QualityNet User Guide for Medicare Promoting Interoperability Program Eligible Hospitals and Critical Access Hospitals

Getting Started

This guide will assist in navigation throughout the Hospital Quality Reporting (HQR) Web-Based Data Collection Tool application. It will contain the steps needed to use this application in the QualityNet Secure Portal to submit data for the Medicare Promoting Interoperability Program objectives and clinical quality measures (CQMs).

Single provider and multi-provider users will use this HQR web-based application. Users with administrator privileges are generally the multi-provider users. The principal difference is multi-provider users will have to select the providers they want to view; they will also be able to move between these providers when viewing data.

The summary screens presented in this user guide is from the point of view of the single-provider user.

No public health information or personally identifiable information will be displayed within this document.

Eligible hospitals and critical access hospitals (CAHs) can avoid penalties through the Medicare Promoting Interoperability Program by demonstrating their meaningful use of certified electronic health record technology (CEHRT) to improve patient care.

The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology established standards that hospitals must meet in order to qualify for the Medicare Promoting Interoperability Program. The CEHRT is a fifteen-character, alpha-numeric value that documents the standard against which your EHR technology was certified. For those participating in the Medicare Promoting Interoperability Program, participants **may use (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two in order to meet the CEHRT definition**. The more up-to-date standards and functions in 2015 Edition CEHRT better support interoperable exchange of health information and improve clinical workflows.

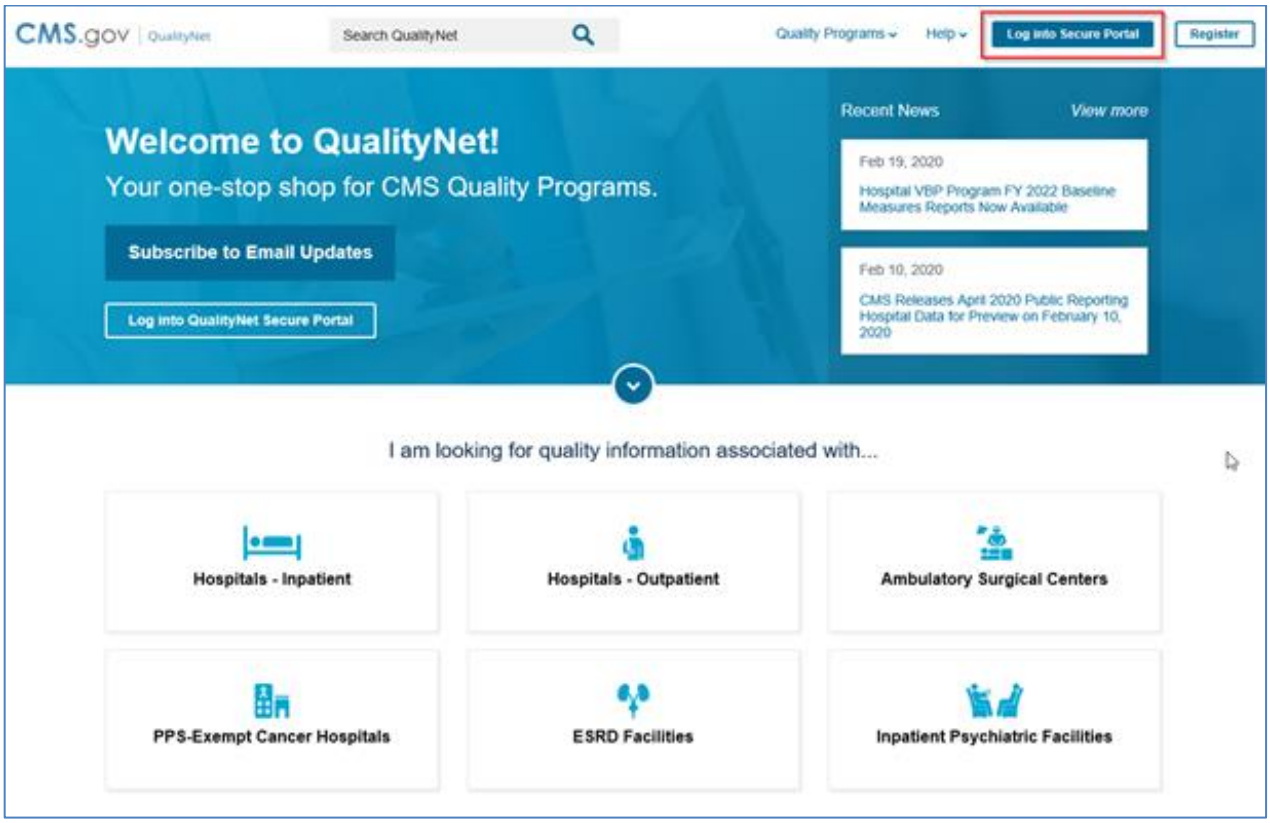
Hospitals wanting to take part in the program will use this HQR web-based system to register and demonstrate effective and meaningful use of CEHRT by providing the following information:

- Registration Information
- Business Information
- Registration Disclaimer
- Objectives
- CQMs

This guide focuses on data entry for the **Medicare Promoting Interoperability Program** objectives and CQMs.

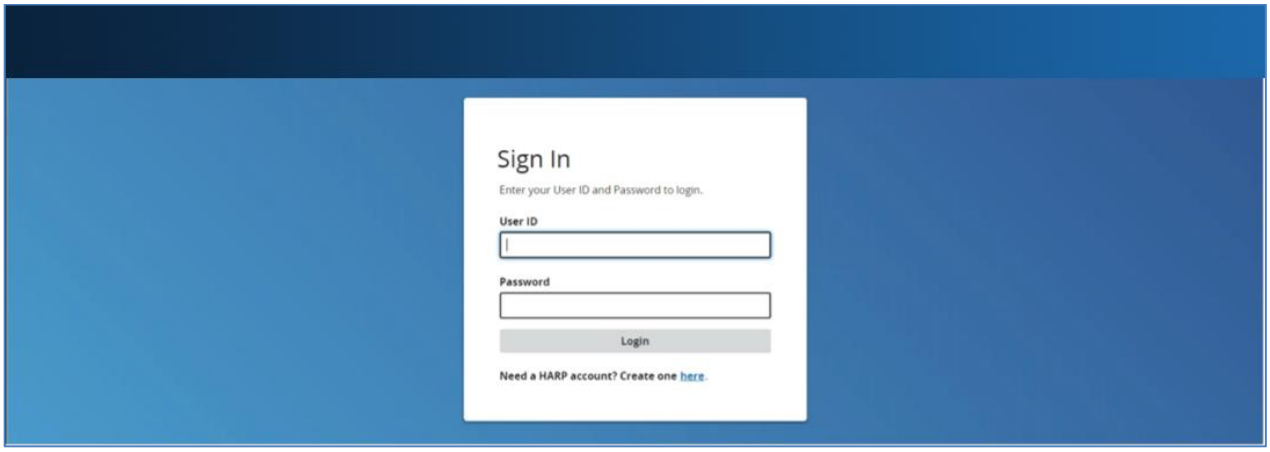
Step 1 – Go to QualityNet.org to Begin

Go to QualityNet.org and select Log into Secure Portal.



Step 1, Continued – HARP Sign In

Enter your User ID and Password to log in. The system requires two-factor authentication in order to login. Note, you will need to have migrated your QualityNet account to a HARP account to continue utilizing the system.

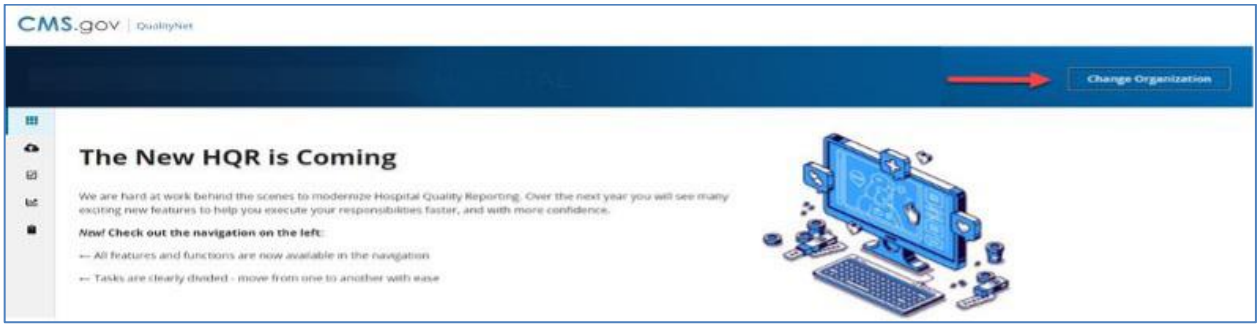


Step 1, Continued – Terms and Conditions

After you have submitted your log in details and completed the two-factor authentication, you will need to Agree to the Terms & Conditions in order to proceed. Once this step has been completed, you will be directed to the main dashboard.

