

**FY 2015 HOSPITAL-ACQUIRED
CONDITION (HAC) REDUCTION PROGRAM**

FREQUENTLY ASKED QUESTIONS (FAQs)

July 2014

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I. GENERAL INFORMATION

1. What is the HAC Reduction Program?

The Hospital-Acquired Condition (HAC) Reduction Program is a new Medicare hospital payment program to support the Centers for Medicare & Medicaid Services' (CMS's) long-standing effort to link Medicare's payment system to healthcare quality provided in the inpatient hospital setting. Section 3008 of the 2010 Patient Protection and Affordable Care Act (ACA) established the HAC Reduction Program to provide an incentive for hospitals to reduce HACs. Effective FY 2015 (October 1, 2014), the HAC Reduction Program requires the Secretary of the Department of Health and Human Services to adjust payments to applicable hospitals that rank in the worst performing quartile of all subsection (d) hospitals with respect to risk-adjusted HAC quality measures. As stated in ACA Section 3008, these hospitals may have their payments reduced to 99 percent of what would otherwise have been paid for such discharges.

2. What HAC Quality Measures has CMS adopted in the HAC Reduction Program?

As finalized in the FY 2014 Inpatient Prospective Payment System (IPPS)/Long Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, CMS has implemented for the FY 2015 HAC Reduction Program the: (1) AHRQ patient safety indicator (PSI) 90 composite measure; (2) the Centers for Disease Control (CDC) National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) measure; and (3) the CDC NHSN Catheter-Associated Urinary Tract Infection (CAUTI) measure.

The AHRQ PSI 90 composite measure includes the following eight PSIs:

- PSI 03 - Pressure Ulcer
- PSI 06 - Iatrogenic Pneumothorax
- PSI 07 - Central Venous Catheter-Related Bloodstream Infections
- PSI 08 - Postoperative Hip Fracture
- PSI 12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis
- PSI 13 - Postoperative Sepsis
- PSI 14 - Postoperative Wound Dehiscence
- PSI 15 - Accidental Puncture or Laceration

CMS also finalized in the FY 2014 IPPS/LTCH PPS Final Rule the addition of the CDC NHSN Surgical Site Infection (SSI) measure starting in the FY 2016 HAC Reduction Program. This SSI measure is a "pooled" measure that is based on the number of SSIs reported by hospitals following colon surgical procedures and total abdominal hysterectomy procedures. At the same time CMS also finalized the inclusion of the CDC NHSN clostridium difficile (C-difficile) and Methicillin-resistant Staphylococcus aureus (MRSA) measures starting in the FY 2017 HAC Reduction Program. Table 1 indicates which measures are included in each year of the HAC Reduction Program.

Table 1. Measures Adopted for HAC Reduction Program by Year

Measure	FY 2015 and subsequent years	FY 2016 and subsequent years	FY 2017 and subsequent years
AHRQ PSI 90	√	√	√
CLABSI	√	√	√
CAUTI	√	√	√
SSI	.	√	√
C. difficile	.	.	√
MRSA	.	.	√

3. How will the HAC Reduction Program affect my Medicare payments?

Under the FY 2015 HAC Reduction Program, eligible subsection (d) hospitals in the top quartile of the Total HAC Scores may receive a payment reduction equal to 99 percent of what would otherwise have been paid for such discharges. Payment reductions will start October 1, 2014 (FY 2015).

4. Why is my hospital receiving a Hospital-Specific Report (HSR) for this program?

According to Section 3008 of the ACA, CMS is required to provide hospitals with confidential reports during each fiscal year to allow them the opportunity to review results for the HAC Reduction Program and submit corrections if necessary prior to the information being made public. Your hospital is receiving this confidential information in the form of a Hospital-Specific Report (HSR). This report enables you to review your hospital's results for the FY 2015 HAC Reduction Program and the data used in the calculations for this program. With the information provided in your HSR and the accompanying Description of the HAC Reduction Program HSR document, you can replicate the calculations of the PSI 90 composite, Domain 1 score, Domain 2 score, and Total HAC Score results (see Review and Correction section below for more information on how to replicate your results). The HSR is a Microsoft Excel® file that provides hospitals with a detailed summary of their Total HAC Score; Domain 1 and Domain 2 scores; AHRQ PSI 90 composite results; and CDC CLABSI and CAUTI measure results, as calculated for the FY 2015 HAC Reduction Program. The HSR also contains a worksheet with eligible discharges for the component indicators in the AHRQ PSI 90 composite measure. The Description of the HAC Reduction Program HSR document is a PDF file that accompanies your HSR that provides detail on the HAC Reduction Program scoring methodology, information on how to review your HSR, and instructions on how to replicate your hospital's results.

