

# Hospital Quality Reporting 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 [HQR 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.

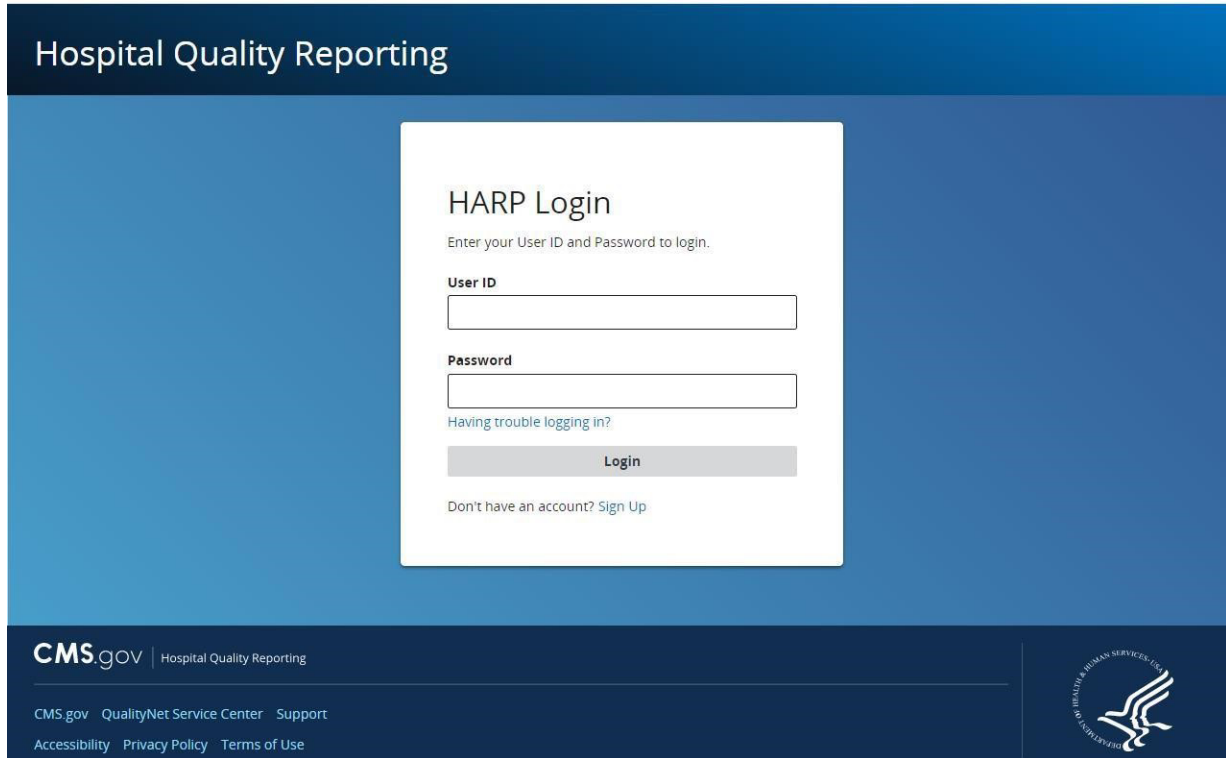
Hospitals wanting to take part in the program will use this HQR web-based system to register and demonstrate effective and meaningful use of CEHRT by providing the following information:

- 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 [HQR.CMS.Gov](https://HQR.CMS.Gov) to begin**

