

# Insight to APU



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## RHQDAPU (APU)

### Reporting Hospital Quality Data for Annual Payment Update

#### ➤ History

Section 501(b) of the MMA requires that PPS hospitals submit a set of 10 quality measures for each of the FY's 2005-2007 to receive full Medicare market basket update

#### ➤ Final List

- In the initial year of the Act, FY 2005, over 99% of PPS hospitals received the full market basket update
- For FY 2006 approximately 96% of the eligible hospitals passed all requirements and received the full update



## RHQDAPU (APU)

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- All RHQDAPU hospitals will automatically have the ten “Starter Set” quality measures publicly reported on Hospital Compare.
- The hospital performance rates are based on data submitted successfully to the QIO Clinical Warehouse according to the data transmission deadlines [https://qnetexchange.org/public/docs/hdc/datatrnsmn/data\\_trans\\_req.pdf](https://qnetexchange.org/public/docs/hdc/datatrnsmn/data_trans_req.pdf)



## QIO Clinical Warehouse

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### Submitting Data

- Locked warehouse (universe): Validation, APU, Hospital Public Reporting
- Open warehouse (universe): Many reports, real time
- All data accepted into the QIO Clinical Warehouse is subject to validation
- Indicators in the original XML determine all possible elements for validation



## QIO Clinical Warehouse

### Submitting Data

Data transmission timeline:

[https://qnetexchange.org/public/docs/hdc/datatrnsmn/data\\_trans\\_req.pdf](https://qnetexchange.org/public/docs/hdc/datatrnsmn/data_trans_req.pdf)

QIO Clinical Warehouse  
Data Transmission Deadlines

Discharge Quarter		Deadline for Data Submission to the QIO Clinical Warehouse
1 <sup>st</sup> Quarter - 2005	Jan-Mar '05	August 15, 2005
2 <sup>nd</sup> Quarter - 2005	Apr-Jun '05	November 15, 2005
3 <sup>rd</sup> Quarter - 2005	Jul-Sep '05	February 15, 2006
4 <sup>th</sup> Quarter - 2005	Oct-Dec '05	May 15, 2006
1 <sup>st</sup> Quarter - 2006	Jan-Mar '06	August 15, 2006
2 <sup>nd</sup> Quarter - 2006	Apr-Jun '06	November 15, 2006
3 <sup>rd</sup> Quarter - 2006	Jul-Sep '06	February 15, 2007
4 <sup>th</sup> Quarter - 2006	Oct-Dec '06	May 15, 2007

Refer to attachment for an example of this document



## QIO Clinical Warehouse

CHART AUDIT VALIDATION

<u>Discharges</u>	<u>Due to Clinical Warehouse</u>	<u>Request Validation* Charts</u>	<u>Validation* Charts Due</u>	<u>Complete* Validation</u>
1 Q-04 Jan-Mar 04	25-Aug-04	15-Sep-04	15-Oct-04	15-Dec-04
2 Q-04 Apr-Jun 04	15-Nov-04	30-Nov-04	31-Dec-04	28-Feb-05
3 Q-04 Jul-Sep 04	15-Feb-05	28-Feb-05	31-Mar-05	31-May-05
4 Q-04 Oct-Dec 04	15-May-05	31-May-05	30-Jun-05	31-Aug-05
1 Q-05 Jan-Mar 05	15-Aug-05	30-Aug-05	30-Sep-05	30-Nov-05
2 Q-05 Apr-Jun 05	15-Nov-05	30-Nov-05	31-Dec-05	28-Feb-06
3 Q-05 Jul-Sep 05	15-Feb-06	28-Feb-06	31-Mar-06	31-May-06
4 Q-04 Oct-Dec 05	15-May-06	30-May-06	30-Jun-06	31-Aug-06
1 Q-06 Jan-Mar 06	15-Aug-06	30-Aug-06	30-Sep-06	30-Nov-06
2 Q-06 Apr-Jun 06	15-Nov-06	30-Nov-06	31-Dec-06	28-Feb-07
3 Q-06 Jul-Sep 06	15-Feb-06	28-Feb-07	31-Mar-07	31-May-07
4 Q-06 Oct-Dec 06	15-May-06	30-May-07	30-Jun-07	31-Aug-07

