Hospital Inpatient Quality Reporting (IQR) Program

QualityNet Reports: Basics 101

November 5, 2013
Agenda

Accessing Reports

Annual Payment Update Reports (APU)
- Claims Detail Report
- Provider Participation Report

Feedback Reports
- Facility, State and National Report
- Measure Status by Case/Category Report
- Population and Sampling Summary Report
- Submission Detail Report
- Submission Summary Report

Validation Reports
- Case Detail Report
- Case Selection Report

Objective

Understand how to access Hospital IQR Program reports on My QualityNet
- Purpose of report
- Report parameters
- How to run the report

Resource

Questions
To access reports:


2. Sign-in to My QualityNet by selecting the [Sign In] button.

- Annual Payment Update Reports
- Feedback Reports
- Data Validation Reports
- Preview Reports
- Value-Based Purchasing Feedback Reports
Running Reports

To Run a Report:

1. On the My Tasks screen, in the Reports section, select the "Run" link.

2. On the [Run Reports] tab, select the Report Category from the drop-down list.


4. Select the [Go] button to proceed.

5. Select the desired Report Name from the list.

6. Select the report parameters and select [Request Report].

7. The system provides a confirmation message for the submission.
Viewing Reports

To View a Report:

1. Select the [View Reports] tab.
2. On the Report Viewer screen, wait for the system to process the request (Status column, marked “complete”) and select the View report icon (magnifying glass).

Note: System stores saved reports for one week.
Hospital Reporting – Annual Payment Update

Annual Payment Update (APU) Reports

- Claims Detail Report
- Provider Participation Report
Claims Detail Report

Displays Medicare Fee for Service (Part A) finalized claims only, including:

1) Date of most recent claims data
2) Number linked to the beneficiary’s claim
3) Claim start and end dates
4) Corresponding measure set

Note: Report has been de-identified.

Purpose

Monitors quarterly claims submission.

Data Excluded for measure set:

Global and No VTE (sub-population 1)
Claims Detail Report Parameters

Select Report Parameters:

1. Discharge quarter
2. Measure set
3. Report Format
4. [Request Report]
Clinical Measures report displays:

1) Total Cases Accepted
2) Total Medicare Claims
3) Total Patient Population
4) Total Sample Size
5) Discharge Quarter Sample Frequency
Clinical Measures Provider Participation report (pg. 2):

**PC (PC-01 Elective Delivery)**
1) Total Numerator
2) Total Denominator
3) Total Population
4) Total Sample Size
5) Discharge Quarter Sample Frequency
6) Total Exclusions

**IQR-HAI Quality Measure Data**
1) IQR-HAI Data Submitted
2) Last NHSN File Update to CMS

<table>
<thead>
<tr>
<th>Clinical Web-Based Measures</th>
<th>Total Numerator</th>
<th>Total Denominator</th>
<th>Total Patient Population</th>
<th>Total Sample Size</th>
<th>Discharge Quarter Sample Frequency</th>
<th>Total Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PC-01 Elective Delivery</strong></td>
<td>3</td>
<td>38</td>
<td>1196</td>
<td>288</td>
<td>Monthly</td>
<td>250</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IQR-HAI Quality Measure Data</th>
<th>IQR-HAI Data Submitted</th>
<th>Last NHSN File Update to CMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.difficile</td>
<td>Yes</td>
<td>09/16/2013</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Yes</td>
<td>09/16/2013</td>
</tr>
<tr>
<td>CLABSI</td>
<td>Yes</td>
<td>09/16/2013</td>
</tr>
<tr>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>Yes</td>
<td>08/27/2013</td>
</tr>
<tr>
<td>MRSA Bacteremia</td>
<td>Yes</td>
<td>09/16/2013</td>
</tr>
<tr>
<td>SSI - Abdominal Hysterectomy</td>
<td>Yes</td>
<td>09/16/2013</td>
</tr>
<tr>
<td>SSI - Colon Surgery</td>
<td>Yes</td>
<td>09/16/2013</td>
</tr>
</tbody>
</table>
Provider Participation Report Parameters

Select Report Parameters:

1. Calendar Year

2. Discharge quarter using the [Select a Discharge Quarter] leave un-selected to include all four quarters on the report

4. [Request Report]
Hospital Reporting – Feedback Reports

Feedback Reports

- Facility, State and National Report
- Measure Status by Case/Category Report
- Population and Sampling Summary Report
- Submission Detail Report
- Submission Summary Report
Reported data includes:

1) Number of hospital records abstracted for a provider.
2) Number of cases that met the intent for the measure (numerator).
3) Number of cases in the measure population successfully accepted (denominator).
4) Percentage included in the denominator that is included in the numerator.
### Facility, State and National Report (Slide 2 of 3)

#### IQR-AMI Data

<table>
<thead>
<tr>
<th>Measure Set: IQR-AMI</th>
<th>Facility</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI-1: Aspirin at Arrival</td>
<td>Numerator: 44, Denominator: 44, % of Total: 100%</td>
<td>Numerator: 1,184, Denominator: 1,197, % of Total: 59%</td>
<td>Numerator: 122,731, Denominator: 123,673, % of Total: 59%</td>
</tr>
<tr>
<td>AMI-2: Aspirin Prescribed at Discharge</td>
<td>Numerator: 35, Denominator: 35, % of Total: 100%</td>
<td>Numerator: 1,075, Denominator: 1,081, % of Total: 59%</td>
<td>Numerator: 110,079, Denominator: 110,980, % of Total: 59%</td>
</tr>
<tr>
<td>AMI-3: ACEI or ARB for LVSD*</td>
<td>Numerator: 7, Denominator: 7, % of Total: 100%</td>
<td>Numerator: 158, Denominator: 161, % of Total: 58%</td>
<td>Numerator: 18,544, Denominator: 18,961, % of Total: 58%</td>
</tr>
<tr>
<td>AMI-5: Beta-Blocker Prescribed at Discharge</td>
<td>Numerator: 33, Denominator: 33, % of Total: 100%</td>
<td>Numerator: 1,045, Denominator: 1,051, % of Total: 59%</td>
<td>Numerator: 105,032, Denominator: 106,077, % of Total: 59%</td>
</tr>
<tr>
<td>AMI-7: Median Time to Fibrinolysis</td>
<td>Numerator: N/A, Denominator: N/A, % of Total: /</td>
<td>Numerator: /, Denominator: /, % of Total: /</td>
<td>Numerator: /, Denominator: /, % of Total: /</td>
</tr>
</tbody>
</table>

#### IQR-PC-01 Data

<table>
<thead>
<tr>
<th>Measure Set: IQR-PC</th>
<th>Facility</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC-01 Elective Delivery</td>
<td>Numerator: 0, Denominator: 46, % of Total: 0</td>
<td>Numerator: 33, Denominator: 460, % of Total: 7</td>
<td>Numerator: 3,649, Denominator: 57,363, % of Total: 6</td>
</tr>
</tbody>
</table>

**Exclusions**
- ICD-9-CM Principal or Other Diagnosis: 46
- Code for Elective Delivery
- Enrolled in a Clinical Trial
- Prior Uterine Surgery
- Gestational age patients <37 or >= 39 weeks gestation: 227

**Total Exclusion Counts**
- Facility: 273
- State: 3,026
- National: 384,092

#### IQR-HAI Data

<table>
<thead>
<tr>
<th>Measure Set: IQR-HAI</th>
<th>Facility</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI</td>
<td>Numerator: 2, Denominator: 4.056, Standardized Infection Ratio (SIR): 0.493</td>
<td>Numerator: 42, Denominator: 36.647, % of Total: 1.146</td>
<td>Numerator: 6174, Denominator: 5553.783, % of Total: 1.112</td>
</tr>
<tr>
<td>CLABSI</td>
<td>Numerator: 4, Denominator: 4.287, Standardized Infection Ratio (SIR): 0.933</td>
<td>Numerator: 22, Denominator: 34.432, % of Total: 0.639</td>
<td>Numerator: 2195, Denominator: 5166.844, % of Total: 0.545</td>
</tr>
<tr>
<td>SSI - Abdominal Hysterectomy</td>
<td>Numerator: 0, Denominator: 0.435</td>
<td>Numerator: 6, Denominator: 5.460, % of Total: 1.099</td>
<td>Numerator: 549, Denominator: 716.380, % of Total: 0.777</td>
</tr>
<tr>
<td>SSI - Colon Surgery</td>
<td>Numerator: 3, Denominator: 2.819, Standardized Infection Ratio (SIR): 1.064</td>
<td>Numerator: 22, Denominator: 31.273, % of Total: 1.034</td>
<td>Numerator: 1736, Denominator: 2173.689, % of Total: 0.799</td>
</tr>
</tbody>
</table>
### Facility, State and National Report (Slide 3 of 3)