II. DATA AND METHODS

5. What data period did CMS use to calculate the HAC Reduction Program measures for the FY 2015 HAC Reduction Program? What is the source of the data?

The calculations for the FY 2015 HAC Reduction Program are based on the AHRQ PSI 90 composite measure calculated using hospitals' Medicare FFS claims data from July 1, 2011 through June 30, 2013. The CDC NHSN CLABSI and CAUTI measures are calculated from hospitals' chart-abstracted surveillance data from January 1, 2012 through December 31, 2013.

- 6a. How do the PSI 90 composite, CLABSI, and CAUTI measures for the HAC Reduction Program differ from those calculated for the 2014 Hospital Inpatient Quality Reporting (IQR) Program and FY 2015 Hospital Value Based Purchasing (HVBP) Program?

The HAC Reduction Program uses the same PSI 90 composite, CLABSI, and CAUTI measures as the 2014 IQR Program and FY 2015 HVBP Program. However, your hospital's FY 2015 HAC Reduction Program results will likely differ from your hospital's 2014 IQR Program and FY 2015 HVBP Program performance period results due to differences in the applicable hospitals and performance periods (Table 2) used for IQR, HVBP and HACRP. There will also be differences between the three programs for the PSI 90 composite measure, due to the version of the AHRQ software used in each program. CMS is using Version 4.5a of the AHRQ software to calculate PSI 90 composite measure results for the 2014 IQR and FY 2015 HAC Reduction Programs, but is using Version 4.4 of the AHRQ software for the FY 2015 HVBP Program performance period calculations (vol 79, FR 28365).

Table 2. Comparison of CLABSI, CAUTI, and PSI 90 performance periods for CMS Quality Programs

Measure(s)	Program	Time period
CDC CLABSI	FY 2015 HACRP	January 1, 2012 - December 31, 2013
	Dec 2014 HIQR	January 1, 2013 - December 31, 2013
	FY 2015 HVBP	February 1, 2013 – December 1, 2013*
CDC CAUTI	FY 2015 HACRP	January 1, 2012 - December 31, 2013
	Dec 2014 HIQR	January 1, 2013 - December 31, 2013
AHRQ PSI 90 Composite	FY 2015 HACRP	July 1, 2011 - June 30, 2013
	Dec 2014 HIQR	July 1, 2011-June 30, 2013
	FY 2015 HVBP	October 15, 2012 – June 30, 2013*

HACRP = Hospital-Acquired Condition (HAC) Reduction Program

HVBP = Hospital Value-Based Purchasing Program

HIQR = Hospital Inpatient Quality Reporting

*Reflects performance period, not baseline period

6b. How do the PSI 90 composite measure results for the HAC Reduction Program differ from those reported on Hospital Compare in 2013 for the Inpatient Quality Reporting (IQR) Program?

The FY 2015 HAC Reduction Program uses up to 25 diagnosis and 25 procedure codes on Medicare claims to identify PSIs. For the PSI 90 results for IQR for 2013 that were posted on Hospital Compare, only 9 diagnoses and 6 procedure codes were used in the Medicare claims to identify PSIs. Using more diagnosis and procedure codes may have two effects on PSI rates:

1. Detect more PSI events, which would increase PSI rates.
 2. Find more reasons to exclude discharges from the PSI denominator. Excluding discharges that did not have a PSI would increase PSI rates, while excluding discharges that did have a PSI would decrease PSI rates.
7. How is CMS determining which hospitals are in the worst performing quartile for HACs?

In the FY 2014 IPPS/LTCH PPS Final Rule, CMS specified that it will identify the worst performing quartile of hospitals with respect to HACs by calculating a Total HAC Score that is composed of two domains: patient safety (Domain 1) and healthcare-associated infection (Domain 2). For the FY 2015 HAC Reduction Program, Domain 1 will include the AHRQ PSI 90 composite measure, and Domain 2 will include the CDC CLABSI and CAUTI measures.