\* Dates are approximate

Refer to attachment for an example of this document



## Submitting Data

### CMS - Provider - Vendor Relationship

- CMS has no contractual agreement with vendors
- Relationship between the hospital and a vendor is external to CMS
- Hospitals are responsible for selecting and ensuring that they, or their vendors, submit valid data to the QIO Clinical Warehouse
- Hospitals that have a contractual agreement with a vendor must collaborate with the vendor to ensure the data file is successfully submitted and that the data is accurate
- We suggest that hospitals exercise due diligence in selecting vendors to submit quality data



## Submitting Data

### Vendor Authorization Form

**Hospital Authorization for Vendor Transmission to QIO Clinical Warehouse**

TO: \_\_\_\_\_ (QIO Contact Name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(QIO QualityNet Exchange Administrator)  
(QIO Name)  
(QIO Address)

FROM: \_\_\_\_\_ (Hospital Contact Name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(CEO or Administrator)  
(Hospital Name)  
(Address)

SUBJECT: Authorization for Hospital-Collected Data Transmission into the QIO Clinical Warehouse.

The \_\_\_\_\_ (Hospital) authorizes \_\_\_\_\_ (QIO) to transmit data on the following topic(s) beginning with the specified discharge date by topic:

	Discharge Date	Data Transmission Date
Acute Myocardial Infarction	Start _____	Start _____
Heart Failure	Start _____	Start _____
Pneumonia	Start _____	Start _____
Surgical Infection Prevention	Start _____	Start _____

The Vendor information is as follows:

Organization Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The PMS/vendor agrees to transmit data for all payers via QualityNet Exchange into the QIO Clinical Warehouse in the agreed-upon data format (XML format) provided by CMS. The data collected has also met the Centers for Medicaid & Medicare Services (CMS) standard abstraction protocols and transmission requirements. The PMS/vendor ensures that all of its data collection and transmission activities are in accordance with all Health Insurance Portability and Accountability Act (HIPAA) regulatory requirements regarding security and privacy.

This authorization remains in effect for the specified PMS/vendor until the CEO/Administrator of the hospital notifies the QIO of any changes.

Authorized by: \_\_\_\_\_ (Original signature of administrator or CEO)  
Print name: \_\_\_\_\_  
Medicare Provider # \_\_\_\_\_ Date Signed: \_\_\_\_\_

Refer to attachment for an example of this document



## Sampling

### Sampling Requirements from the Specification Manual for National Hospital Quality Measures - Section 4

[https://qnetexchange.org/public/hdc.do?hdcPage=hosp\\_quality\\_manual](https://qnetexchange.org/public/hdc.do?hdcPage=hosp_quality_manual)

- Hospitals with a smaller measure set population, cannot sample for that measure set.
- Hospitals may choose to use a larger sample size than is required



## Sampling

Table 1: Sample Size Based on Population Size for the Acute Myocardial Infarction (AMI) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Population Size "N"	Minimum Required Sample Size "n"
≥ 1556	311
387 – 1555	20% of population size
78 – 386	78
< 78	No sampling, 100% population required

Table 2: Sample Size Based on Population Size for the Heart Failure (HF) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Population Size "N"	Minimum Required Sample Size "n"
≥ 1522	304
379 – 1521	20% of population size
76 – 378	76
< 76	No sampling, 100% population required

Refer to attachment for an example of this document



## Sampling

Table 3: Sample Size Based on Population Size for the Pneumonia (PN) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Population Size "N"	Minimum Required Sample Size "n"
≥ 1207	241
300 – 1206	20% of population size
60 – 299	60
< 60	No sampling; 100% population required

Table 5: Sample Size Based on Population Size for the Surgery Infection Prevention (SIP) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Strata Population Size "N"	Minimum Required Strata Sample Size "n"
≥ 350	35
121 – 349	10% of population size
12-120	12
< 12	No sampling; 100% population required