#### PC-01 Report

<table>
<thead>
<tr>
<th>Measure</th>
<th>Exclusion</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Total</th>
<th>Exclusions Count</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Total</th>
<th>Exclusions Count</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Total</th>
<th>Exclusions Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC-01 Elective Delivery</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>33</td>
<td>460</td>
<td>7</td>
<td>3.649</td>
<td>57.363</td>
<td>6</td>
<td>193,230</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9-CM Principal or Other Diagnosis Code for Elective Delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>61</td>
<td></td>
<td>1,524</td>
<td></td>
<td>193,230</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled in a Clinical Trial</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>393</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Uterine Surgery</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17</td>
<td></td>
<td>208</td>
<td></td>
<td>20,860</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gestational age patients &lt;37 or &gt;= 39 weeks gestation</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20</td>
<td></td>
<td>1,293</td>
<td></td>
<td>169,609</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EXCLUSION COUNTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>98</td>
<td></td>
<td>3,026</td>
<td></td>
<td>384,092</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### IQR-HAI Report

<table>
<thead>
<tr>
<th>Measure Set: IQR-HAI</th>
<th>Facility</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. difficile</td>
<td>5</td>
<td>6.975</td>
<td>.717</td>
</tr>
<tr>
<td>CAUTI</td>
<td>2</td>
<td>1.154</td>
<td>1.718</td>
</tr>
<tr>
<td>CLABS</td>
<td>0</td>
<td>1.087</td>
<td>.000</td>
</tr>
<tr>
<td>MRSA Bacteremia</td>
<td>0</td>
<td>.587</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>SSI - Abdominal Hysterectomy</td>
<td>0</td>
<td>.342</td>
<td>No</td>
</tr>
<tr>
<td>SSI - Colon Surgery</td>
<td>1</td>
<td>.542</td>
<td>No</td>
</tr>
</tbody>
</table>
Select Report Parameters:

1. Discharge Quarter
2. Measure Set
3. [Request Report]

Note: When no selection is made in the non-required fields, results default to “all”.
### Measure Status by Case Report

<table>
<thead>
<tr>
<th>Measure</th>
<th>Population Eligible (Denominator)</th>
<th>Passed the Measure (Numerator)</th>
<th>Excluded from the Measure Calculation</th>
<th>Continuous Variable</th>
<th>UTD</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI-1</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMI-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AMI-2: EXCLUDED - Discharge Disposition [DE/CHGDISP] indicates this patient had a discharge disposition on the day of discharge of Acute Care Facility or Hospice - Home or Hospice - Health Care Facility, left against medical advice, or the patient expired.</td>
</tr>
<tr>
<td>AMI-3</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>AMI-3: EXCLUDED - Discharge Disposition [DE/CHGDISP] indicates this patient had a discharge disposition on the day of discharge of Acute Care Facility or Hospice - Home or Hospice - Health Care Facility, left against medical advice, or the patient expired.</td>
</tr>
</tbody>
</table>

### Measure Status by Category Report

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total Cases</th>
<th>Excluded from the Measure Calculation</th>
<th>Population Eligible (Denominator)</th>
<th>Passed the Measure (Numerator)</th>
<th>Continuous Variable</th>
<th>UTD (Y)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI-1</td>
<td>48</td>
<td>4</td>
<td>44</td>
<td>44</td>
<td>0 minute(s)</td>
<td>0</td>
</tr>
<tr>
<td>AMI-2</td>
<td>48</td>
<td>13</td>
<td>35</td>
<td>35</td>
<td>0 minute(s)</td>
<td>0</td>
</tr>
<tr>
<td>AMI-3</td>
<td>48</td>
<td>41</td>
<td>7</td>
<td>7</td>
<td>0 minute(s)</td>
<td>0</td>
</tr>
<tr>
<td>AMI-4</td>
<td>48</td>
<td>15</td>
<td>33</td>
<td>33</td>
<td>0 minute(s)</td>
<td>0</td>
</tr>
<tr>
<td>AMI-7</td>
<td>48</td>
<td>48</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Purpose**

**Measure Status by Case:**
- Lists individual cases submitted, accepted, rejected and detailed measure outcome.

**Measure Status by Category:**
- Displays total cases by measure set, including those included and excluded from measure calculations.
Select Report Parameters:

1. Discharge Quarter
2. Measure Set
3. Report Type
4. Report Format
5. [Request Report]

Note: When no selection is made in the non-required fields, results default to “all”.
# Population and Sampling Summary