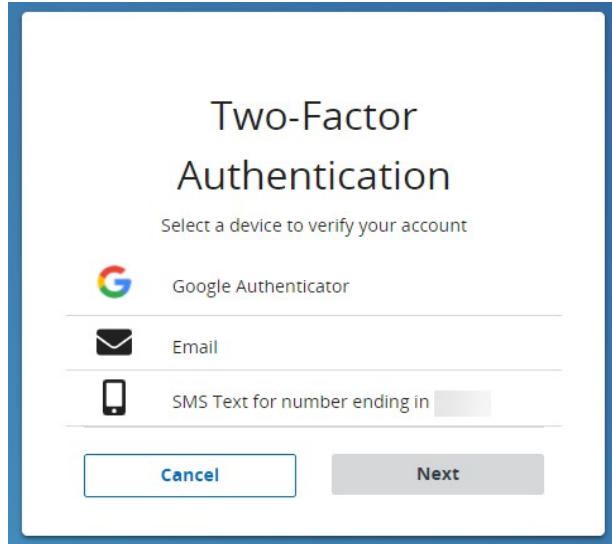
CMS.gov | Hospital Quality Reporting



The screenshot shows the 'Hospital Quality Reporting' (HQR) login page. At the top, the text 'Hospital Quality Reporting' is displayed in white on a dark blue background. Below this, a white login box is centered on a blue gradient background. The box is titled 'HARP Login' and contains the instruction 'Enter your User ID and Password to login.' There are two input fields: 'User ID' and 'Password'. Below the password field is a link for 'Having trouble logging in?' and a grey 'Login' button. At the bottom of the box is a link for 'Don't have an account? Sign Up'. The footer of the page includes the CMS.gov logo and 'Hospital Quality Reporting' on the left, and the Department of Health and Human Services logo on the right. Navigation links for 'QualityNet Service Center', 'Support', 'Accessibility', 'Privacy Policy', and 'Terms of Use' are also present in the footer.




### Step 1, Continued – Two-factor Authentication

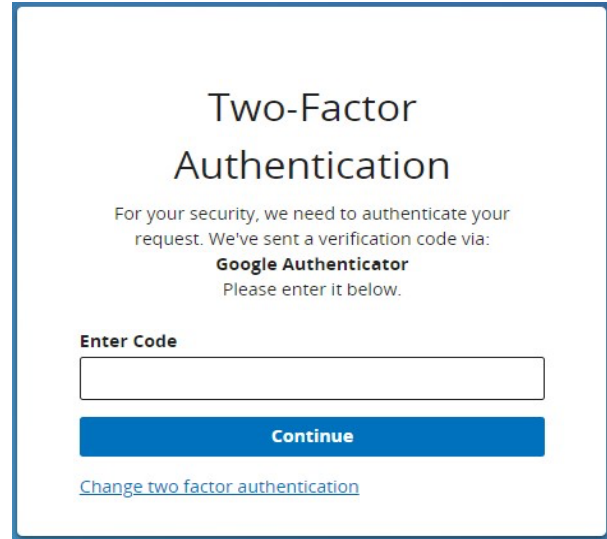
Enter your User ID and Password to log in. The system requires two-factor authentication in order to login.



Two-Factor Authentication

Select a device to verify your account

-  Google Authenticator
-  Email
-  SMS Text for number ending in



Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:

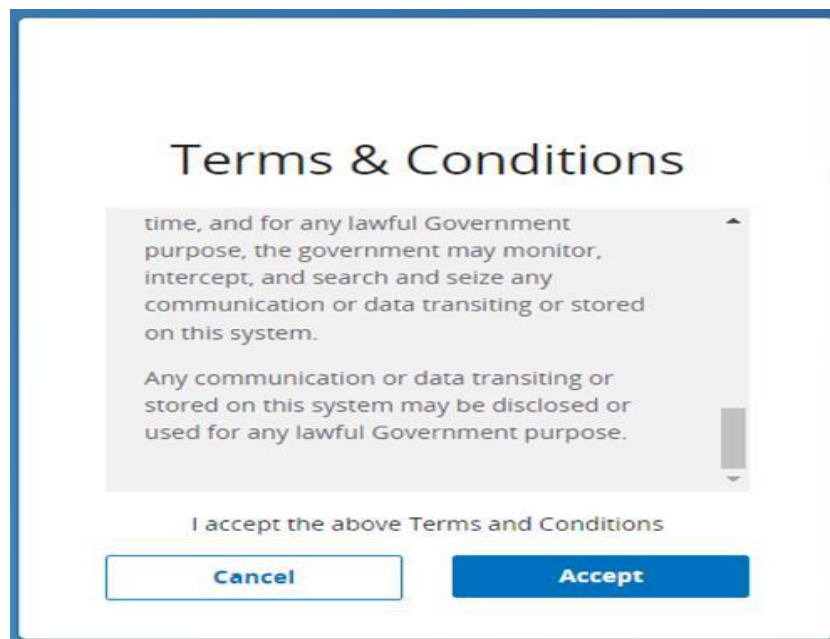
**Google Authenticator**  
Please enter it below.

