



Quality Report Submission Guidelines & Education September 2020

Reporting Standards

1. iQIES (CMS) Reports for submission to IHCS
 - I. Process Measures
 - II. Outcome Measures

2. Submission Frequency
 - I. January 1st thru June 30th should be submitted October
 - II. July 1st thru December 31st should be submitted in April

Example: January 1st 2020-June 30th, 2020 – submit to IHCS October 2020
July 1st, 2020 – December 31st, 2020 – submit to IHCS April 2021

3. File Naming Examples
 - ABC Home Health Agency-Outcomes Measures Report 10.2020
 - ABC Home Health Agency-Process Measures Report 10.2020

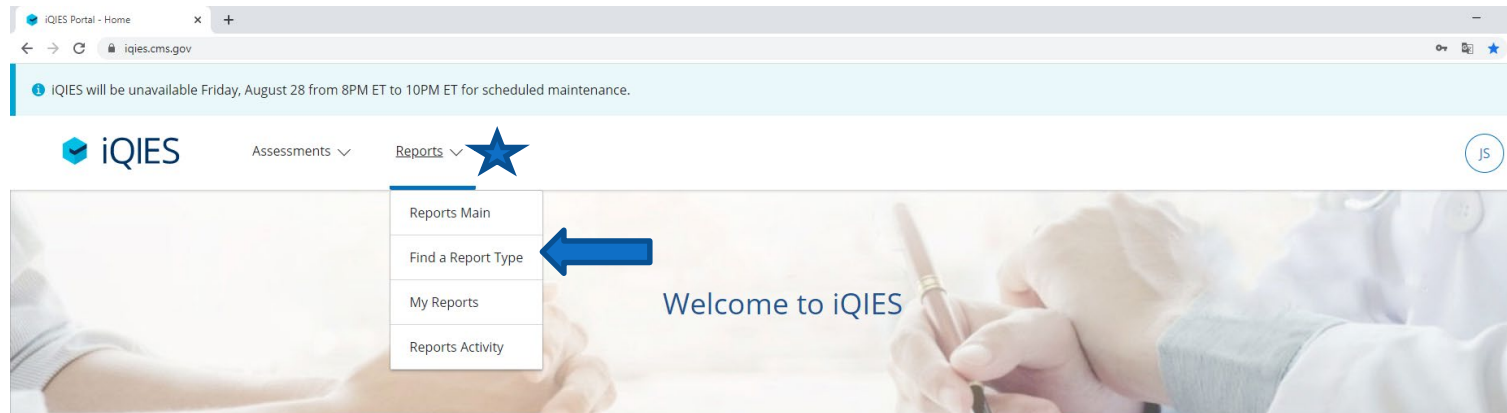
4. Submission to IHCS

All reports should be submitted to IHCS via the following email address: qualityreporting@ihccorp.com

Email Subject Line ex.: ABC Home Health Care Reports October 2020

Step-by-Step Instructions

1. Go to iqies.cms.gov
2. Login with your User Credentials.
3. From the iQIES Landing Page, go to the “Reports” Drop Down Menu.
4. Choose “Find a Report Type”.



Integrated, Optimized, Simplified.

iQIES is the Internet Quality Improvement and Evaluation System and home to everything you need to manage provider and patient information and ensure quality healthcare for the most vulnerable patients.

This web-based system allows you to work smarter through streamlined workflows, powerful reporting capabilities, and intuitive design.

Access this important information at any time and on any device.



5. Once you reach the “ Find a Report Type” page, Search for the “Outcome Measures Report” or “ Process Measures Report”.
6. Click on the blue “Find Report Type” Button and all the available reports will show in the Search Results.
7. Click on the “ Run Report” action to go to the next page and input Date ranges.

Home / Find a Report Type

Find a Report Type

Search by report keyword, category, or type.

Hide Filters

Report Keyword
outcome report

Report Category
Select one

Report Type
Select one

Find Report Type

Search Results

Report Type	Actions
Outcome Report Provides utilization outcome mean measure rates, physiologic, functional, cognitive, and emotional status end-result outcome measure rates, and claims-based outcome measure rates for an agency's patients with episodes of care that ended (for end-result outcomes) or began (for claims-based outcomes) in a specified period. It compares these findings to a national reference standard and a prior period for the agency.	Run Report

- Once you are in the “Run Report” section for the report you are trying to obtain, you will input the corresponding date range as follows:

Run Report

Outcome Report

Provides utilization outcome mean measure rates, physiologic, functional, cognitive, and emotional status end-result outcome measure rates, and claims-based outcome measure rates for an agency's patients with episodes of care that ended (for end-result outcomes) or began (for claims-based outcomes) in a specified period. It compares these findings to a national reference standard and a prior period for the agency. Some measures have risk-adjustment, in which case the prior measure value will be risk-adjusted. Data are not available in these reports for Previous or Current Start Dates prior to 01/2018.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Dates

Date Range

Current Begin Date *

MM/YYYY

Current End Date *

MM/YYYY

Prior Begin Date *

MM/YYYY

Prior End Date *

MM/YYYY

- Under Provider, look up your agency name and Click “add”.
- Click on the Blue “Run Report”.

Current Begin Date * **Current End Date ***
MM/YYYY MM/YYYY

Prior Begin Date * **Prior End Date ***
MM/YYYY MM/YYYY

Providers

Search for providers and "Add" providers for each report run.

State * **Provider Keyword**

Characters to search by Provider Name, CCN, or Facility ID.

You can select 1 provider to add to this report. View your selected provider in the 'Provider Added' tab.

6 Providers 0 Providers Added

Provider Name	CCN	Address	City	State	ZIP Code	Actions
	Xxxxxxx	Street Address	City	State	Zip	<input type="button" value="Add"/>
						<input type="button" value="Add"/>

Report by Branch
View data for branches along with the overall agency report

Schedule Report Run



11. Click on “ Download” and then choose “CSV” to Save the Report to your Desktop/Documents Folder.
12. Depending on your Web Browser either the file will pop-up on the bottom of the screen when its done downloading or you can go to the location you choose to save the files.

Outcome Report

Expand All | Collapse All

Save to My Reports
Download ▾

▾ Agency Name

Agency Name: Agency Name CCN: XXXXXXXX Agency ID: XXXXXXXX City/State: Miramar, FL Medicaid Number: Not Applicable	Requested Current Period: 06/2019 - 05/2020 Requested Prior Period: 06/2018 - 05/2019 Actual Current Period: 06/2019 - 05/2020 Actual Prior Period: 06/2018 - 05/2019 Report Run Date: 08/24/2020
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▾ Branch ALL

Quality Measures
End Result Outcomes

Cases Curr: 727 Prior: 1,848
 Number of Cases (National): 7,082,778

Outcome Report (2).csv ▾

Show all