CMS determines whether a hospital should be subject to a payment reduction based on the hospital's measure results and scoring. There are three major steps taken to determine a hospital's Total HAC Score.

1. First, hospitals are classified based on their measure results. Specifically, each hospital is assigned a measure score between 1 and 10 for each measure, which reflects the hospital's relative rank in 10 groups (or deciles) for that measure.
2. Second, the measure score is used to calculate the domain score. For Domain 1, the points assigned for the PSI 90 composite measure yield the Domain 1 score, since Domain 1 only contains PSI 90. For Domain 2, the points assigned for the two Domain 2 measures are averaged to yield a Domain 2 score.
3. Third, hospitals' Total HAC Scores are determined by the sum of weighted Domain 1 and Domain 2 scores. That is, Domain 1 is weighted at 35 percent of the Total HAC Score and Domain 2 is weighted at 65 percent of the Total HAC Score. Higher scores indicate worse performance relative to the performance of all other eligible hospitals. Hospitals with a Total HAC Score above the 75th percentile of the Total HAC Score distribution may be subject to payment reduction.

See questions 8 through 11 for more detailed information about the methods used to complete each step of the Total HAC score calculation.

8. How are the PSI 90 composite, CLABSI, and CAUTI measure scores calculated?

A measure result is calculated for each measure for which a hospital has sufficient data. A performance decile¹ is assigned for each measure (PSI 90 composite measure, CLABSI, and CAUTI) based on the hospital's measure result. A score between 1 and 10 is assigned for each measure based on the hospital's performance decile. Higher scores indicate worse performance. For hospitals with a non-zero measure result for a given measure, CMS assigns x points to hospitals that fall within the x^{th} performance decile, ranging from a minimum of 1 point assigned to hospitals in the first performance decile (best performing hospitals) to a maximum of 10 points assigned to hospitals in the tenth performance decile (worst performing hospitals).² Table 3 illustrates an example of how measure scores are assigned based on CLABSI measure results.

Table 3. Example of how to score CLABSI results when more than 10 percent of hospitals have a zero measure result

Percentile range	Range value	Decile	CLABSI measure score
min – 20th	min < =x <=20th, x equal to 0	1,2	1
	min < =x <=20th, x not equal to 0	2	2
21st – 30th	20th < x <= 30th	3	3
31st - 40th	30th < x <=40th	4	4
41st - 50th	40th < x <=50th	5	5
51st - 60th	50th < x <=60th	6	6
61st - 70th	60th < x <=70th	7	7
71st - 80th	70th < x <=80th	8	8
81st - 90th	80th < x <=90th	9	9
91st - max	90th < x <=max	10	10

For more detailed information on the performance decile cutoff points for each measure CMS adopted in the FY 2015 program, please see Tables A, B, and C in the “Description of the HAC Reduction Program Hospital-Specific Report” document posted on the *QualityNet* website at [Hospitals-Inpatient > Hospital-Acquired Condition \(HAC\) Reduction Program > Hospital-Specific Reports](#).

¹ CMS divides hospitals into ten groups based on the distribution of their measure results. Each decile will have approximately the same number of hospitals. See questions 9 through 11 for more information on the HAC Reduction Program scoring methodology.

² Hospitals will be assigned the minimum of one point for any measure for which they have a measure result of zero (FY 2015 IPPS/LTCH PPS proposed rule; vol 79, FR 28140-28141) regardless of the performance decile. For example, if, for the CAUTI measure, 13 percent of hospitals have an SIR of 0, one point will be assigned to all 13 percent of hospitals, even though, arguably, 10 percent of them fall into the first decile, and 3 percent of the 13 percent fall into the second decile. Because each percentile range ideally represents 10 percent of hospitals, two points will be assigned to the remaining 7 percent of hospitals in the second decile because their SIR is larger than 0.

9. How are the Domain 1 score and Domain 2 score calculated?

A hospital's Domain 1 score is equal to the number of points CMS assigns the hospital for the PSI 90 composite. If a hospital did not receive a PSI 90 measure score, then the hospital will not receive a Domain 1 score.