## Population and Sampling Summary Report

**Provider:**
- Discharge Quarter: 01/01/2013 - 03/31/2013
- Population Type: All

### IQR-Global Population: IQR-GLOBAL

#### Sampling Frequency: Monthly

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan - 13</td>
<td>319</td>
<td>413</td>
<td>722</td>
<td>54</td>
<td>53</td>
<td>107</td>
</tr>
<tr>
<td>Feb - 13</td>
<td>296</td>
<td>390</td>
<td>680</td>
<td>60</td>
<td>47</td>
<td>107</td>
</tr>
<tr>
<td>Mar - 13</td>
<td>265</td>
<td>397</td>
<td>662</td>
<td>43</td>
<td>64</td>
<td>107</td>
</tr>
<tr>
<td>Total</td>
<td>870</td>
<td>1,200</td>
<td>2,070</td>
<td>157</td>
<td>164</td>
<td>321</td>
</tr>
</tbody>
</table>

### Measure Set: IQR-AMI

#### Sampling Frequency: Not Sampled

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan - 13</td>
<td>11</td>
<td>7</td>
<td>18</td>
<td>11</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Feb - 13</td>
<td>6</td>
<td>4</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Mar - 13</td>
<td>8</td>
<td>8</td>
<td>16</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>19</td>
<td>44</td>
<td>25</td>
<td>19</td>
<td>44</td>
</tr>
</tbody>
</table>

- Provides population and sampling data for Medicare and non-Medicare patients by discharge quarter, by month, for each measure set.
Select Report Parameters:

1. Discharge Quarter
2. Population Type(s)
3. Report Format
4. [Request Report]

Note: When no selection is made in the non-required fields, results default to “all”.
The Hospital Reporting – Submission Summary – Inpatient Report displays:

1) Total accepted and rejected cases and
2) Total error codes submitted.

Submission Summary Report

- Measure Set: IQR-AMI
  - Provider ID
  - Provider Name
  - File Status: Accepted
  - File Count: 48

- Measure Set: IQR-ED
  - Provider ID
  - Provider Name
  - File Status: Accepted
  - File Count: 308

Error Summary

- Critical Submission Error
  - Error Code: 14530
  - Error Description: Critical Error: Hispanic Ethnicity [<ethnic>] is required.
  - Error Count: 2

- Critical Submission Error
  - Error Code: 15430
  - Error Description: Critical Error: Race [<race>] is required.
  - Error Count: 2

- Critical Submission Error
  - Error Code: 19470
  - Error Description: Critical Error: Payment Source [PMTSRCE] is required
  - Error Count: 2

Measure Set: IQR-PN has 103 Accepted and 2 Rejected

Provider ID
Provider Name
File Status
File Count

- Measure Set: IQR-SCIP
  - Provider ID
  - Provider Name
  - File Status: Accepted
  - File Count: 362

*Multiple error codes can be associated with a single file.
*For additional detail, review the Hospital Reporting - Submission Detail Report.
Submission Summary Parameters

Select Report Parameters:
1. Discharge Quarter
2. File Status
3. Measures
4. Sort Order
5. [Request Report]

Note: When no selection is made in the non-required fields, results default to “all”.
The Submission Detail Report displays:

1) Admit Date
2) Discharge Date
3) Date uploaded to the warehouse
4) Action code: added/deleted
5) File status: accepted/rejected
6) Messages: measure/message with details

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Upload Date</th>
<th>Action Code</th>
<th>File Name</th>
<th>File Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td>Message: 21100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AMI-1: PASSED - Aspirin Received Within 24 Hours Before or After Hospital Arrival [ASPRN24HRS] indicates aspirin was received within 24 hours before or after hospital arrival.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td>Message: 21540</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AMI-7: EXCLUDED - Initial ECG Interpretation [INITECGINT] indicates no ST-elevation or LBBB on the initial ECG or not documented.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Hospital Reporting - Submission Detail Report - Inpatient

**Provider:**

**Discharge Date Range:** 01/01/2013 - 03/31/2013

**Submitter:** All

**File Status:** All

**Action Code:** All

**Message Type:** All

### Report Run Date:

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Upload Date</th>
<th>Action Code</th>
<th>File Name</th>
<th>File Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

**Message:** 21100
AMI-1: PASSED - Aspirin Received Within 24 Hours Before or After Hospital Arrival (ASPRN24HRS) indicates aspirin was received within 24 hours before or after hospital arrival.

