



# 2021


## IQR PROGRAM REQUIREMENTS

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**1**



**Report two quarters  
of data for at least  
four of the available  
eight eQMs**



## SELECT FOUR OUT OF EIGHT ECQMS AND REPORT TWO QUARTERS OF DATA

### REQUIREMENT



Hospitals must report two quarters of data for at least four of the available eight eCQMs.

### SUBMISSION



QualityNet Secure Portal (third party vendor authorization required)

### DEADLINE



February 28, 2022

### Electronic Clinical Quality Measures (eCQMs)

**ED-2:** Admit Decision Time to ED Departure Time for Admitted Patients

**PC-05:** Exclusive Breast Milk Feeding

**STK-2:** Discharged on Antithrombotic Therapy

**STK-3:** Anticoagulation Therapy for Atrial Fibrillation/Flutter

**STK-5:** Antithrombotic Therapy by the End of Hospital Day Two

**STK-6:** Discharged on Statin Medication

**VTE-1:** Venous Thromboembolism Prophylaxis

**VTE-2:** Intensive Care Unit Venous Thromboembolism Prophylaxis

**CMS506:** Safe Use of Opioids – Concurrent Prescribing\*

*\*The Opioid measure will be required for submission in 2022 and beyond.*

# ADDITIONAL ECQM REQUIREMENTS

1

Your vendor/EHR must be certified to the 2015 Edition of Certified EHR Technology (CEHRT) for reporting in 2021. Your vendor/EHR must also be certified to for all eight eCQMs regardless of which eCQMs you submit.

2

Hospitals must use the most recent version of the eCQM specifications.

3

All data must be submitted using the QRDA (Quality Reporting Document Architecture) Category 1 file format.

4

By submitting your eCQMs to the IQR program, you will also successfully meet your CQM requirement for the Promoting Interoperability (Meaningful Use) program.

5

Hospitals must use a combination of factors to successfully complete their eCQM requirements. If you have at least five cases in the Initial Patient Population and have no zeros in your denominators for the measures you are submitting, you have successfully met the requirements for submission. If, however, you do not have at least five cases in the Initial Patient Population field, you must submit a *Case Threshold Exemption* form. If your measure has zero in the denominator you must submit a *Zero Denominator Declaration* form.



## Your results matter this year:

For the first time, CMS will publicly post your 2021 performance first on [data.hospital.gov](https://data.hospital.gov) and then on Hospital Compare. Make sure you have a plan for measuring and improving your eCQMs.



**2**

**Report quarterly  
on these two  
chart-abstracted  
measures**

## REPORT QUARTERLY DATA ON THESE TWO CHART-ABSTRACTED MEASURES

### REQUIREMENT



Hospitals must report on two chart-abstracted measures.

### SUBMISSION



QualityNet Secure Portal  
(third party vendor authorization required)

### DEADLINE



Quarterly submission deadlines

### Chart-Abstracted Measures

**PC-01:** Elective Delivery

**SEP-1:** Early Management Bundle. Severe Sepsis/Septic Shock

### Hospitals With Five or Fewer Discharges

Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) per measure in a quarter are not required to submit patient-level data.

### PC-01 Measure Submission

Hospitals are required to enter PC-01 measure data through the web-based tool on a quarterly basis. These data are manually entered. They cannot be transmitted via xml file. If you do not deliver babies at your organization, you must enter zeroes for the PC-01 measure each quarter or you can submit an *IPPS Measure Exception* form.



**3**

**Submit  
population and  
sample size  
counts quarterly**



# SUBMIT POPULATION AND SAMPLE SIZE COUNTS QUARTERLY

## REQUIREMENT



Hospitals must submit population and sampling numbers for both chart-abstracted measures.

## SUBMISSION



QualityNet Secure Portal  
(third party vendor authorization required)

## DEADLINE



Quarterly submission deadlines



Hospitals must submit aggregate population and sample size counts for each chart-abstracted measure. This requirement only applies to populations for the chart-abstracted measures. It must be completed quarterly through the QualityNet Secure Portal.

## Hospitals With Five or Fewer Discharges

If you have five or fewer discharges per measure (Medicare and non-Medicare combined) in a quarter, you are **not required to submit patient-level data** for that specific measure and quarter. However, you must **submit the aggregate population and sample size counts** even if the population is zero. Leaving a field blank does not fulfill the requirement.



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**Report HCAHPS  
data quarterly**

# REPORT HCAHPS DATA QUARTERLY

## REQUIREMENT



Hospitals must report Patient Experience of Care Survey measures data.