Domain 2 consists of two measures (CLABSI and CAUTI); therefore, a hospital's Domain 2 score is dependent upon the hospital's measure results for both Domain 2 measures. If a hospital has a measure score for both CLABSI and CAUTI, then the hospital's Domain 2 score equals the average of the hospital's CLABSI and CAUTI measure scores. If a hospital has a measure score for only one of the two Domain 2 measures, then the hospital's Domain 2 score equals the single measure score. Finally, a hospital will not receive a domain score when it does not have measure scores for any of the measures within the given domain.

10a. Why are some hospitals missing CLABSI and/or CAUTI results?

There are three main reasons why a hospital may not have CLABSI and CAUTI measure results.

1. Received a Waiver. CLABSI and CAUTI surveillance only occurs in adult intensive care units (ICUs), neonatal ICUs (NICUs), or pediatric ICUs (PICUs). Hospitals without any of the aforementioned ICU locations can receive a waiver indicating that they are not eligible for CLABSI and CAUTI reporting by:
 - a. Completing an HAI Exception Form indicating they have no ICUs; or
 - b. Not indicating having any active ICU locations in NHSN for at least one quarter during the reporting period
2. Insufficient Data. Some hospitals may submit CLABSI and/or CAUTI data to NHSN but still not receive any measure results. This occurs when the number of predicted CLABSI or CAUTI events is less than 1 during the reference period. Results from hospitals with very few expected events are not considered reliable enough for reporting purposes.
3. No Reported Reason. Finally, some hospitals are missing CLABSI and/or CAUTI measure results but do not meet either criteria 1 or 2. These hospitals have no documented reason for not reporting.

10b. How will the Domain 2 score be calculated when a hospital does not have CLABSI and/or CAUTI measure results?

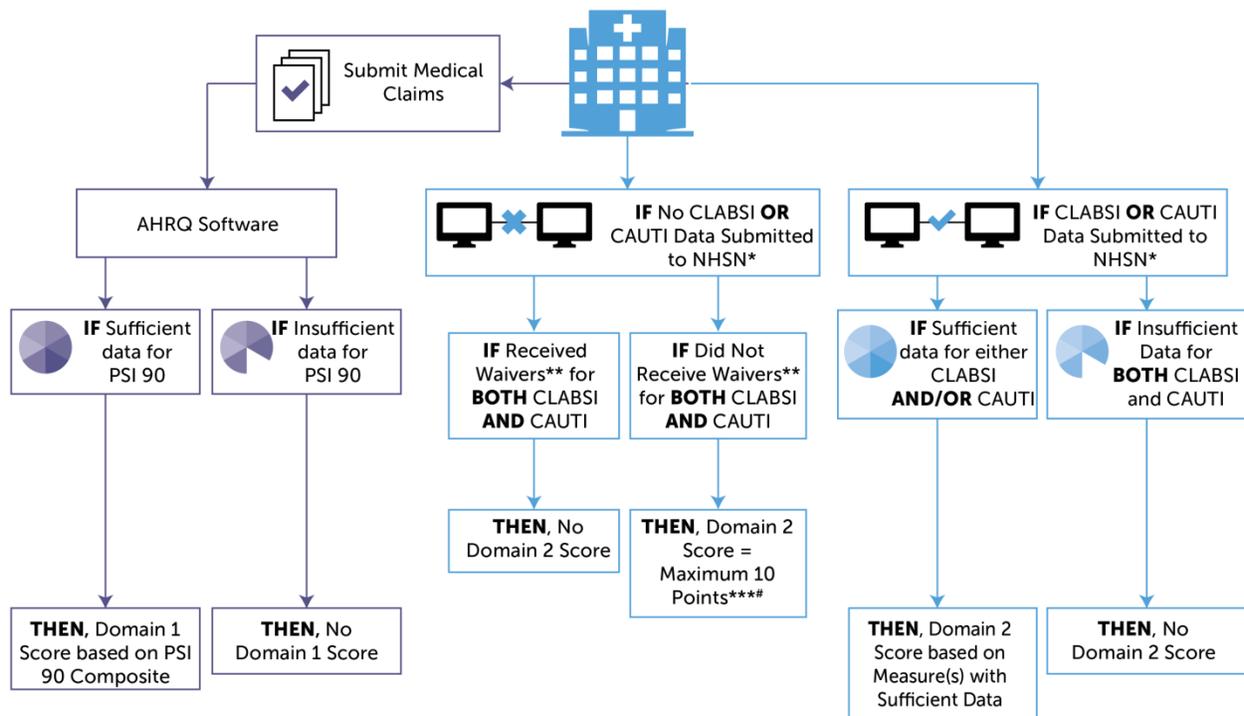
When a hospital does not have measure results for the Domain 2 measures (CLABSI and CAUTI), measure scores are determined using the following rules:

- A. IF a hospital submits data for only one of the two Domain 2 measures, THEN a measure score will not be calculated for the missing measure.