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Upload Date</th>
<th>Action Code</th>
<th>File Name</th>
<th>File Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

**Message:** 21540
AMI-7: EXCLUDED - Initial ECG Interpretation [INITECGINT] indicates no ST-elevation or LBBB on the initial ECG or not documented.

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Upload Date</th>
<th>Action Code</th>
<th>File Name</th>
<th>File Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

**Message:** 21650
AMI-7a: EXCLUDED - Initial ECG Interpretation [INITECGINT] indicates no ST-elevation or LBBB on the initial ECG or not documented.

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Upload Date</th>
<th>Action Code</th>
<th>File Name</th>
<th>File Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

**Message:** 21755
AMI-8: EXCLUDED - Initial ECG Interpretation [INITECGINT] indicates no ST-elevation or LBBB on the initial ECG or not documented.

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Upload Date</th>
<th>Action Code</th>
<th>File Name</th>
<th>File Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

**Message:** 21895
AMI-8a: EXCLUDED - Initial ECG Interpretation [INITECGINT] indicates no ST-elevation or LBBB on the initial ECG or not documented.

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Upload Date</th>
<th>Action Code</th>
<th>File Name</th>
<th>File Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

**Message:** 60120
AMI-2: EXCLUDED - Discharge Disposition [DISCHGDISP] indicates this patient had a discharge disposition on the day of discharge of Acute Care Facility or Hospice - Home or Hospice - Health Care Facility, left against medical advice, or the patient expired.

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Upload Date</th>
<th>Action Code</th>
<th>File Name</th>
<th>File Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

**Message:** 60145
AMI-3: EXCLUDED - Discharge Disposition [DISCHGDISP] indicates this patient had a discharge disposition on the day of discharge of Acute Care Facility or Hospice - Home or Hospice - Health Care Facility, left against medical advice, or the patient expired.

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Upload Date</th>
<th>Action Code</th>
<th>File Name</th>
<th>File Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/29/2012</td>
<td>01/02/2013</td>
<td>07/12/2013</td>
<td>ADD</td>
<td>A16003020130712005617_13443325-AMI.xml</td>
<td>Accepted</td>
</tr>
</tbody>
</table>
Submission Detail Parameters

Select Report Parameters:

1. Discharge Quarter
2. File Status
3. Action Code(s)
4. Message Type(s)
5. Report Format
6. [Request Report]

Note: When no selection is made in the non-required fields, results default to “all”.

[Image of submission detail report parameters]

Submission Detail Report Parameters

25
Validation Reports

Hospital Reporting – Data Validation Reports

- Case Detail Report
- Case Selection Report
Case Selection Report

Two sections:

### Clinical Process of Care

<table>
<thead>
<tr>
<th>Patient Identifier</th>
<th>Patient Name 1</th>
<th>DOB</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Measure Set 2</th>
<th>Abstraction Control Number</th>
<th>Medical Record Request Date</th>
<th>Due to CDAC Date</th>
<th>Record Received Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1205/1959</td>
<td></td>
<td>12/11/2012</td>
<td>01/02/2013</td>
<td></td>
<td>IQR-ED</td>
<td>IA306Z000428</td>
<td>09/05/2013</td>
<td>10/07/2013</td>
<td>09/20/2013</td>
</tr>
<tr>
<td>06/23/1919</td>
<td></td>
<td>12/28/2012</td>
<td>01/02/2013</td>
<td></td>
<td>IQR-HF</td>
<td>IA306Z000381</td>
<td>09/05/2013</td>
<td>10/07/2013</td>
<td>09/20/2013</td>
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<tr>
<td>1205/1959</td>
<td></td>
<td>12/11/2012</td>
<td>01/02/2013</td>
<td></td>
<td>IQR-IMM</td>
<td>IA306Z000431</td>
<td>PREV REC</td>
<td></td>
<td>PREV REC</td>
</tr>
</tbody>
</table>