Enter Code

[Change two factor authentication](#)

### 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.



Terms & Conditions

time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

I accept the above Terms and Conditions

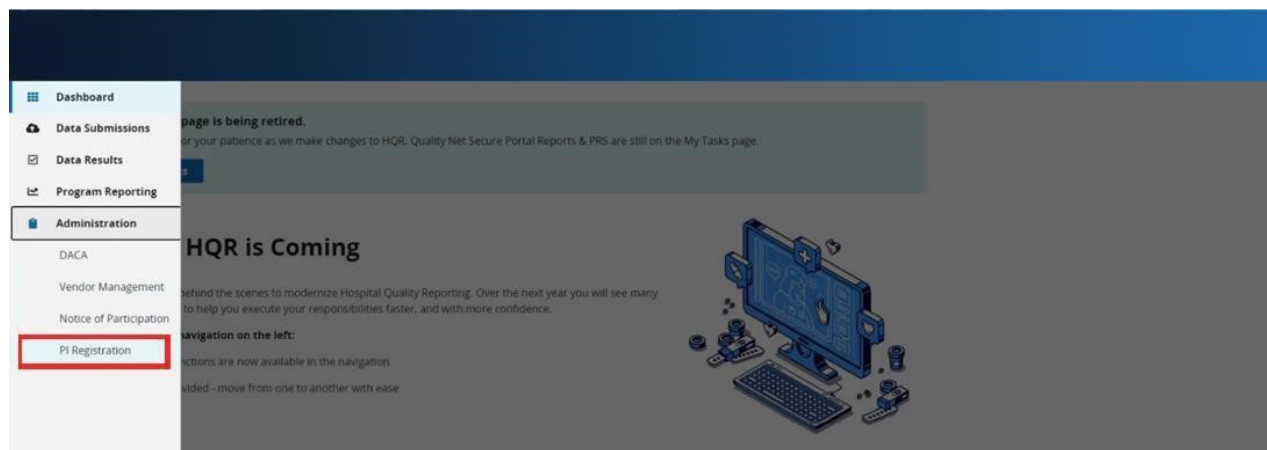
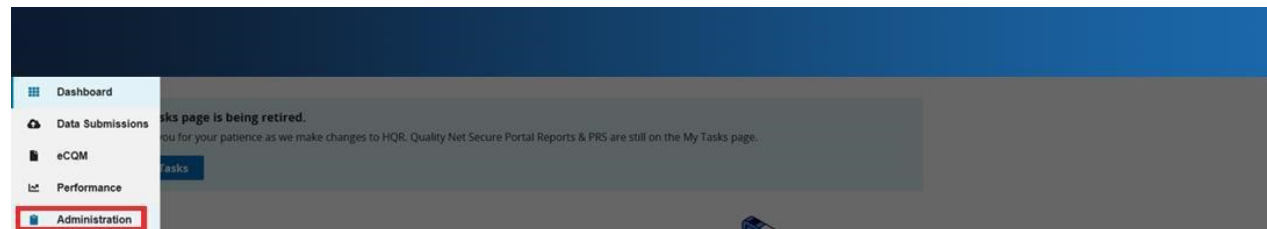
## Step 2 – Select Organization