- B. IF a hospital does not submit data for either of the Domain 2 measures, AND:
1. IF any of the following circumstances apply, THEN a measure score will not be calculated for either measure:
 - a. Hospital did not receive a calculated Domain 1 score
 - b. Hospital completed an HAI Exception Form for both Domain 2 measures
 - c. Hospital did not indicate having any active ICU locations in NHSN for at least one quarter during the reporting period for both Domain 2 measures
 2. IF none of the aforementioned circumstances apply, THEN the maximum 10 points will be assigned to the hospital’s Domain 2 measures.

See Figure 1 for a visual overview of the scoring methodology calculations.

Figure 1. Overview of scoring methodology



* CMS only has access to CDC CLABSI and CAUTI measure data for hospitals that are also participating in the Hospital Inpatient Quality Reporting (IQR) Program. Hospitals that are not participating in the IQR Program have not agreed to share their data with CMS.

**“Waiver” includes ICU waiver or other waivers, including completing an HAI Exception Form or not indicating having any active ICU locations in NHSN for at least one quarter during the reporting period

***Domain scores range from 1 to 10 points with higher scores indicating worse performance.

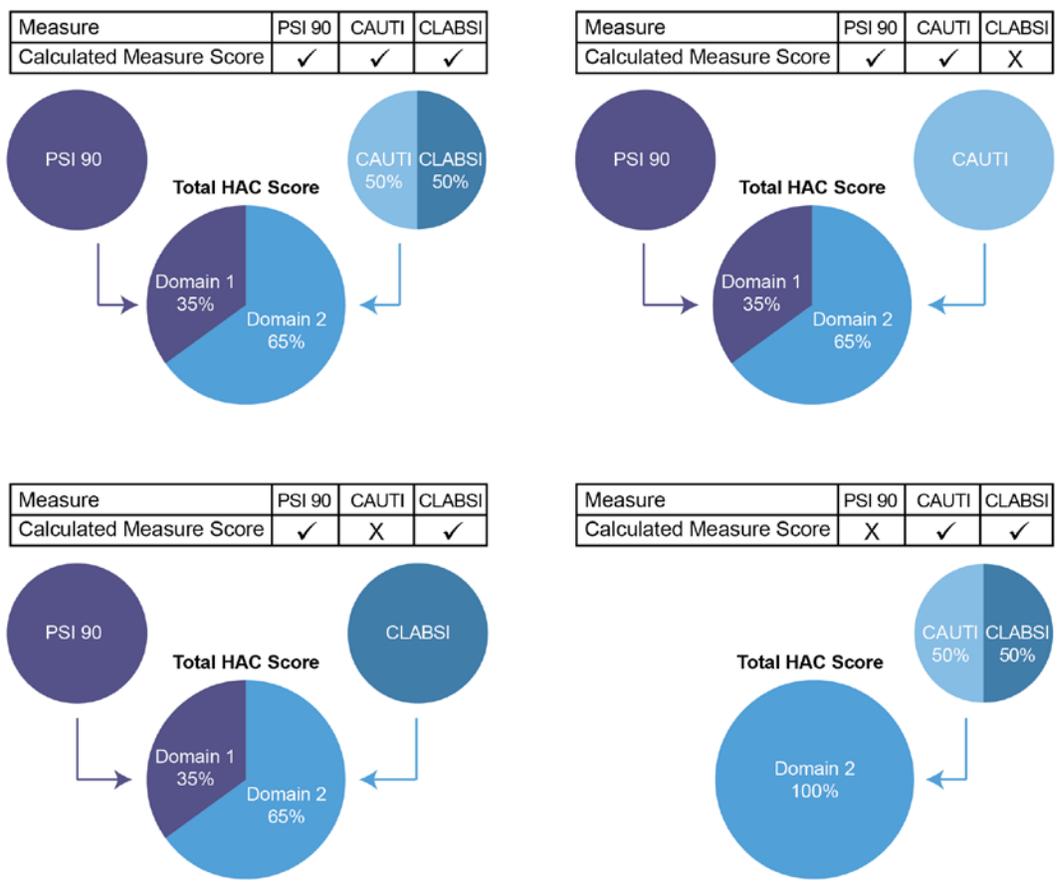
If a hospital does not receive a Domain 1 score due to having insufficient data to calculate a PSI 90 composite measure result, then the hospital will not receive the maximum 10 points and will not receive a Domain 2 score.