Refer to attachment for an example of this document



## Abstraction and Validation

- Utilize the Specifications Manual for National Hospital Quality Measures
- Abstractors need to be abstracting medical records at "face value". Every hospital has their own policy on how forms are to be filled out
- Remember that someone who does not know your facility will be looking at the medical records and utilizing *only* the information that is provided within the record



## ***Pneumonia Working Diagnosis on Admission***

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### **Suggested Data Sources:**

Physician/Nurse Practitioner/Physician Assistant Documentation Only

- Admitting physician orders
- Admitting notes
- Consultation notes (before time of admission)
- Emergency Department record
- Emergency room consultation
- History and physical
- Physician admission note



## ***Pneumonia Working Diagnosis on Admission***

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### **Guidelines for Abstraction**

#### **Inclusions**

- Initial impression
- Need to evaluate for
- Pneumonitis
- Possible
- Probable
- Questionable
- Rule/out pneumonia
- Suspected

#### **Exclusions**

- Doubt pneumonia
- Pneumonia that is diagnosed during the stay but not an admission working diagnosis
- Respiratory problems without mention of pneumonia



## Reports

- Located on reports section of the secure home page of QNet Exchange
- Participating providers and QIO users need to have the QIO Clinical Feedback Reports Role in order to access these reports
- AMI, HF, PN, or SIP Facility Only Reports – Contain Facility topic data



## QualityNet Exchange – Home Page

Address: <https://qnetexchange.org/public/home.do>

Skip Navigation

QualityNet Exchange

Home | Log In | What's New | Help | Contact Us

### Communities

- Hospital Data Collection (HDC)
- CMS Abstraction & Reporting Tool (CART)
- Implantable Cardioverter Defibrillator Abstraction (ICDA)
- ICDA Content

### Resources

- Getting Started
  - Registration Process
    - Admin Registration
    - Admin Responsibilities
    - Non-Admin Registration
  - What is a History
  - System Set-Up
  - Access Info
- QNet Exchange User's Guide
- Auto-Notification Lists (ListServe)
- FAQs (QNet-Quest)
- Web Resources

### Tools

- Adobe Acrobat Reader
- Download Assistance

### Welcome to QualityNet Exchange (QNet)

The goal of QualityNet (QNet) Exchange is to help improve the quality of health care for Medicare beneficiaries by providing for the safe, efficient exchange of information regarding their care. Established by the Centers for Medicare & Medicaid Services (CMS), QNet Exchange is the only CMS-approved site for **secure communications** and **data exchange** between two or more of the following:

- Quality Improvement Organizations (QIOs)
- Hospitals
- Performance Measurement System vendors
- End Stage Renal Disease (ESRD) networks
- ESRD facilities
- Clinical Data Abstraction Centers

Together, our goal is to improve the quality of care for Medicare beneficiaries.

QualityNet Exchange also offers [online education and training opportunities](#), as well as online collaboration and information exchange.

### Security

QualityNet Exchange contains several layers of security. Users log into QualityNet Exchange with a Login ID and password issued to them after they have completed their QualityNet Exchange registration. Any data that comes to the user's computer or leaves the user's computer through QualityNet Exchange is Advanced Encryption Standard (AES) encrypted as well as Secure Sockets Layer (SSL) encrypted. Encryption is the process of scrambling the contents of a file so that the file is completely unreadable. This double encryption follows the data from the user's computer to the application server to the database, where it is stored in its protected state. The data remains on the QualityNet Exchange database until it is accessed by its intended recipient, at which time it is automatically decrypted, or unscrambled.