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

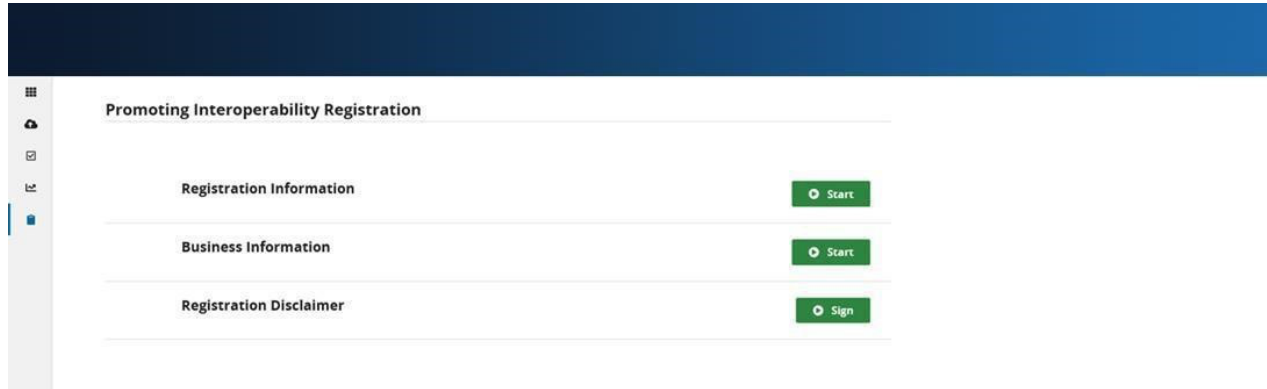


## Step 3 – Complete Administrative Tasks

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



Next you will be directed to the below page:



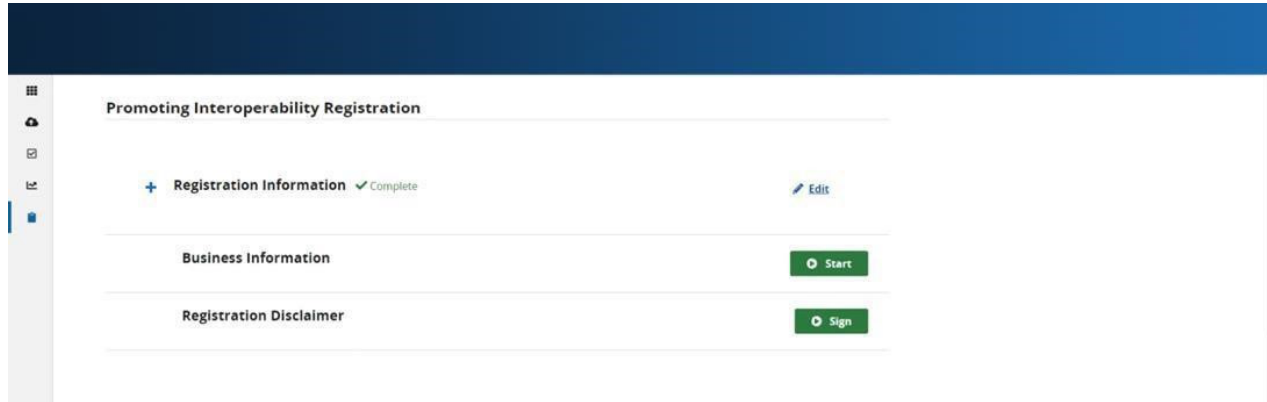
### Step 3, Continued – Complete Registration Information

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**.