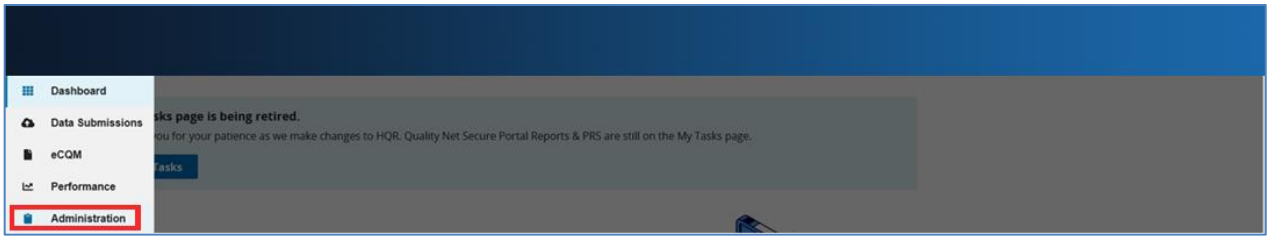
Step 2 – Select Organization

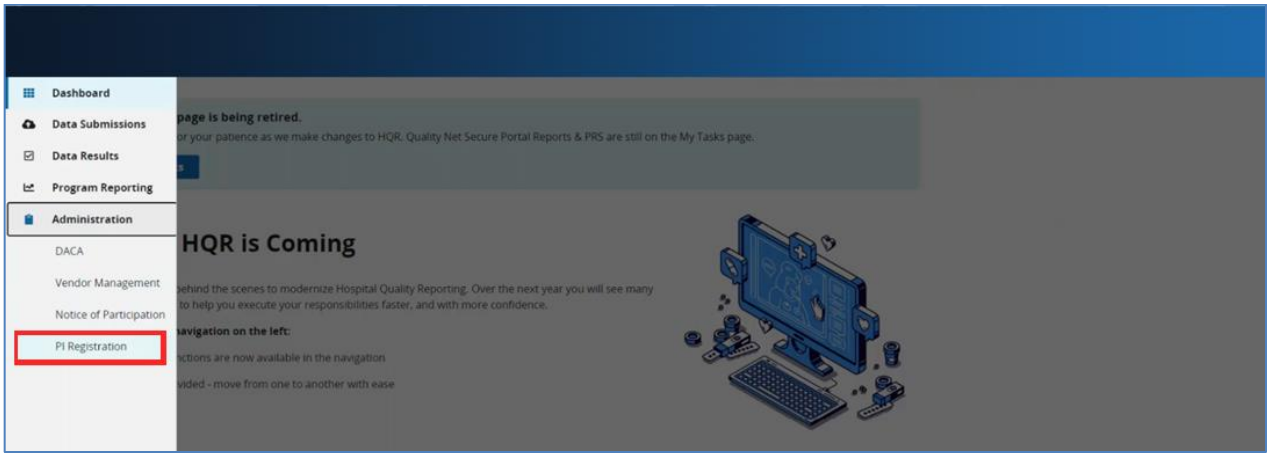
On the main dashboard, you will have the option to **select or change the organization** for which you are submitting data for.



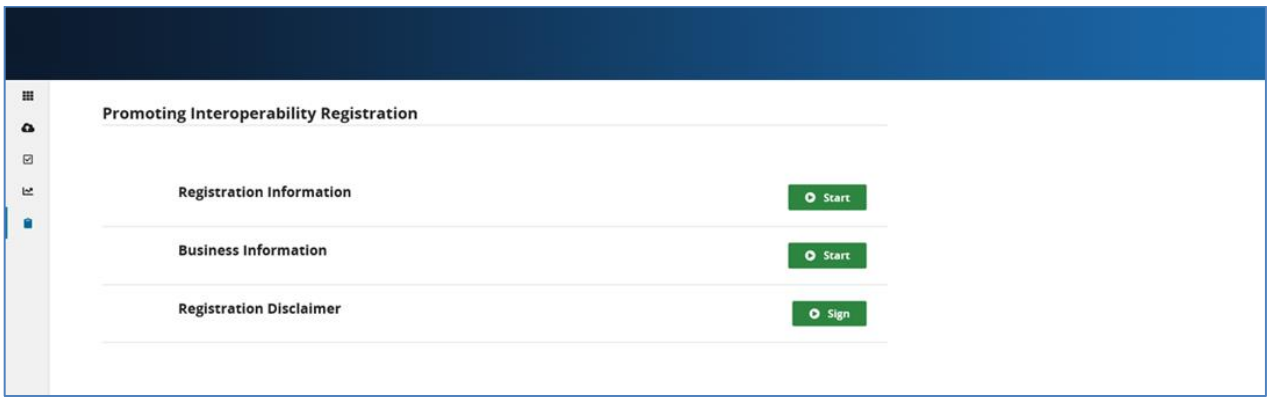
Step 3 – Complete Administrative Tasks

Listed in the left-hand navigation bar, select **Administration**, then select **Promoting Interoperability Registration**.



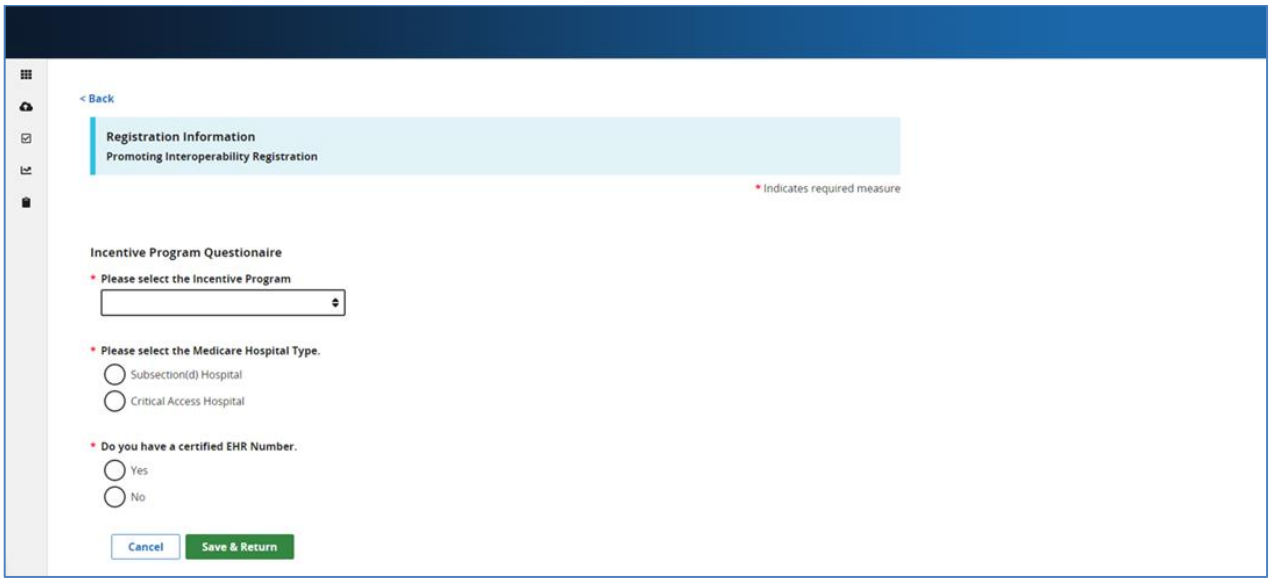


Next you will be directed to the below page:



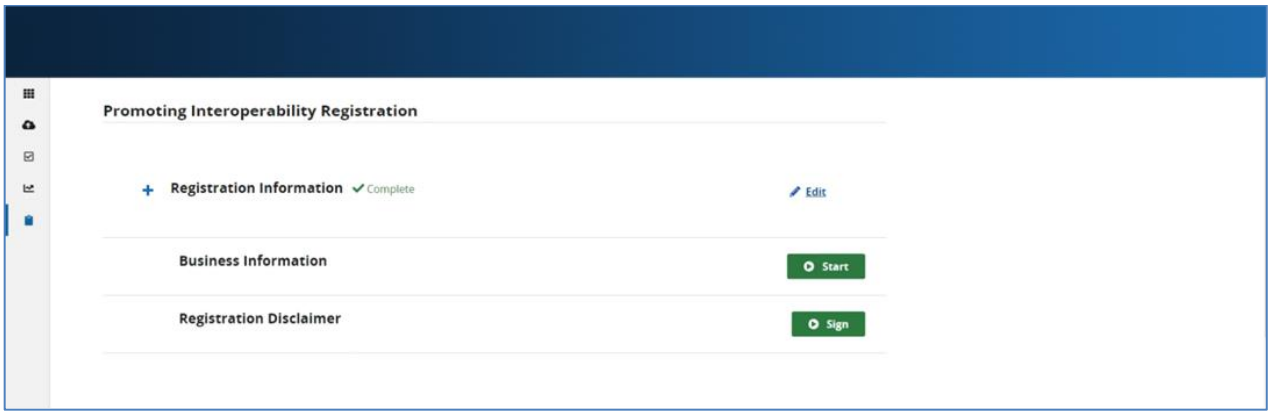
Step 3, continued – Complete Registration Information

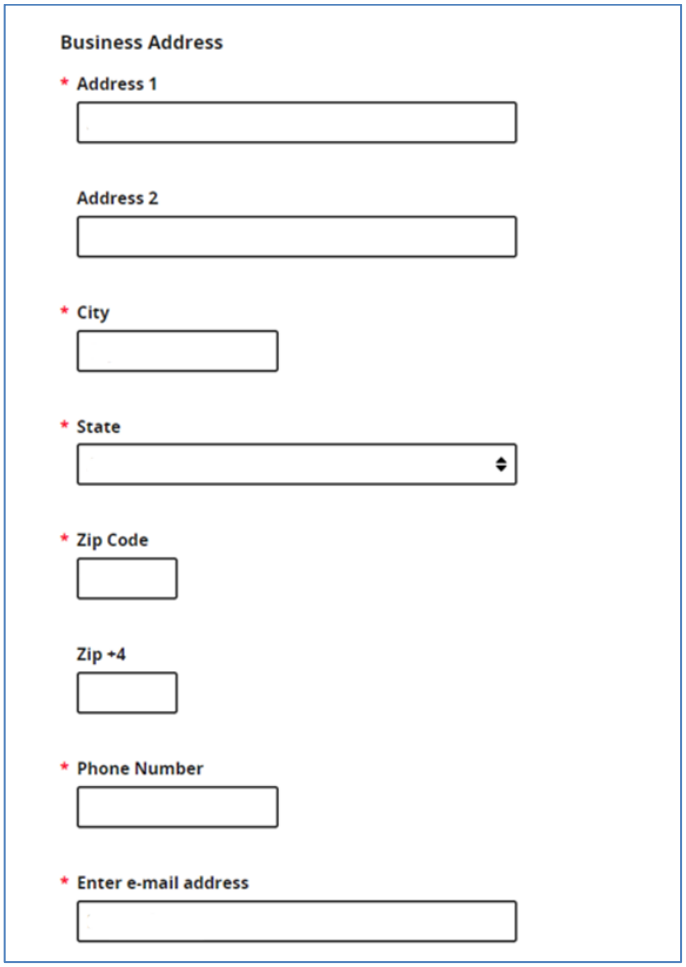
Select **Start** Registration Information and enter required information. Once complete, select **Save & Return**.



Step 3, continued – Complete Business Information

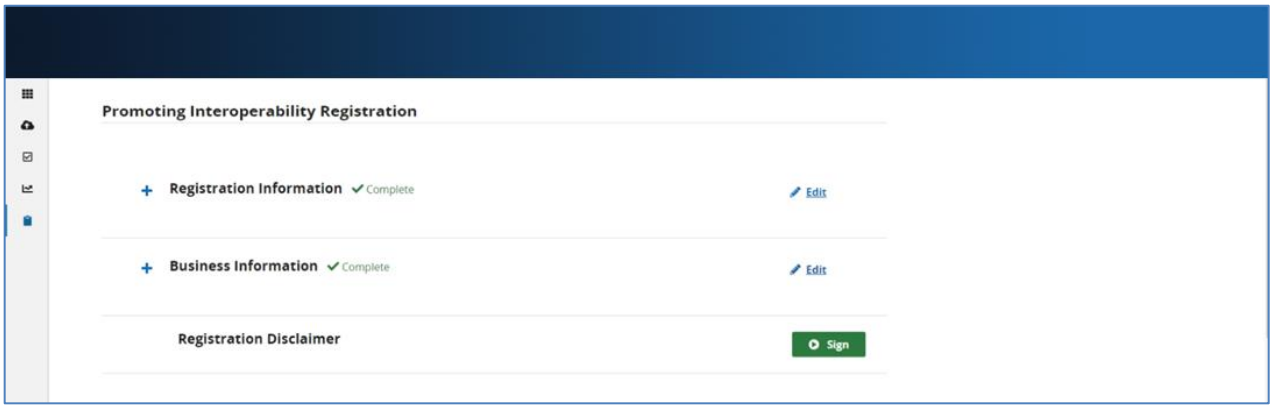
Select **Start** Business information and enter required information. You will be required to submit address, phone number, and email information. Once complete, select **Save & Return**.