### What's New

- 04/02/2005 HDC: Publication of Third Quarter 2004 (3rdQ04) Hospital Data Validation Results
- 04/02/2005 HDC: Specifications Manual for National Hospital Quality Measures



# QualityNet Exchange – Log-in

The screenshot shows the QualityNet Exchange website in a Microsoft Internet Explorer browser. The address bar displays <https://qnetexchange.org/public/home.do>. The page features a navigation menu with 'Home', 'Log-in', 'What's New', and 'Contact Us'. The 'Log-in' link is circled in red. The main content area is titled 'Welcome to QualityNet Exchange (QNet)'. It includes a 'Communities' sidebar with links to 'Hospital Data Collection (HDC)', 'CMS Abstraction & Reporting Tool (LARK)', 'Inpatient Carecenter', 'Outpatient Abstraction (ICDA)', and 'Pseudo-HIP Abstraction Project'. The main text explains the goal of QNet Exchange: to improve health care for Medicare beneficiaries by providing a safe, efficient exchange of information. It lists several key features: Quality Improvement Organizations (QIOs), Hospitals, Performance Measurement System vendors, End Stage Renal Disease (ESRD) networks, EHR Facilities, and Clinical Data Abstraction Centers. A 'What's New' section on the right lists recent updates, including HDC Hospital Data Validation Scoring Elements (Inclusion List), CARTI, CART Version 3.0, and Premier Validation Appeal Form. A 'Resources' section at the bottom provides links for getting started, registration, system setup, and user guides.

# QualityNet Exchange – Secure site

## ➤ Access to Reports

The screenshot shows the QualityNet Exchange secure site in a Microsoft Internet Explorer browser. The address bar displays <https://qnetexchange.org/qnet/home.do>. The page is personalized for user Cynthia Fallor, with a 'Hello, Cynthia Fallor' message and a 'Last Log-In: Tuesday, December 6, 2005' timestamp. The password expires on Tuesday, January 17, 2006. The main content area is titled 'Welcome to QualityNet Exchange' and includes a note that the page can be modified by the Content Admin role. A 'Please refer to the QualityNet Exchange User's Guide for additional instructions.' message is displayed. The left sidebar contains navigation links for 'My QNet', 'File Exchange & Data Upload', and 'Reports'. The 'Reports' section lists various report types: Reports Viewer, QIO Clinical Warehouse Submission Reports, QIO Clinical Warehouse Feedback Reports, Hospital Validation Reports, Annual Payment Update Reports, and HQA Preview Reports. The footer includes contact information for the QualityNet Help Desk: [qnetupport@cms.hhs.gov](mailto:qnetupport@cms.hhs.gov), Phone: 866-288-8912 (7 a.m. - 7 p.m. CT Monday through Friday), and Fax: 888-325-7377.

## QIO Clinical Feedback Reports

- **Case Status Summary** - Summary of QIO Clinical Warehouse submission status -number of cases submitted, accepted and rejected

Report Run Date: 05/23/2004 Page 1 of 2

**QIO Clinical Warehouse Case Status Summary**  
 Provider ID: 120883 121305  
 Discharge Date Range: 01/01/2003 - 05/01/2004  
 Topic ID: All  
 Submitter: All

120883 Acute4 HI			
Topic	Cases Submitted to Clinical Warehouse 1	Cases Accepted into Clinical Warehouse 2	Cases Rejected <sup>3</sup>
Acute Myocardial Infarction	83	82	1
Heart Failure	66	66	0
Pneumonia	110	106	4
Surgical Infection Prevention	17	17	0

1. Unique Cases (patient medical records) that were abstracted and submitted to the QIO Clinical Warehouse.  
 2. Cases (medical records) that met the first level of criteria and information are stored in the QIO Clinical Warehouse. Note: if a case (medical record) is resubmitted this value may change.  
 3. Cases (medical records) that DID NOT meet the first level of criteria and information are NOT stored in the QIO Clinical Warehouse. For Specific information on this case detail please see the QIO Clinical Warehouse Data Submission Detail Report. Note: If a case (medical record) is resubmitted this value may change.