### Healthcare-Associated Infections

<table>
<thead>
<tr>
<th>Patient HC Number</th>
<th>Patient Identifier</th>
<th>Patient Name 1</th>
<th>DOB</th>
<th>Admit Date</th>
<th>Discharge Date</th>
<th>Measure Set 2</th>
<th>Abstraction Control Number</th>
<th>Medical Record Request Date</th>
<th>Due to CDAC Date</th>
<th>Record Received Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>06/03/1929</td>
<td></td>
<td>01/11/2013</td>
<td>01/15/2013</td>
<td></td>
<td>IQR-HAI</td>
<td>IA308Z000519</td>
<td>09/05/2013</td>
<td>10/07/2013</td>
<td>09/20/2013</td>
</tr>
<tr>
<td></td>
<td>12/29/1938</td>
<td></td>
<td>02/15/2013</td>
<td>03/02/2013</td>
<td></td>
<td>IQR-HAI</td>
<td>IA308Z000520</td>
<td>09/05/2013</td>
<td>10/07/2013</td>
<td>09/20/2013</td>
</tr>
</tbody>
</table>
Case Selection Report Parameters

Select Report Parameters:

1. Discharge Quarter
2. Report Format
3. [Request Report]
Provides detail for:

1. Reliability Rate
2. Patient Case Details (Includes Case Status)
3. Measure Outcome Details (Includes Original Outcome, Validated Outcome, and Result [Match or Mismatch])
### Individual Case Reliability Rate:
50% (1/2)

### Post Appeal Individual Case Reliability Rate:

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Original</th>
<th>Adjudication Value</th>
<th>Educational Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM Principal Diagnosis Code</td>
<td>660.01 OBSTRUC/FET MALPOS-DELIV</td>
<td>660.01 OBSTRUC/FET MALPOS-DELIV</td>
<td>None of the above/Not documented/Unable to determine from medical record documentation. Found no documentation in the submitted record to indicate that the pt had refused the Influenza vaccine. Found no documentation as to the pt's Flu Vaccine status; answer 5 - None of the Above/UTD.</td>
</tr>
<tr>
<td>Influenza Vaccination Status</td>
<td>Documentation of patient's or caregiver's refusal of influenza vaccine.</td>
<td>None of the above/Not documented/Unable to determine from medical record documentation.</td>
<td></td>
</tr>
</tbody>
</table>
Case Detail Report Parameters

Select Report Parameters:

1. Discharge Quarter
2. Validation Rate
3. [Request Report]

Note: When no selection is made in the non-required fields, results default to “all”.

![Diagram of the report parameters selection process]

Run Reports View Reports

1. Select Report
2. Report Parameters
3. Confirmation

Report Parameters: Hospital Data Validation - Case Detail Report - Inpatient

* Indicates required fields.

Select a Discharge Quarter
[01/01/2013-03/31/2013]

Select a Validation Rate
- Original
- Post-Appeal

Request Report
<table>
<thead>
<tr>
<th>Report Type</th>
<th>Report Name</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>APU</td>
<td>Claims Detail Report</td>
<td>Monitors quarterly claims submission</td>
</tr>
<tr>
<td>APU</td>
<td>Provider Participation Report</td>
<td>Summarizes requirements for participation, including: total cases accepted, total Medicare claims, total patient population and discharge quarter sample frequency</td>
</tr>
<tr>
<td>Feedback</td>
<td>Facility, State and National Report</td>
<td>Summarizes and compares, by quarter, data for measure(s) at facility, state and national levels</td>
</tr>
<tr>
<td>Feedback</td>
<td>Measure Status by Case/Category</td>
<td>Lists individual cases submitted, accepted, rejected and detailed measure outcome</td>
</tr>
<tr>
<td>Feedback</td>
<td>Population and Sampling Summary</td>
<td>Provides population and sampling data for Medicare and non-Medicare patients by quarter and measure set</td>
</tr>
<tr>
<td>Feedback</td>
<td>Submission Summary Report</td>
<td>Summarizes the number of cases per quality measure (included or excluded from measure calculation) accepted into the data warehouse</td>
</tr>
<tr>
<td>Feedback</td>
<td>Submission Detail Report</td>
<td>Provides specific information for each case submitted, including: admit/discharge date, data upload date, action code, file status and error message</td>
</tr>
<tr>
<td>Validation</td>
<td>Case Selection Report</td>
<td>Displays a detailed list of cases selected for hospital validation</td>
</tr>
<tr>
<td>Validation</td>
<td>Case Detail Report</td>
<td>Compares abstraction data elements and original measure outcomes to adjudicated record data elements and measure outcomes</td>
</tr>
</tbody>
</table>
Questions

Inpatient Q&A tool:
https://cms-ip.custhelp.com

Hospital IQR Program support contractor e-mail:
HRPQIOSC@iaqio.sdps.org

Hospital Inpatient Quality Reporting Support website:
http://www.iqrsupport.org

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