11. How is the Total HAC Score calculated after the PSI 90, CLABSI, and CAUTI measure scores and Domain 1 and Domain 2 scores are calculated?

CMS applies a weight of 35 percent for Domain 1 and 65 percent for Domain 2 to determine the Total HAC Score for hospitals that received both a Domain 1 score and a Domain 2 score. If a hospital has only one domain score, then CMS applies a weight of 100 percent to the domain for which the hospital has a score.

See Figure 2 for a visual overview of the scoring methodology for domain score and Total HAC Score calculations.

Figure 2. Scoring Methodology for Total HAC Score*



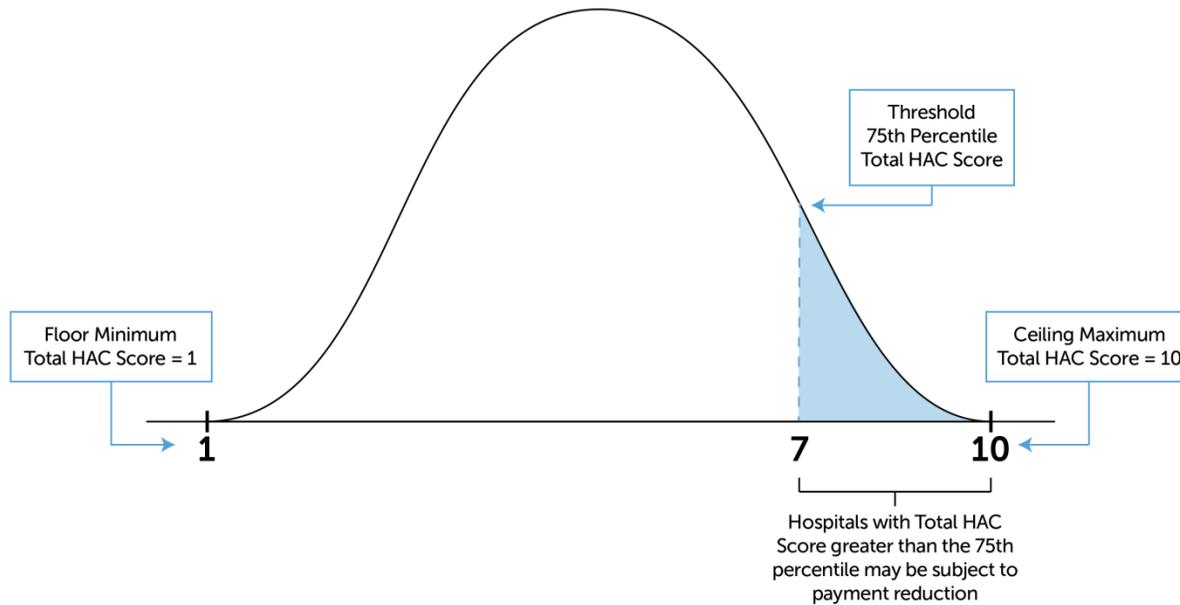
*This figure represents four of the eight possible combinations of presence (✓) or absence (x) of calculated measure scores for the PSI 90 composite, CAUTI, and CLABSI measures

12. How does CMS identify hospitals that will be subject to a payment reduction?

Hospitals with a Total HAC Score greater than the 75th percentile of all Total HAC Scores (i.e., hospitals in the worst performing quartile) may be subject to a payment reduction (see

Figure 3).³ Hospitals that are not in the worst performing quartile will not be subject to a payment reduction. CMS is notifying hospitals whether or not they will be subject to a payment reduction in FY 2015 in the FY 2015 HAC Reduction Program Hospital-Specific Reports delivered to hospitals via *QualityNet* Secure Portal by July 23, 2014.

Figure 3. Distribution of Total HAC Scores*



*This graphic does not reflect the actual distribution of Total HAC Scores for the FY 2015 HAC Reduction Program.