## SUBMISSION



QualityNet Secure Portal

## DEADLINE



Quarterly submission deadlines

## Patient Experience of Care Survey Measures

**HCAHPS:** Hospital Consumer Assessment of Healthcare Providers and Systems

**CTM-3:** 3-Item Care Transition Measure

### Other considerations for the HCAHPS Survey


Hospitals with six or more HCAHPS-eligible discharges in a month must submit the total number of HCAHPS-eligible cases for the month as part of the quarterly survey data submission.

Hospitals with five or fewer HCAHPS-eligible discharges in a month are not required to submit the HCAHPS survey for that month.




If you have no HCAHPS-eligible discharges in a month, you must submit a zero for that month as a part of the quarterly data submission.



**5**



**On an annual  
basis, complete  
the DACA**



## ON AN ANNUAL BASIS, COMPLETE THE DACA

### REQUIREMENT



Hospitals must complete the Data Accuracy and Completeness Acknowledgment (DACA).

### SUBMISSION



QualityNet Secure Portal

### DEADLINE



Annual submission deadline between April 1 - May 15, 2022



The Data Accuracy and Completeness Acknowledgment (DACA) is a requirement for hospitals participating in the IQR program. The DACA is a method of electronically attesting that the data they submitted to the program is accurate and complete to the best of their knowledge. You can attest anytime between April and mid-May of 2022. Hospitals may complete the DACA within the QualityNet Secure Portal.



**6**



**On an annual basis,  
report one  
HAI measure**



# REPORT QUARTERLY DATA ON THE PATIENT EXPERIENCE OF CARE SURVEY

## REQUIREMENT



Hospitals must report on one HAI measure.

## SUBMISSION



National Healthcare Safety Network (NHSN) portal

## DEADLINE



Annual submission deadline




This category went through a significant shift in 2020. The Healthcare Associated Infection (HAI) measures were almost all removed from the IQR program but retained in both the Hospital Value-Based Purchasing and Hospital-Acquired Condition Reduction programs. That leaves just one measure for you to submit annually now: the Influenza Vaccination measure.

### HAI Measure




**HCP:** Influenza Vaccination Coverage Among Healthcare Personnel (submission through NHSN)



7



**Review your  
Claims-Based  
data**





## REVIEW YOUR CLAIMS-BASED DATA

### REQUIREMENT



Hospitals are evaluated for their performance on six Claims-Based Outcome measures and four Claims-Based Payment measures.

### SUBMISSION



No additional submission is required

### DEADLINE



No submission deadline

### Claims-Based Payment Measures

**AMI Payment:** Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)

**HF Payment:** Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)

**PN Payment:** Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia

**THA/TKA Payment:** Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty

## Claims-Based Outcome Measures

**MORT-30-STK:** Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic

**READM-30-HWR\*:** Hospital-Wide All-Cause Unplanned Readmission (HWR)

**AMI Excess Days:** Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction

**HF Excess Days:** Excess Days in Acute Care after Hospitalization for Heart Failure

**PN Excess Days:** Excess Days in Acute Care after Hospitalization for Pneumonia

**PSI 04:** Death Rate Among Surgical Patients with Serious Treatable Complications

*\*In the 2020 IPPS Final Rule CMS decided to remove the Hospital-Wide All-Cause Unplanned Readmission and replace it with NQF #2879 Hybrid Hospital-Wide Readmission measure beginning with FY 2026 Payment.*



In a nutshell hospitals will receive a score for their performance on 6 Claims-Based Outcome measures and 4 Claims-Based Payment Measures. No additional data submission is required to calculate the claims measure rates. CMS uses enrollment data, as well as Part A and Part B claims data, to calculate the measure rates.

You will receive a Hospital-Specific Reports (HSRs) from CMS for these Claims-Based measures in the QualityNet Secure Portal. These reports contain discharge-level data, hospital-specific results and state and national results for comparison.

# NEW HYBRID MEASURE REQUIREMENT



CMS has released the new Hybrid Hospital Wide Readmission Measure to replace the Claims-Based Hospital-Wide All-Cause Unplanned Readmission Measure (HWR). In the 2020 IPPS final rule, CMS decided that the Hybrid HWR measure will be voluntary starting in 2021 and mandatory beginning in 2023. This data will be reported on Hospital Compare in 2025. In 2021, they stated their intention to keep this plan in place and dropped hints that there will be more hybrid measures coming.



## MEASURE TIMELINE

- **FIRST VOLUNTARY SUBMISSION:**  
Begins for discharges July 1, 2021 through June 30, 2022.
- **SECOND VOLUNTARY SUBMISSION:**  
Begins for discharges July 1, 2022 through June 30, 2023.
- **MANDATORY REPORTING PERIOD:**  
Applies to discharges July 1, 2023 through June 30, 2024 for FY 2026 payment determination.