Refer to attachment for an example of this document



## QIO Clinical Feedback Reports

- **Data Submission Detail** - Detail report of cases submitted to the QIO Clinical Warehouse including submission status and

Report Run Date: 05/23/2004 Page 1 of 43

**QIO Clinical Warehouse Data Submission Detail**  
 Provider ID: 120883 121306  
 Discharge Date Range: 01/01/2003 - 06/01/2004  
 Topic ID: All  
 Upload Provider ID: All

Batch ID	Discharge Date	Admit Date	Submission Date	Status	Submitter Name
<b>120883 Acute4 HI</b>					
Topic: AMI					
Patient ID: 001368106X Patient ID Type: OTHER					
1513518	05/01/2003	04/30/2003	01/21/2004	Accepted	Acute4
Patient ID: 001488388X Patient ID Type: OTHER					
1513518	04/01/2003	03/29/2003	01/21/2004	Accepted	Acute4
Patient ID: 006140411X Patient ID Type: OTHER					
1514976	01/01/2003	12/28/2002	04/01/2004	Accepted	Acute4
Patient ID: 006236673X Patient ID Type: OTHER					
1514976	01/01/2003	12/28/2002	04/01/2004	Accepted	Acute4
Patient ID: 013140738X Patient ID Type: OTHER					
1513518	10/01/2003	09/27/2003	01/21/2004	Accepted	Acute4
Patient ID: 043091000X Patient ID Type: OTHER					
1514976	01/01/2003	12/28/2002	04/01/2004	Accepted	Acute4
Patient ID: 048641980X Patient ID Type: OTHER					
1513314	05/19/2003	05/15/2003	12/24/2003	Accepted	Acute4
1513322	05/19/2003	05/15/2003	12/29/2003	Accepted	Acute4
1513384	05/19/2003	05/15/2003	01/05/2004	Accepted	Acute4
Patient ID: 081821104X Patient ID Type: OTHER					
1514976	01/01/2003	12/28/2002	04/01/2004	Accepted	Acute4

Refer to attachment for an example of this document



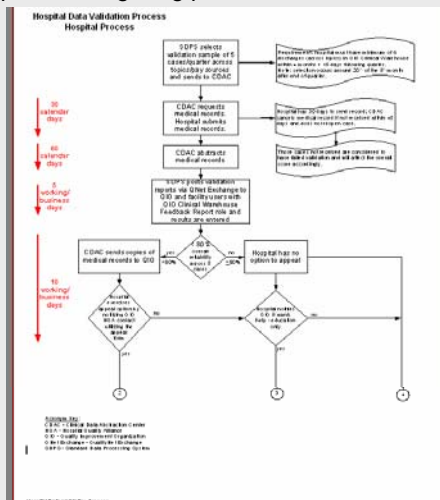
## Data Validation

- Quarterly, each hospital has cases randomly selected from all inpatient cases (AMI, HF, PN, SIP) they successfully submitted to the QIO Clinical Warehouse
- Via FedEx, the CDAC requests the copies of the medical records selected for reabstraction/validation
- A hospital's data is considered to be "validated" if the overall reliability (agreement) rate is greater than or equal to 80 percent
- If the overall reliability rate is less than 80 percent, the hospital has 10 business days to submit an appeal to its QIO



## Validation Process

<https://qnetexchange.org/public/docs/hdc/datavldtn/ValidProcessHospFlow.pdfT>



Refer to attachment for an example of this document



## Clinical Data Abstraction Center (CDAC)

- Each validation quarter, CDAC receives thousands of records
- Face Sheet:
  - ✓ **Green**
  - ✓ One for each record requested
  - ✓ Project abbrev. number has a V at the end of the number
- Questions: call CSC York at 1.717.767.7400 ext. 201



## CDAC

Face Sheet  
Example

CSC York Clinical Data Abstraction Center  
1234568

CDAC Abstraction Cover Sheet  
CSC York Document ID  
1234568

Project Abbrev: MFCM503 11V

Module: CART-EMT-SOW

Project Name: ME National Validation Sample @03ptlb

Patient Name: Smith, Steve

Admission Date: 03/23/2003

Discharge Date: 03/31/2003

Date of Birth: 10/11/1912

Patient ID: 987654

(The Patient ID type displayed above will reflect the ID type submitted by the provider.)

