

Change Organization

- Dashboard
- Data Submissions**
- Data Results
- Program Reporting
- Administration

Expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their eInbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facility. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about how to request permissions to access your reports!

Why HQR is Coming

Work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many changes that will help you execute your responsibilities faster, and with more confidence.

Changes in navigation on the left:

Some functions are now available in the navigation



Data Form

Enter data for program credit here.



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- eCQM
- Web-based Measures**
- Population & Sampling
- Chart Abstracted
- HCAHPS

- File Upload
- Data Form**

You have selected Data Form submission. You can choose a different method at any time.

Select the Data Form

- | | | | |
|-----|------------------|-----------|------------------|
| IPF | Launch Data Form | IQR | Launch Data Form |
| OQR | Launch Data Form | PI | Launch Data Form |

Change Organization



Promoting Interoperability (PI)

Program Year

2020

eCQM - File Upload Needed

Please upload your eCQM files to complete the Clinical Quality Measures through QRDA.

Complete

CMS Certification Number: [Redacted]
Submission Period: 01/01/2021 - 10/02/2021
With Respect to Reporting Period: 01/01/2020 - 12/31/2020
Last Updated: 9/21/2021 9:45 AM

Export Data

Current Submission Period: Open

Attestation/Disclaimer ✓ Complete
Promoting Interoperability

Edit

Attestation Information ✓ Complete

Provide your EHR Certification Number
0015E051MAX1YLJ

Please select the method that will be used for All Promoting Interoperability Objectives

An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Promoting Interoperability Objectives.

Observation Service Method

Choose eCQM reporting method

I have/will submit my Clinical Quality Measures data electronically through QRDA files

Provide the EHR reporting period associated with the PI Objectives: - Date must fall within Reporting Period.

Start Date (Ex: MM/DD/YYYY)
04-01-2020

End Date (Ex: MM/DD/YYYY)
06-30-2020

I attest that I:

- Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.
- Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times:
 - Connected in accordance with applicable law;
 - Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
 - Implemented in a manner that allowed for timely access by patients to their electronic health information; and
 - Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate certified EHR technology and vendors.
- Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.
 - Reporting clinical quality information. Successfully report the clinical quality measures selected by CMS to CMS or the States, as applicable, in the form and manner specified by CMS or the States, as applicable.

Yes

I attest that I:

- Acknowledges the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and
- If requested, cooperated in good faith with ONC direct review of its health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

Yes

I attest that I:

- Acknowledges the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and
- If requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

Yes