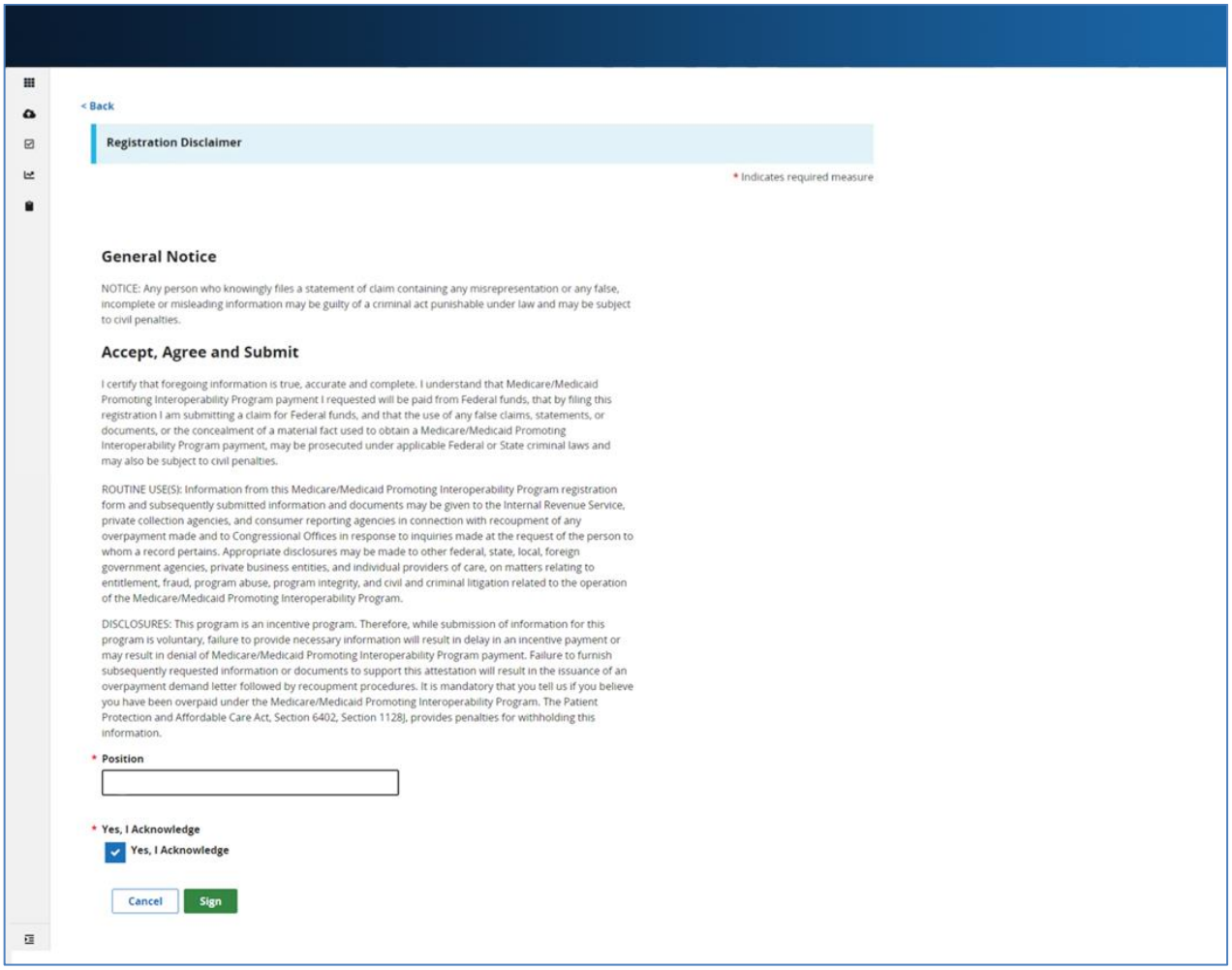




Step 3, continued – Complete Registration Disclaimer

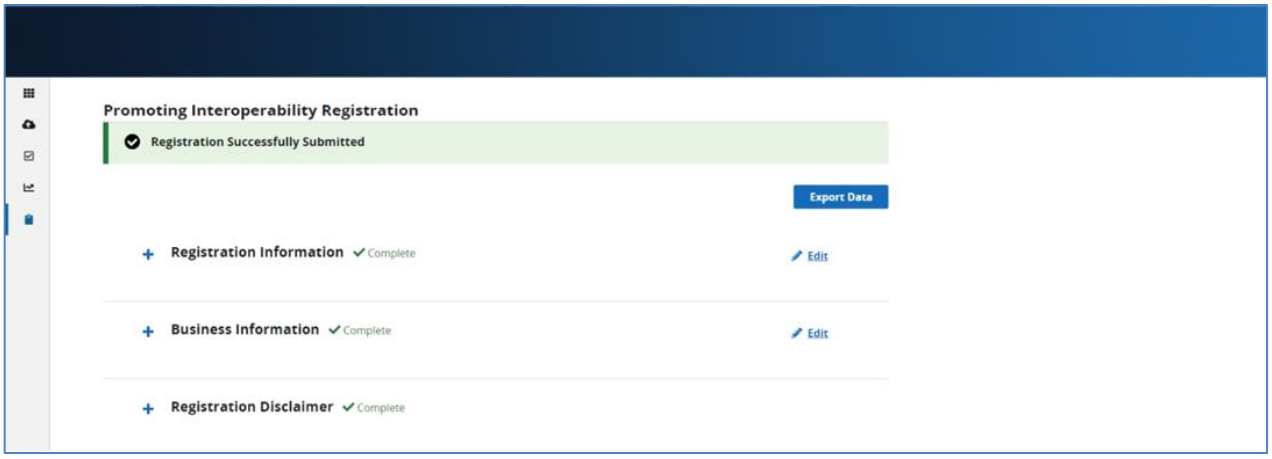
Select **Start** Registration Disclaimer and enter required information. Select **Yes, I Acknowledge**. Once complete, select **Sign**.




< Back
Registration Disclaimer
* Indicates required measure
General Notice
NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.
Accept, Agree and Submit
I certify that foregoing information is true, accurate and complete. I understand that Medicare/Medicaid Promoting Interoperability Program payment I requested will be paid from Federal funds, that by filing this registration I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare/Medicaid Promoting Interoperability Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.
ROUTINE USE(S): Information from this Medicare/Medicaid Promoting Interoperability Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare/Medicaid Promoting Interoperability Program.
DISCLOSURES: This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of Medicare/Medicaid Promoting Interoperability Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures. It is mandatory that you tell us if you believe you have been overpaid under the Medicare/Medicaid Promoting Interoperability Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.
* Position
* Yes, I Acknowledge
Yes, I Acknowledge
Cancel
Sign

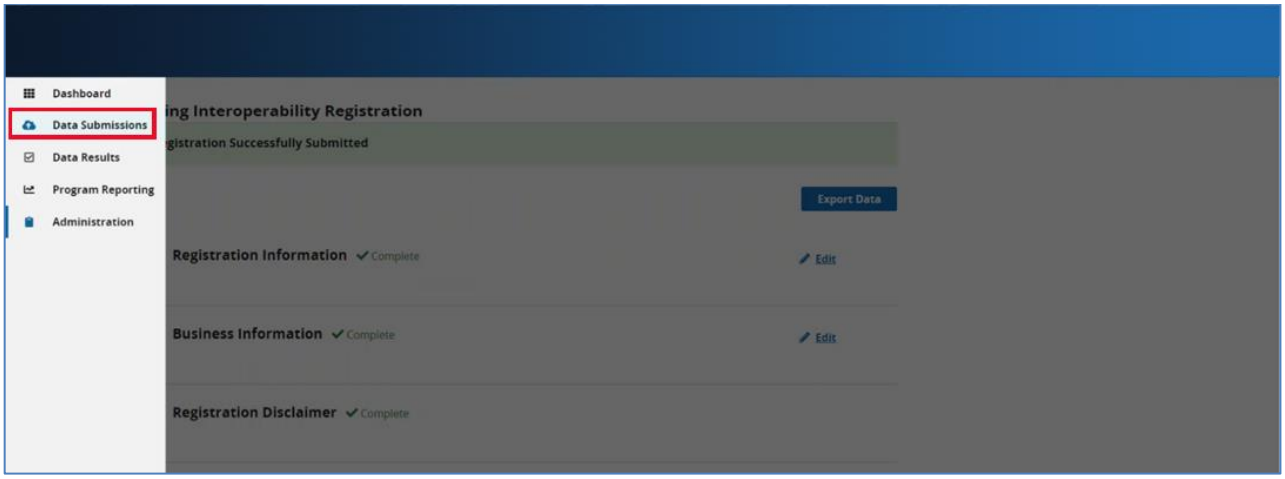
Step 3, Complete

Once you have signed the Disclaimer, you will be notified that you have successfully submitted your registration information.



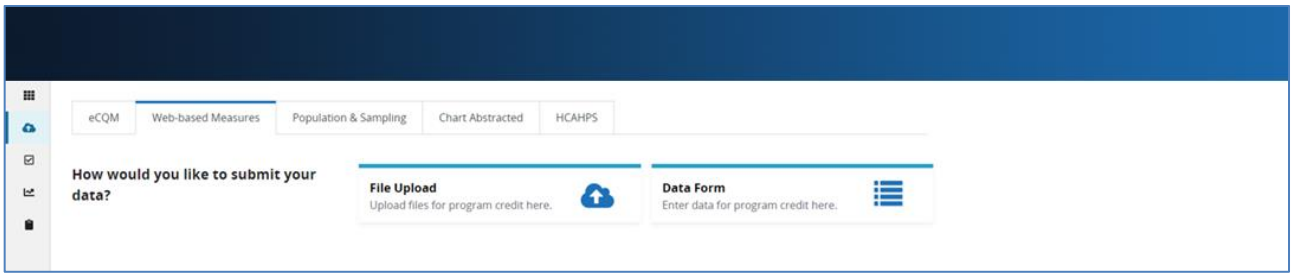
Step 4 – Begin Data Submission

After you have completed your registration information, select **Data Submissions** in the left-hand navigation.



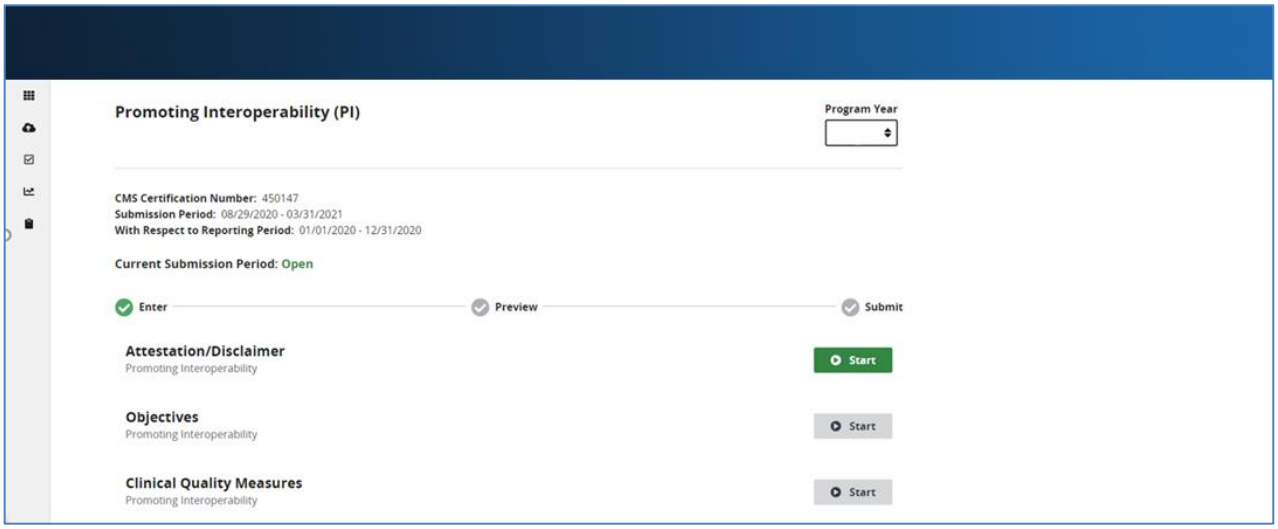
Step 5, Continued – Web-based Measures

Select the **Web-based Measures** tab.