Customer Identification Number  
XX1234567891

To be completed by Provider: 123456

Total number of pages: \_\_\_\_\_

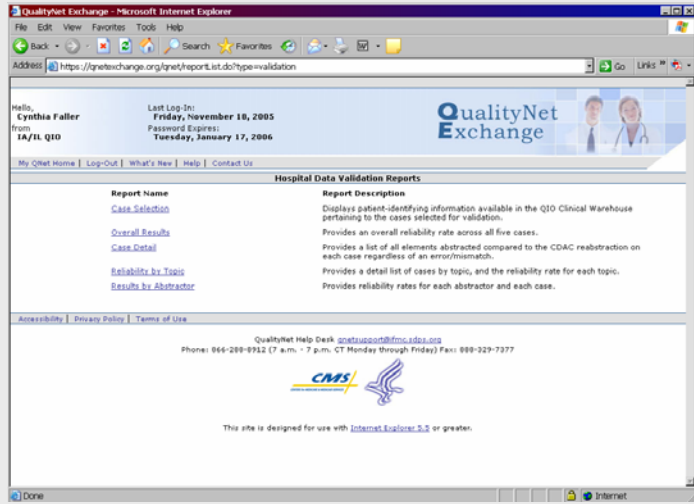
CART Abstraction Tool Case ID  
1234567

Project Abbreviation Number

Refer to attachment for an example of this document



# Hospital Data Validation Reports



# Hospital Data Validation Reports

## ➤ Case Selection Report

Report run date: 08/01/2005 Page 1 of 1

**Hospital Validation: Case Selection**  
Provider ID(s):  
Discharge Timeframes(s): [10/04-12/04]

Validation Discharge Date Timeframe: 10/04 - 12/04

Topic	Patient Name	DOB	Admit Date	Discharge Date	SSN	HIC	CD	Other ID	Medical Record Request Date	Submit to CDAC	Record Received	Timely Receipt of Record
AM		02/04/1941	09/02/2004	10/03/2004			7202790	083306801	06/03/2005	07/04/2005		
AM		05/21/1921	12/06/2004	12/06/2004			3534247	030232061	06/03/2005	07/04/2005	Y	Y
PN		09/14/1955	11/16/2004	12/18/2004			7555432		06/03/2005	07/04/2005	Y	Y
PN		08/05/1924	12/18/2004	12/23/2004				86840203	06/03/2005	07/04/2005	Y	Y
HF		04/18/1917	11/01/2004	11/06/2004			2347201	084306160	06/02/2005	07/04/2005	Y	Y

Refer to attachment for an example of this document

## Validation Appeal Process

- Hospital - 10 working days from the validation reports posted date to submit appeal request to QIO
- QIO - 10 working days from the validation reports posted date to enter appeal request date in PRS
- QIO - 20 calendar days from receipt of appeal request to enter appeal decision in PRS
- CDAC - 10 calendar days from the date the CDAC receives the appeal form, Part 2, to enter QIO decision to overturn original CDAC decision



## Validation Appeal Forms

- Part One:
  - ✓ Initiated by the Hospital
  - ✓ QIO adds their decision to uphold or forward for appeal
- Part Two:
  - ✓ QIO decision is to overturn original CDAC decision for one or more appealed elements. QIO documents new element value and educational comment/rationale for overturned element(s)
  - ✓ If requires Parent/Child responses, QIO must complete these elements with valid values
  - ✓ Educational comments maximum of 255 bytes



## Submitting Completed Validation Forms

- Submit electronically or via secure mail, DO NOT fax
- QIO submits forms, based on their appeal decision(s)
  - ✓ “Uphold CDAC Decision”:
    - Part one only sent to IFMC
  - ✓ “Forwarded for Appeal”:
    - Part One sent to IFMC
    - Part Two sent to CDAC and IFMC
- Recommended filename:
  - State\_ProviderID\_mmddy\_Part1.doc(IA\_123456\_091205\_Part1.doc)
  - State\_ProviderID\_mmddy\_Part2.doc(IA\_123456\_091205\_Part2.doc)



## RHQDAPU (APU) Requirements – FY 2006

- Summary of the requirements is located on QNet, for a more detailed description visit the Federal Registry Website
- Complete RHQDAPU Notice of Participation form
- Register with QNet Exchange
- Identify a QNet Exchange Administrator
- Submit 10 measures, where applicable, each quarter
- Meet 80% reliability based on 3rd quarter 2004 validation results