13. Where can I find more information on or ask questions about the FY 2015 HAC Reduction Program?

If you have questions or comments about the FY 2015 HAC Reduction Program, please visit [Hospitals-Inpatient > Hospital-Acquired Condition \(HAC\) Reduction Program](#) on *QualityNet* or contact qnetssupport@hcqis.org.

For additional information on the FY 2015 HAC Reduction Program, please consult the FY 2014 Inpatient Prospective Payment System (IPPS)/Long Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY-2014-IPPS-Final-Rule-Home-Page-Items/FY-2014-IPPS-Final-Rule-CMS-1599-F-Regulations.html?DLPage=1&DLSort=0&DLSortDir=ascending>) and the FY 2015 IPPS / LTCH PPS Proposed Rule (<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Proposed-Rule-Home-Page-Items/FY2015-IPPS-Proposed-Rule-Regulations.html?DLPage=1&DLSort=0&DLSortDir=ascending>)

³ Maryland hospitals have a waiver for the FY 2015 HAC Reduction Program. Maryland hospitals will receive an HSR with their CLABSI and CAUTI measure results, Domain 2 score, and Total HAC Score but will not be subject to a payment reduction. Maryland hospitals' Total HAC Scores are not included in the distribution to determine the top quartile of scores.

14. Where can I find more information on the AHRQ PSI 90 composite measure for the FY 2015 HAC Reduction Program?

If you have questions or comments about CMS's calculations and reporting of AHRQ PSIs based on Medicare claims, please visit [Hospitals-Inpatient > Claims-Based Measures > Agency for Healthcare Research and Quality \(AHRQ\) Indicators > Resources](#) on *QualityNet* or contact qnetssupport@hcqis.org

If you have questions about the AHRQ Quality Indicators™ or software, please visit the AHRQ Quality Indicator website: <http://www.qualityindicators.ahrq.gov>

15. Where can I find more information on the CDC NHSN CLABSI and CAUTI measures for the FY 2015 HAC Reduction Program?

If you have questions or comments about the calculation of the CDC CLABSI and CAUTI measures, please visit [Hospitals-Inpatient > Healthcare Associated Infections \(HAI\)](#) on *QualityNet* or <http://www.cdc.gov/nhsn> or contact the NHSN Help Desk at nhsn@cdc.gov. In the subject line of the email, indicate which measure(s) the question is about.

16. Is there a difference between the “top quartile”, “worst performing quartile”, “lowest performing quartile”, and “poorest performing quartile”?

The “top quartile” as discussed in Section 1886 (p) (2) (B) (i) of the Act, specifies that a payment adjustment would apply to an applicable hospital that ranks in the top quartile (25 percent) of all subsection (d) hospitals, relative to the national average of hospitals conditions acquired during an applicable period, as determined by the Secretary. We use “worst performing quartile”, “lowest performing quartile” and “poorest performing quartile” interchangeably with “top quartile”.

III. REVIEW AND CORRECTIONS

17. What is my hospital allowed to review and correct for the FY 2015 HAC Reduction Program?

In compliance with Section 3008 of the ACA, CMS will allow hospitals to review and correct the following information as part of the FY 2015 HAC Reduction Program prior to public reporting:

- Measure result for the PSI 90 composite measure
- Measure scores for the PSI 90 composite, CLABSI, and CAUTI measures
- Domain 1 and Domain 2 scores
- Total HAC Score

Please note, however, the Review and Correction process does not allow hospitals to submit additional corrections related to the underlying claims data for the PSI 90 composite measure, or to add new claims to the data extract used to calculate the results. Additionally, under the

Hospital IQR Program, hospitals had an opportunity to submit, review, and correct the chart-abstracted information used to calculate the CLABSI and CAUTI measures. Therefore, hospitals have already been given the opportunity to review and correct the CLABSI and CAUTI data for the FY 2015 HAC Reduction Program, so this Review and Correction process does not allow hospitals to correct the reported number of HAIs, CLABSI or CAUTI SIRs, or central-line or urinary catheter days.

18. What is the schedule for Review and Corrections?

For FY 2015, the review and correction period began on July 23, 2014, the day hospitals' HAC Reduction HSRs were posted to their *QualityNet Secure Portal* accounts and was scheduled to end 30 days later on August 21, 2014. However, some hospitals were not able to access their HSRs. On August 20, 2014, the HAC Reduction Program HSRs were re-sent to all hospitals. CMS is extending the review and correction period until September 22, 2014.