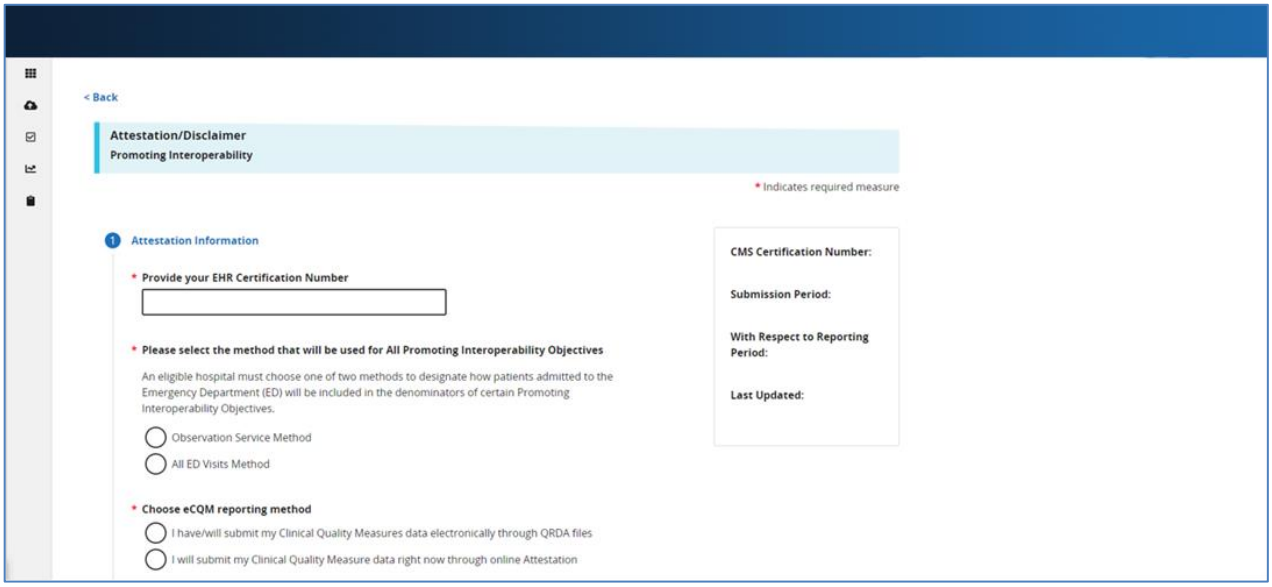


Step 6 – Begin Attestation

After advancing to the **Web-based Measures** tab, you will be directed to the Promoting Interoperability webpage.



Press **Start** and enter your attestation information.



Once you have completed the attestation/disclaimer information, click **Yes, I Acknowledge** then select **Save & Close Attestation Information**.

Step 7 – Begin Objective Data Submission

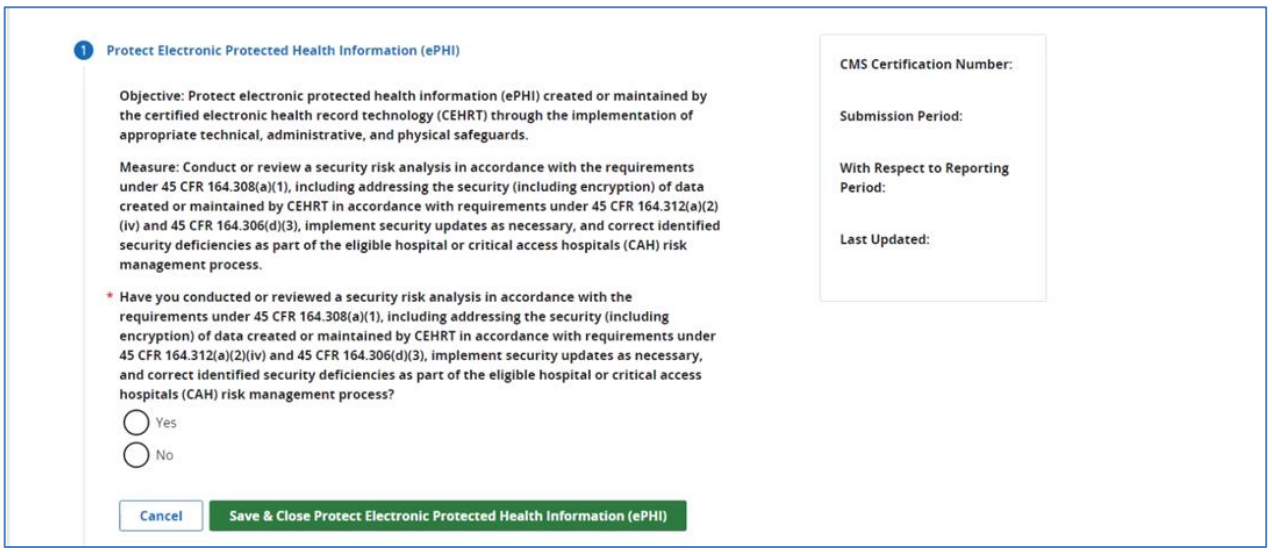
Data for the Medicare Promoting Interoperability Program objectives can be submitted anytime and in any order during the submission period. Likewise, answer values can be changed and resubmitted as many times as necessary during the submission period.

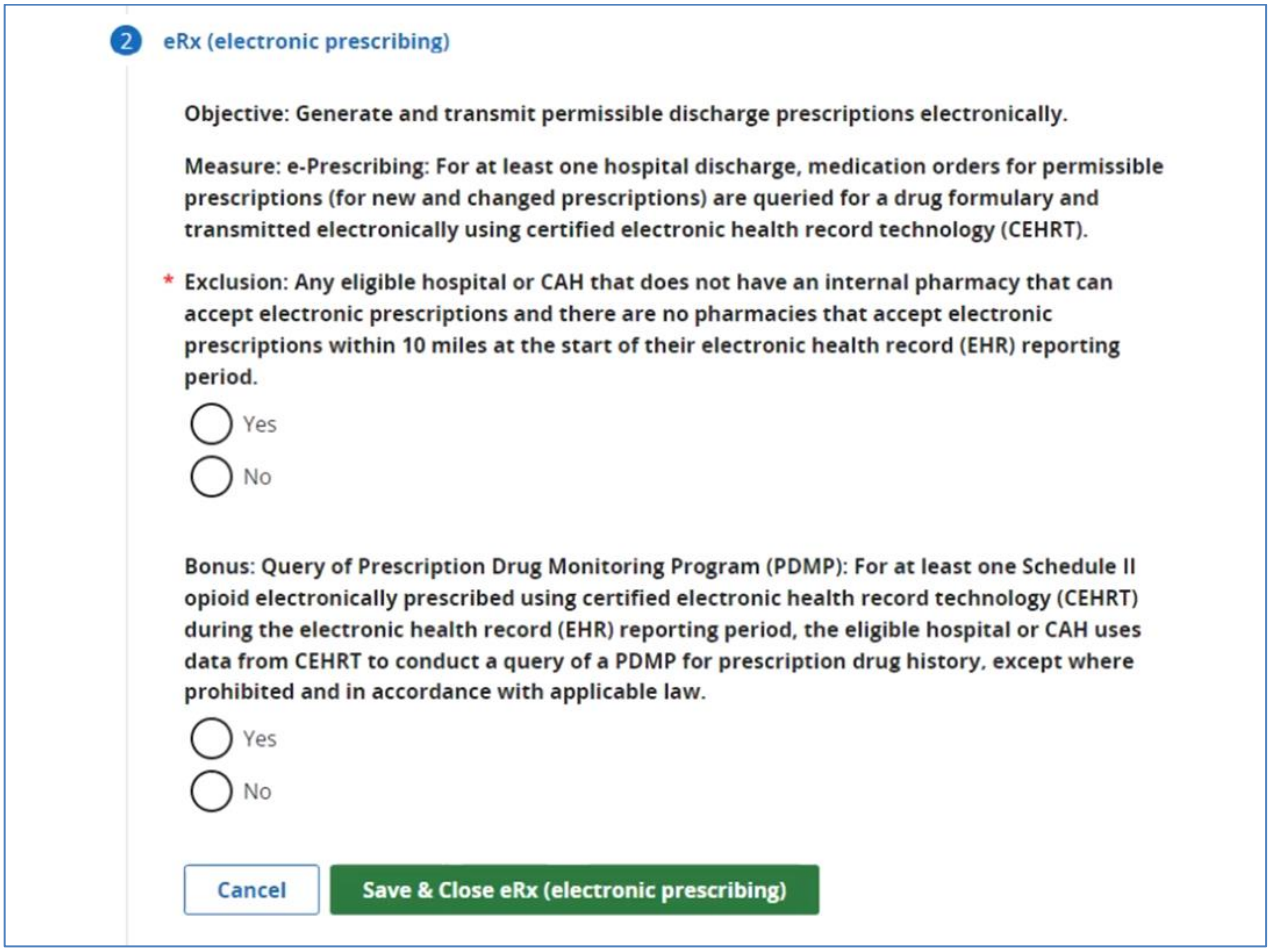
There are a total of five objectives and one additional requirement, the Security Risk Analysis measure, that are required to be reported on. Each objective is made up of one or more measures consisting of one or more required questions. Some of these questions are part of a question hierarchy, meaning additional questions may appear depending on how the previous question was answered.