## **RHQDAPU (APU) - Not Receiving Full APU FY2006**

### **Acute PPS Hospitals not receiving the full APU for 2006 due to:**

- A. Failed to meet 80% Validation requirements
- B. Failed to submit 10 measures where applicable, each quarter
- C. Failed both A and B
- D. Hospital chose not to participate



## **RHQDAPU (APU) - Eligible for Full APU FY2006**

### **QNet Exchange Reports**

- List of Medicare providers that have met the criteria for receiving full APU for FY 2006.
- Located on QNet exchange <http://www.qnetexchange.org> – HDC page under “RHQDAPU” section at the link labeled “Hospitals Eligible for Full APU 2006”



## RHQDAPU (APU) Requirements – FY 2007

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## Annual Payment Update Reports

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### ➤ **Affected Provider Participation Status Report**

- ✓ QNet and PPR report expected to be released tentatively in January 2006.
- ✓ Provides the QIOs a listing of the affected providers and displays information that will help determine whether or not they are meeting the requirements for participation in APU for the coming year.



## Annual Payment Update Reports

**Affected Provider Participation Status Report**

Report ID: \_\_\_\_\_ Page X of X  
 Report Run Date: 08/07/2005

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State ID: IA Notice of Participation Form Signed Date: 01/01/2005  
 Provider ID: 010001 Withdrawal of Participation Form Signed Date: 05/01/2005  
 Provider Name: Hospital ABC Date: 05/01/2005 Medicare Accept Date: 07/01/2004  
 Provider City: ABC City  
 Active QNet System Administrator: Yes/No  
 Active QNet Feedback Role: Yes/No

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Discharge Time Period	Total Medicare Claims <sup>1</sup>	Total Cases Accepted <sup>2</sup> to Date	Total Qualified Cases Accepted <sup>2</sup> to Date	Total Cases Accepted <sup>2</sup> by Submission Deadline	Total Qualified Accepted <sup>2</sup> by the Submission Deadline
Quarter 1 – 2005 Discharges:					
A MI					
HF					
P N					
Total					
Quarter 2 – 2005 Discharges:					
A MI					
HF					
P N					
Total					
Quarter 3 – 2005 Discharges:					
A MI					
HF					
P N					
Total					
Quarter 4 – 2005 Discharges:					
A MI					
HF					
P N					
Total					

**DRAFT**

<sup>1</sup> Total Medicare claims based on counts performed approximately to end of the discharge time period.  
<sup>2</sup> Accepted: This includes all Medicare and non-Medicare cases submitted to the QIO Clinical Care team that met all data submission requirements.  
<sup>3</sup> Qualified: This number includes all Medicare and non-Medicare cases submitted that would all be "Yes" status on the measures for the respective type of discharge. This report does not contain the criteria used for applicable requirements for the annual payment update.

Last Updated: 08/07/2005

## Resources

- Specifications Manual for National Hospital Quality Measures, Version 1.04  
[https://qnetexchange.org/public/hdc.do?hdcPage=hosp\\_quality\\_manual](https://qnetexchange.org/public/hdc.do?hdcPage=hosp_quality_manual)
- QualityNet Exchange <http://qnetexchange.org/>
- QIONet, Quest <http://qionet.sdps.org/>
- QualityNet Help Desk [qnetsupport@ifmc.sdps.org](mailto:qnetsupport@ifmc.sdps.org)
- HRQIOSC E-mail [HRPQIOSC@iaqio.sdps.org](mailto:HRPQIOSC@iaqio.sdps.org)
- CMS Website <http://www.cms.hhs.gov>
- Federal Registry Website  
[http://www.access.gpo.gov/su\\_docs/fedreg/frcont05.html](http://www.access.gpo.gov/su_docs/fedreg/frcont05.html)
- Hospital Data Validation  
<http://qnetexchange.org/public/hdc.do?hdcPage=data-vldtn>  
[http://qionet.sdps.org/7thSOW/Task\\_2/hgd/datameas.shtm/](http://qionet.sdps.org/7thSOW/Task_2/hgd/datameas.shtm/)