preview report, it will display the corrected PC-O1 aggregate data now.

The second question I have is, "We don't do deliveries at our hospital. Is there any way to set up the PC-O1 measure section of the secure portal so that I don't have to go in every quarter and enter zeros?"

The answer is no. That is not possible. You will need to go in every quarter and complete them. And you have to wait until the submission period opens up before you can enter this information.

The submission period for PC-O1 will begin 1.5 months before the deadline. For example, the deadline for second quarter 2014 discharges is November 15th. You can begin entering your PC-O1 data on October 1st.

The last question I have is, "When entering all zeros, for PC-O1 submissions, I still have to indicate what kind of sample I'm doing: quarterly, monthly, or not applicable. Does it matter what I select? Also, when I enter all zeros, the PC-O1 status does not show complete."

The answer is no. It won't matter what sample time frame you select. Anything would be fine. But most hospitals pick, "not applicable," if they have no deliveries.

In order to show complete status, you have to hit the "Calculate and Save," button at the bottom of the screen. Then in order to see your PC-O1 status change from "Incomplete" to "Complete," you may need to refresh your screen or close reports and reopen the Inpatient Web-Based Measures tool.

That's all I have, Deb.

Deb Price: Okay. Thank you, Chris.

Now, Suzette. Can you give us a couple of the questions that you've answered?

Suzette Gerhart: Sure, Deb. I have a few.

The first is, "Is the perinatal data that's entered aggregate data?" The answer is yes. For the perinatal data, CMS requires hospitals to enter aggregate numerator, denominator, and exclusion counts.

The second question: "Where can I find specifications for this measure?" The specifications for this measure - including the algorithm, population and sampling requirements, and data elements can be found in The Joint Commission Specifications Manual located on The Joint Commission website.

The next: "How can I verify that my perinatal data was completed?" You can either run the provider participation report, or you can go

to the Inpatient Web-Based Measures summary page. Then under the PC-O1 hyperlink, it will say either "Complete" or "Incomplete."

If it says "Incomplete," you will need to reenter the data. And be sure to select "Calculate and Save."

The next question: "Is there a paper tool for this?" Yes. If you go to the QualityNet Home page on the Hospitals - Inpatient drop-down menu, select, "Data Collection (& CART)." On the left-hand side menu, select "Abstraction Resources."

When the page opens, be sure to select the appropriate discharge time period from the drop-down menu. At the bottom of the resources page under Web-Based Abstraction Paper Tool, select PC-01.

The next question: "Is this something my vendor enters for me?" Some vendors enter the perinatal data for their providers. You will need to check and verify with your vendor if they provide this service. If they do not, you are responsible for entering these data to meet the CMS requirements.

Please note data cannot be submitted as an XML file but must be manually entered into the PCO1 web-based tool.

"Do I use my global population when determining my initial patient population and sample size?" No. You only use your Mother population.

The PC Mother population includes all inpatients who have an ICD-9 CM principle or other diagnosis code of pregnancy as defined in Appendix A Table 12.3.

Next: "How can I tell if the data was entered correctly?" The total exclusion count plus the denominator count should equal the sample size.

And, lastly - "The perinatal screen is not allowing me to enter prior uterine surgery data as an exclusion." The Joint Commission made changes to the measure and algorithm, beginning with Quarter 1 2014 discharges. Prior uterine surgery is no longer an exclusion. And you will not be able to enter the data into the perinatal screen.

That's all I had.

Deb Price: Well, thank you, Suzette.

Now I'm going to read a couple of the value-based purchasing questions that have come in.

First question: "When will CAH facilities be part of hospital value-based purchasing?" The answer is, the CAH inclusion in a hospital value-based purchasing program has not been proposed through rulemaking.

The second question is, "Are the withholdings of DRG payments based on Medicare fee-for-service payments only?" The answer - The base operating DRG payment amount is the total payment using Medicare Part A claims - less estimates of outlier payments, indirect medical education payments, disproportionate share of hospital payments, and low-volume hospital adjustment payments.

Another question: "What is the withhold percentage for Fiscal Year 2016?"

The answer is, the withhold percentage for the Hospital VBP Program in Fiscal Year 2016 is 1.75%. And in Fiscal Year 2017, it will be 2.0%.

Next question, "Whom should I contact if I have difficulties or I cannot run my report through the secure portal?"

Well, you can contact the QualityNet Help Desk.

And I have one more question. That is, "What would be the impact for a hospital if we did not provide services like delivery and hardly used fibrinolytic therapy in Fiscal Year 2017?"

The answer is, if your hospital does not provide the minimum amount of service required for the quality measurement - for example, 10 cases during the performance period for the AMI-7A measure - a measured score will not be awarded for that measure.

In order to receive a total performance score, a hospital must receive domain scores in at least three of the four domains. In order

to receive a domain score for each of the domains, a minimum amount of scored measures is required.

The clinical care process sub-domain requires a minimum of one measure receiving a measured score to receive a sub-domain score.

If your hospital does not submit the minimum required cases for AMI-7A measure, a score may still be calculated if the hospital met the minimum cases in either the PC-O1 or the IMM-2 measure.

This concludes our program for today. I'd like to thank all of our speakers and participants for the valuable information and questions you have provided. If we did not get to your questions and did not read them aloud, please use the question-and-answer tool located on the www.QualityNet.org, and the subject matter expert will send you a timely response.

Remember that all questions will be posted to QualityNet at a future date. Thank you again, and enjoy the rest of your day.

END