#### Business Address

\* Address 1

Address 2

\* City

\* State

\* Zip Code

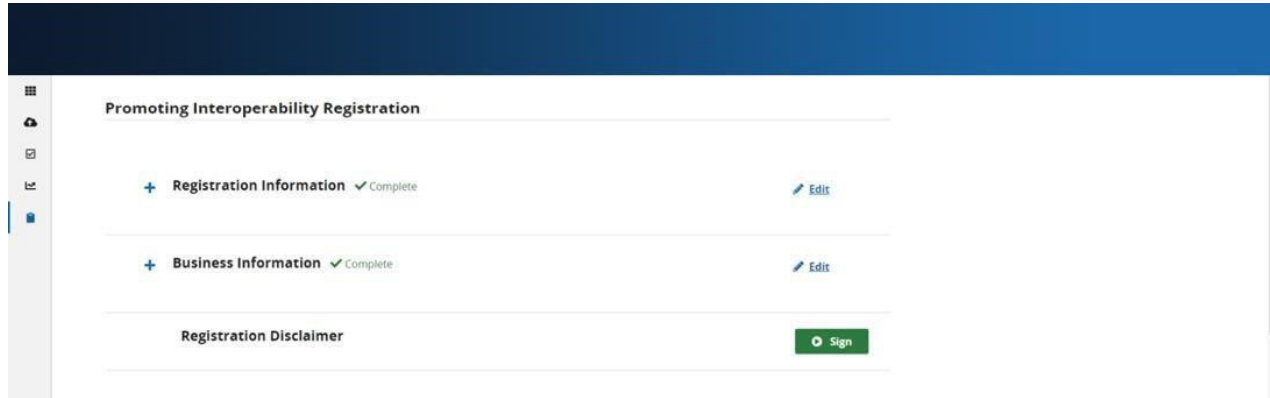
Zip +4

\* Phone Number

\* Enter e-mail address

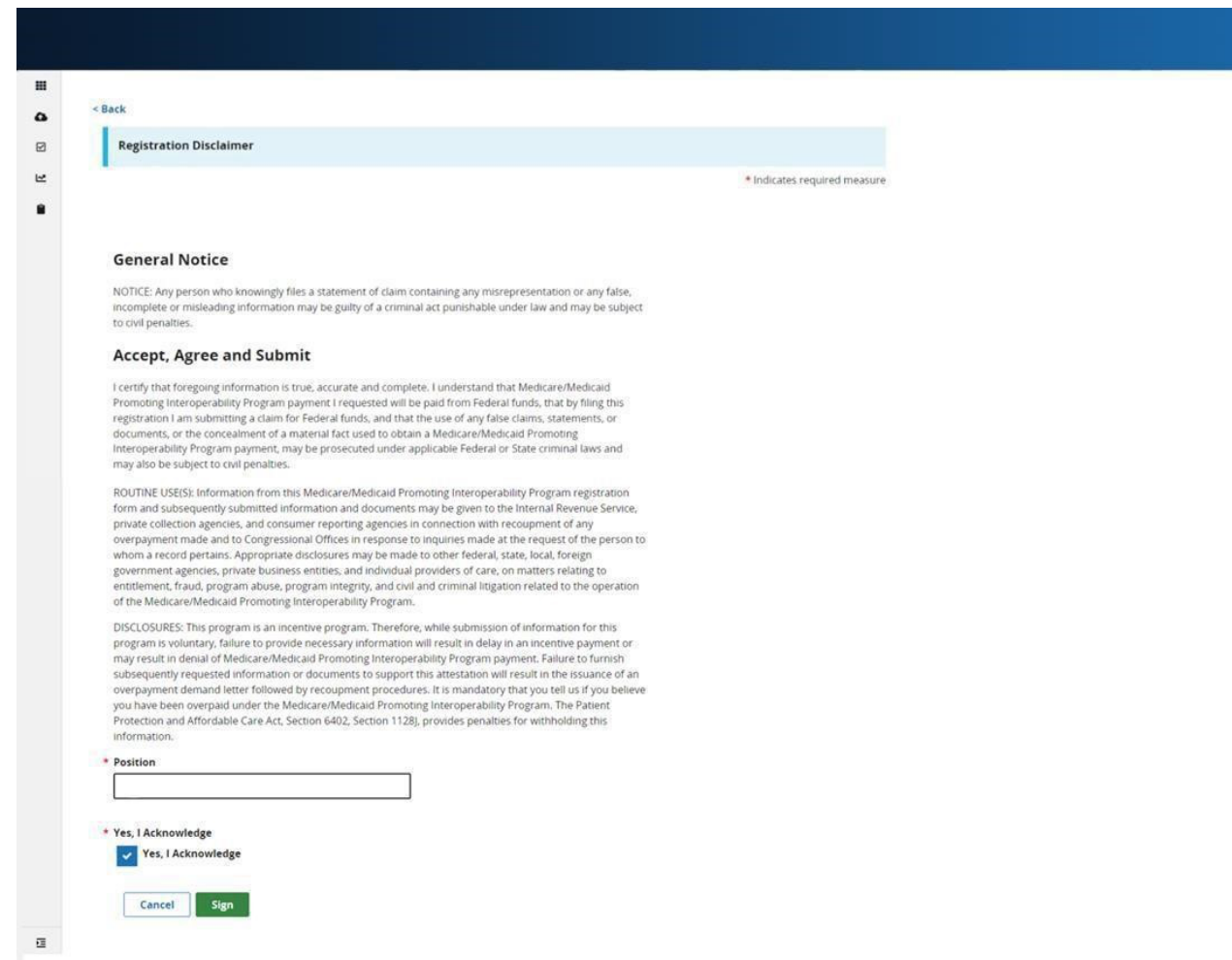
### Step 3, Continued – Complete Registration Disclaimer