A question hierarchy exists when the leading question is an Exclusion question. You will see the word Exclusion at the beginning of these questions.

Answers are required for all displayed questions. You cannot calculate or submit an objective unless all its measures required questions are answered. Select the **Save & Close** button for each objective.

The following screen shots will walk through examples of how the objectives will be displayed and the order in which they will appear.




2 eRx (electronic prescribing)
Objective: Generate and transmit permissible discharge prescriptions electronically.
Measure: e-Prescribing: For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).
* Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their electronic health record (EHR) reporting period.
Yes
No
Bonus: Query of Prescription Drug Monitoring Program (PDMP): For at least one Schedule II opioid electronically prescribed using certified electronic health record technology (CEHRT) during the electronic health record (EHR) reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.
Yes
No
Cancel
Save & Close eRx (electronic prescribing)

3 Health Information Exchange

Objective: The eligible hospital or critical access hospital (CAH) provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their electronic health record (EHR) using the functions of certified EHR technology (CEHRT).

Measure: Support Electronic Referral Loops by Sending Health Information: For at least one transition of care or referral, the eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.

* Numerator: Support Electronic Referral Loops by Sending Health Information

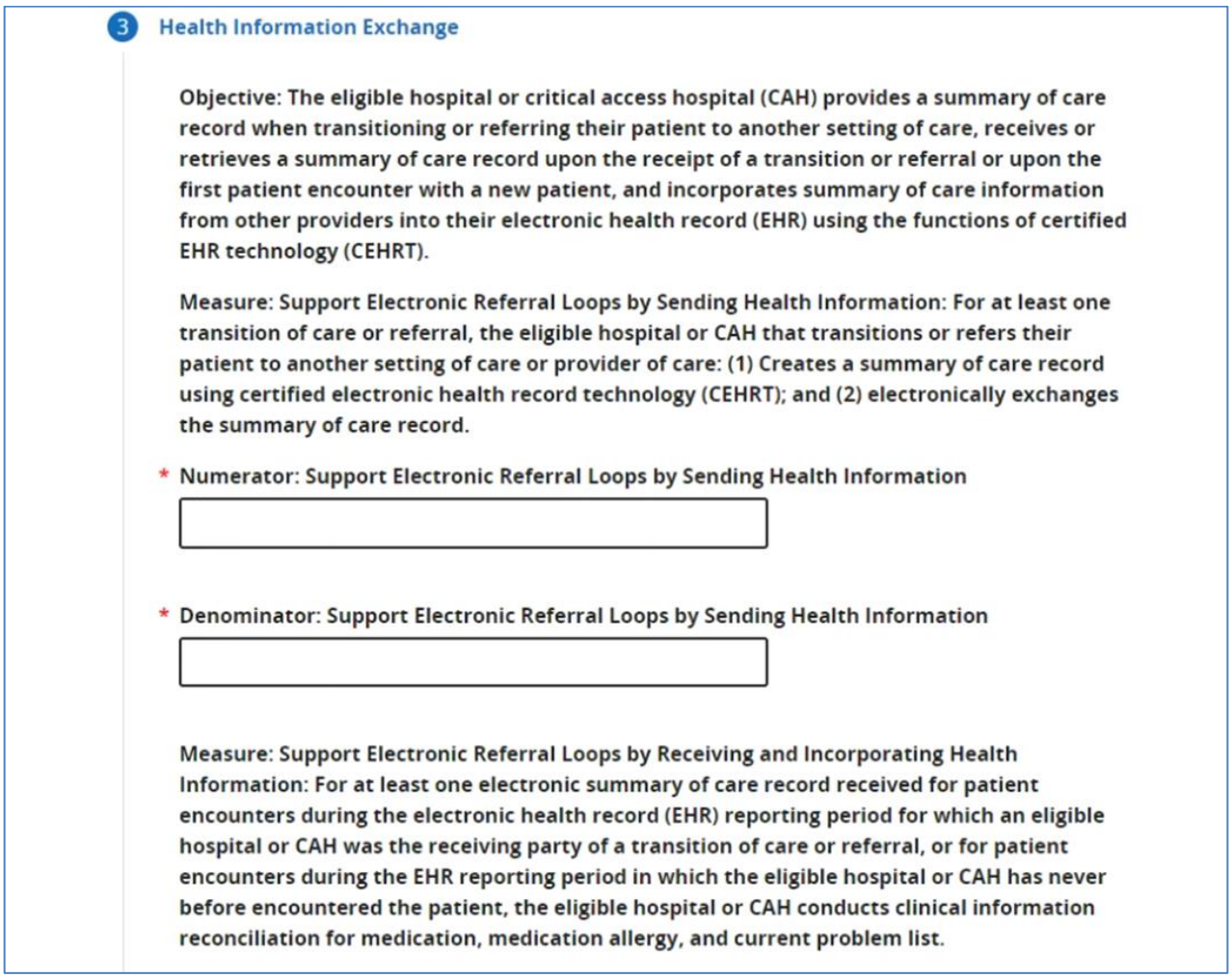
* Denominator: Support Electronic Referral Loops by Sending Health Information

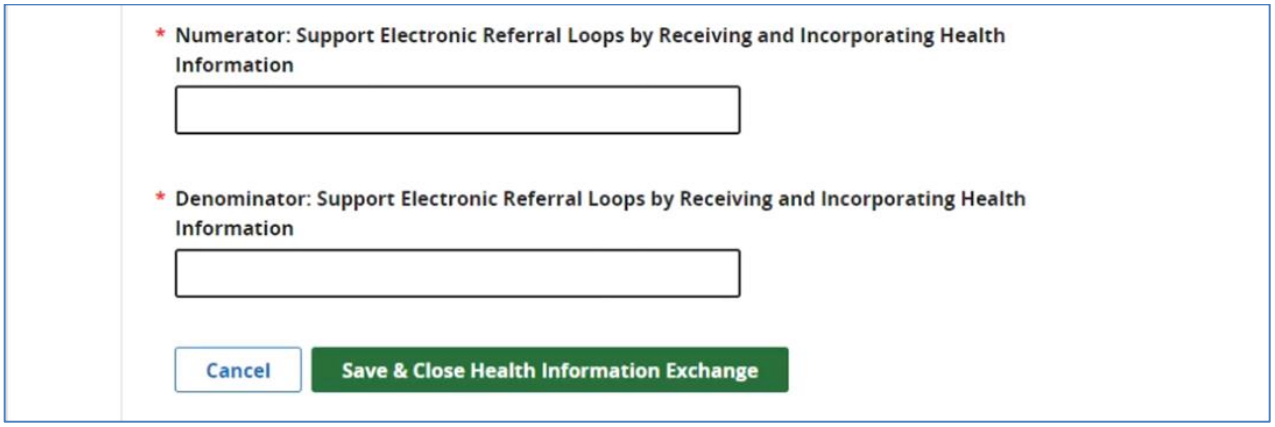
Measure: Support Electronic Referral Loops by Receiving and Incorporating Health Information: For at least one electronic summary of care record received for patient encounters during the electronic health record (EHR) reporting period for which an eligible hospital or CAH was the receiving party of a transition of care or referral, or for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient, the eligible hospital or CAH conducts clinical information reconciliation for medication, medication allergy, and current problem list.