19. How do I replicate the results in my Hospital-Specific Report (HSR)?

The Description of the FY 2015 HAC Reduction Program HSR document (on the *QualityNet* website at [Hospitals-Inpatient > Hospital-Acquired Condition \(HAC\) Reduction Program > Hospital-Specific Reports](#)) contains detailed instructions for replicating the PSI 90 composite measure result, Domain 1 score, Domain 2 score, and Total HAC Score.

An Excel file combining the steps (and showing formulas) is also available upon request, by contacting the *QualityNet* Help Desk at qnetssupport@hcqis.org with the following subject line: "Request for HAC Reduction Program Replication Example."

20. What should I do if I think I have found an issue in the calculation of my hospital's Total HAC Score?

During the Review and Correction period, hospitals that have concerns about the calculation of their PSI 90 composite measure results, Domain 1 score, Domain 2 score, or Total HAC Score should submit a question to the *QualityNet* Help Desk at qnetssupport@hcqis.org. CMS will investigate the validity of each concern and notify hospitals of the results. Please include your hospital CMS Certification Number (CCN) in your email.

WARNING:

DO NOT SEND PATIENT-IDENTIFIABLE INFORMATION TO THIS EMAIL ADDRESS. THIS INCLUDES DATE OF BIRTH, HIC NUMBERS OR PATIENT ID NUMBERS. USE THE EXCEL® ROW NUMBER WHEN REFERRING TO SPECIFIC CASE

IV. PUBLIC REPORTING PROCESS

21. What information is CMS going to report on *Hospital Compare* for the FY 2015 HAC Reduction Program?

CMS plans to make the following FY 2015 HAC Reduction Program information publicly available for each hospital on *Hospital Compare* in December 2014:

- PSI 90 composite measure score
- CLABSI and CAUTI measure scores
- Domain 1 and Domain 2 scores
- Total HAC Score

22. Can my hospital suppress reporting of the data for the HAC Reduction Program?

No. If you are a subsection (d) hospital, you are not able to suppress the reporting of your HAC Reduction Program results on *Hospital Compare*.

V. ACCESSING HOSPITAL-SPECIFIC REPORTS

23. Why didn't my hospital receive a Hospital-Specific Report (HSR) for the HAC Reduction Program?

If your hospital did not receive an HSR, it could be due to any of the following reasons:

- Your hospital is not a subsection (d) hospital.
- Your hospital was not open during the data time period for the measures, or did not show up as open by the deadline for the reporting period (April 10., 2014).
- Your hospital is not currently pledged for the Annual Payment Update (APU) and thus may not have an active *QualityNet* Secure Portal account.
- Your hospital does not have a registered *QualityNet* secure portal account and a user with the two designated roles of "Hospital Reporting Feedback-Inpatient" role (to receive the report) and "File Exchange & Search" role (to download the report from *QualityNet*).

If any of the above applies to your hospital, you will not be able to view your individual hospital results or discharge data for the AHRQ PSI 90 composite measure calculated for the FY 2015 HAC Reduction Program. If you are a subsection (d) hospital that was open as of April 10, 2014, and wish to view your report but do not have an APU pledge and/or an active *QualityNet* Secure Portal account, then see FAQ 23 below for information on how to open an account and receive your HSR.

All hospitals may access a mock HSR, including discharge-level data, at [Hospitals-Inpatient > Readmissions Reduction > Hospital-Specific Reports](#) on the *QualityNet* website.

If you have questions about your *QualityNet* Secure Portal registration status or about whether an HSR is available or was sent to your hospital, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org. If you have questions about your assigned roles on *QualityNet* Secure Portal, please contact your facility's *QualityNet* Security Administrator.

24. My hospital does not have a *QualityNet* Secure Portal account. How do we obtain an account?

Hospitals not currently registered for *QualityNet Secure Portal* are encouraged to register to receive an account. Instructions for registration are available on *QualityNet*. After you register and have a *QualityNet Secure Portal* inbox with the designated roles (Hospital Reporting Feedback-Inpatient role and File & Exchange Search role), you need to contact qnetsupport@hcqis.org to request an upload of your HSR. Please provide the name of your hospital and your hospital's CCN assigned by CMS.