### Other considerations

Submissions would be required no later than the first business day 3 months following the end of the reporting period.

Validation processes not yet established (expected in future rulemaking).

Results for first mandatory submission will be posted on Hospital Compare in July of 2025.



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**Fulfill validation/  
audit requirements  
if selected**

# FULL VALIDATION/AUDIT REQUIREMENTS IF SELECTED



CMS is combining the audits for chart-abstracted measures, eCQMs and HAC measures into one audit. The audits for abstracted and HACs that usually include Q3 and Q4 of one year and Q1 and Q2 of the next year are shortened to only include Q3 and Q4. This gets all of the audits on the eCQM schedule which is the straight calendar year. Let's break it down.

## HAC, Abstracted and eCQM hospital audit schedule

If you are selected for audit in either 2020 or 2021 these are the quarters of data you must submit. Note that for 2020 audits CMS is only requiring data from Q3 and Q4 of 2020.

Aligned Quarters Used for Audits (Validation) for FY 2023	
Fiscal Year 2023	Quarter
Chart-Abstracted Measures HAC Reduction Program Data	Q3 2020
	Q4 2020
eCQMs	Q1 2020 - Q4 2020

Aligned Quarters Used for Audits (Validation) for FY 2024 and Subsequent Years	
Fiscal Year 2024	Quarter
Chart-Abstracted Measures HAC Reduction Program Data	Q1 2021
	Q2 2021
eCQMs	Q3 2021
	Q4 2021

## ALIGNING THE NUMBER OF HOSPITALS SELECTED FOR AUDITS:

In addition to aligning the quarters, CMS will also combine the number of selected hospitals as seen in the table comparison below.

Current Audit (Validation) Process		
Selection Process	Number of Hospitals	Measure Type
Random Selection	400	Chart-Abstracted
Targeted Selection	Up to 200	Chart-Abstracted
Random Selection	Up to 200	eCQMs
<b>TOTAL:</b>	Up to 800	

Audit (Validation) Process for FY 2024 Payment Determination		
Selection Process	Number of Hospitals	Measure Type
Random Selection	Up to 200	Chart-Abstracted & eCQMs
Targeted Selection	Up to 200	Chart-Abstracted & eCQMs
<b>TOTAL:</b>	Up to 400	

### Submission deadline:

For the FY 2024 program year and subsequent years, CMS will use measure data from all of 2021 for both the HAC Reduction Program and the Hospital IQR Program. Under this approach, the data submission deadlines for chart-abstracted measures will be in the middle of the month, the fifth month following the end of the reporting quarter.



# GETTING HELP





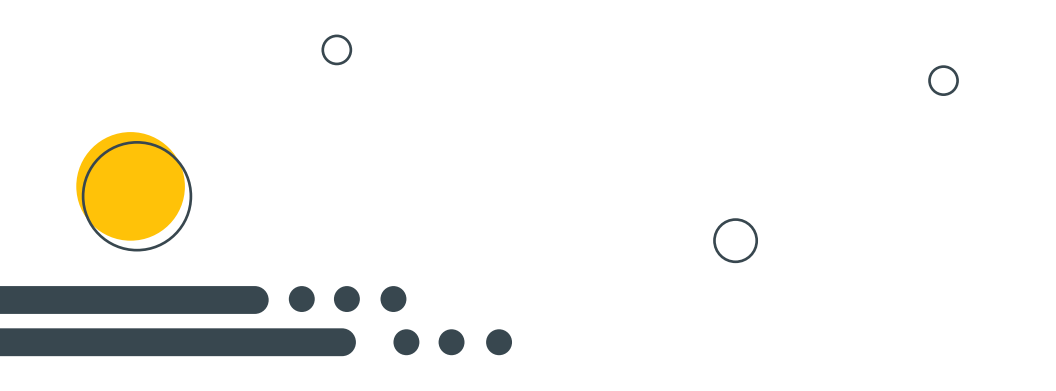
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Medisolv has worked with many hospitals from the very beginning of their quality improvement process. We've felt their frustration and understand their concerns. But we can assure you that we can get you through this process and provide long-term support as the regulations and requirements change.

This year there are some significant changes and we are already working with our clients on improving their Opioid eCQM and hybrid measure performance.

Medisolv's ENCOR Quality Reporting and Management software solution provides hospitals with the tools they need to meet all the CMS IQR reporting requirements. In addition to the software, our solution provides your hospital with expert clinical consultants that will guide your hospital through implementation, validation and submission.





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