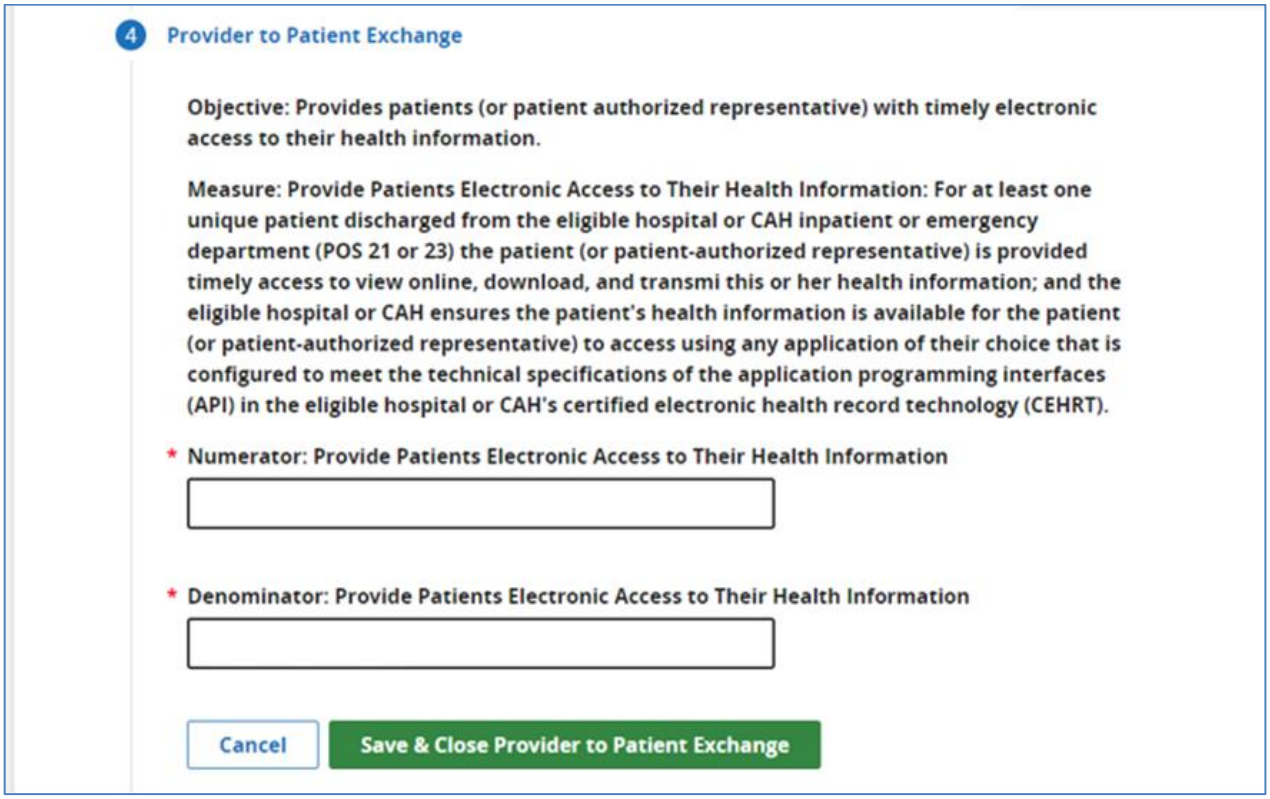
* Numerator: Support Electronic Referral Loops by Receiving and Incorporating Health Information

* Denominator: Support Electronic Referral Loops by Receiving and Incorporating Health Information

Cancel | Save & Close Health Information Exchange



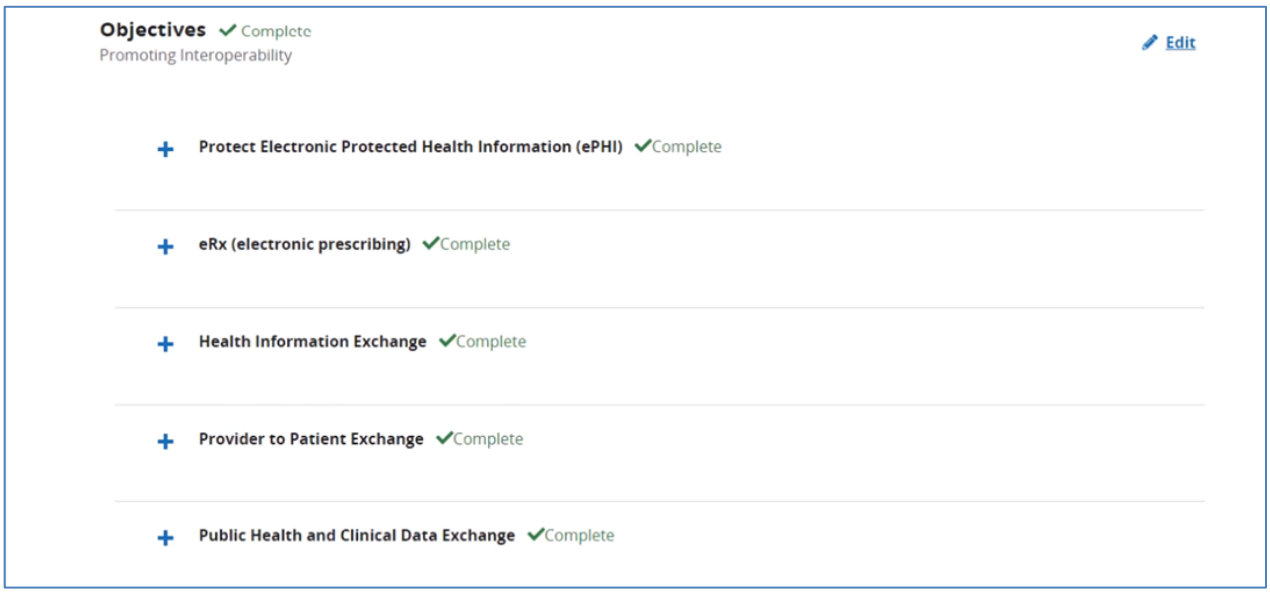



4 Provider to Patient Exchange
Objective: Provides patients (or patient authorized representative) with timely electronic access to their health information.
Measure: Provide Patients Electronic Access to Their Health Information: For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) the patient (or patient-authorized representative) is provided timely access to view online, download, and transmi this or her health information; and the eligible hospital or CAH ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interfaces (API) in the eligible hospital or CAH's certified electronic health record technology (CEHRT).
* Numerator: Provide Patients Electronic Access to Their Health Information
* Denominator: Provide Patients Electronic Access to Their Health Information
Cancel
Save & Close Provider to Patient Exchange

5 Public Health and Clinical Data Exchange
Objective: Measures that an eligible hospital or critical access hospital (CAH) attests yes to being in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT for two measures of their choice within the objective.

Cancel
Save & Close Public Health and Clinical Data Exchange

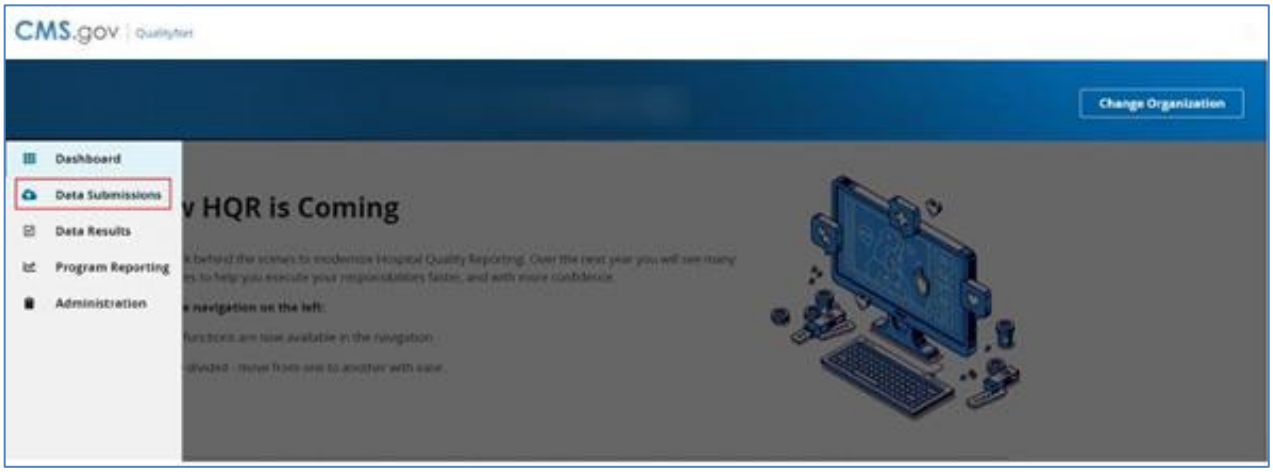
After you have completed each objective, the dashboard will show the following:

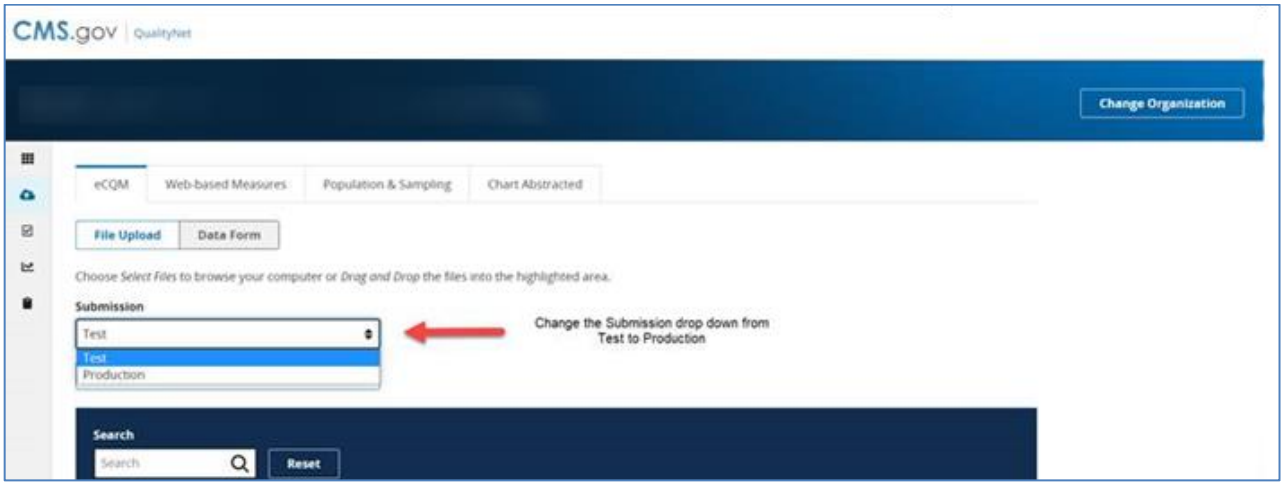


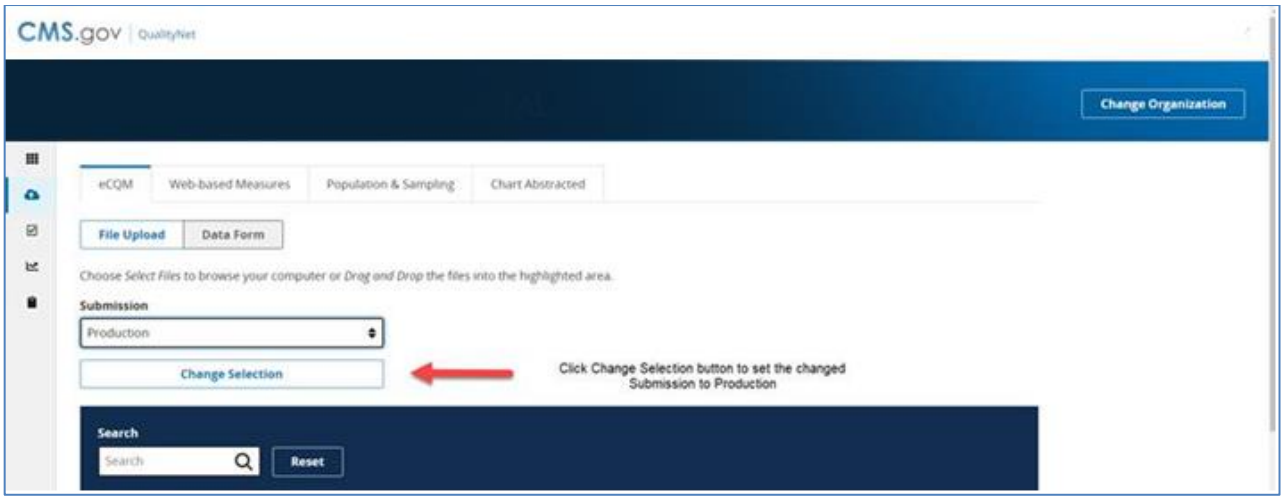
Step 8 – Begin Clinical Quality Measure Data Submission

Data for the Medicare Promoting Interoperability Program CQMs can be submitted anytime and in any order during the submission period. Likewise, answer values can be changed and resubmitted as many times as necessary during the submission period. You are required to submit data for a minimum of **four of the eight measures**.

Note: The directions included in this step and the following screenshots are an example of how to submit your CQM data via a QRDA file. You may also submit your CQM data through a Web Form, if preferred.

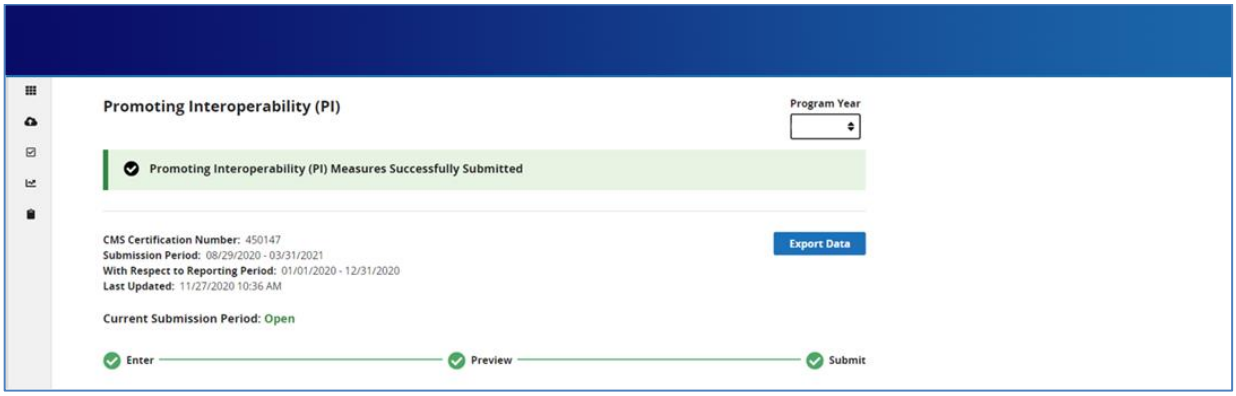



CMS.gov | QualityNet
Change Organization
eCQM
Web-based Measures
Population & Sampling
Chart Abstracted
File Upload
Data Form
Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area.
Submission
Test
Test
Production
Change the Submission drop down from Test to Production
Search
Search
Reset


CMS.gov | QualityNet
Change Organization
eCQM
Web-based Measures
Population & Sampling
Chart Abstracted
File Upload
Data Form
Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area.
Submission
Production
Change Selection
Click Change Selection button to set the changed Submission to Production
Search
Search
Reset

Step 9 – Submit Data

Once you have completed each section for Promoting Interoperability, select **I'm Ready to Submit**. You will then receive the following message notifying you that you have successfully submitted your data. This completes the data submission process.



Appendix A - CQM Measure Titles and Descriptions

STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed or continuing to take anticoagulation therapy at hospital discharge.
STK-5	Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.
STK-2	Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed or continuing to take antithrombotic therapy at hospital discharge.
STK-6	Discharged on Statin Medication	Ischemic stroke patients who are prescribed or continuing to take statin medication at hospital discharge.
PC-05	Exclusive Breast Milk Feeding	During the newborn's entire hospitalization. This measure is reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization.
VTE-2	Intensive Care Unit Venous Thromboembolism (VTE) Prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients	Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.
VTE-1	Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.