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



**Promoting Interoperability Registration**

- Registration Information** ✓ Complete [Edit](#)
- Business Information** ✓ Complete [Edit](#)
- Registration Disclaimer** [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 1128), provides penalties for withholding this information.

\* **Position**

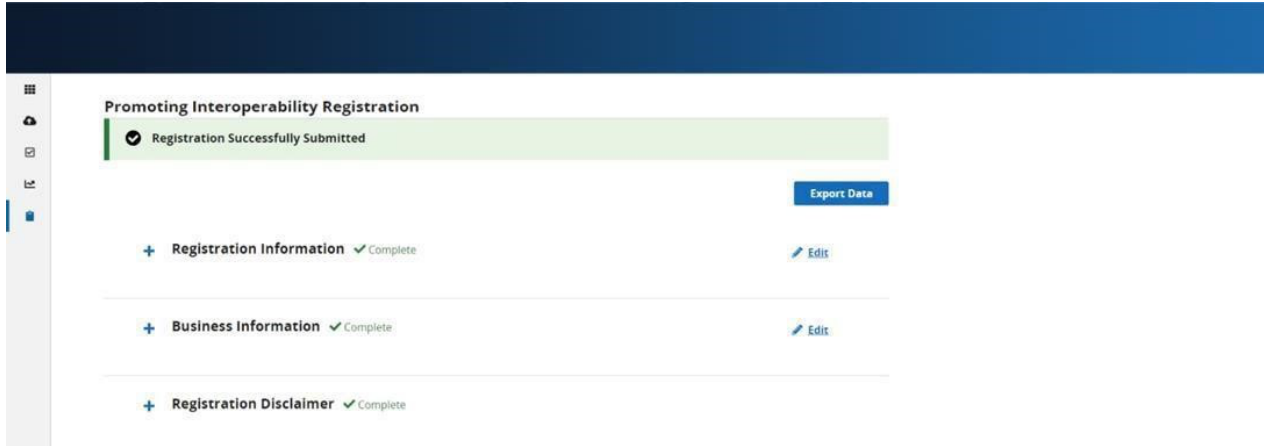
\* **Yes, I Acknowledge**

Yes, I Acknowledge

[Cancel](#) [Sign](#)

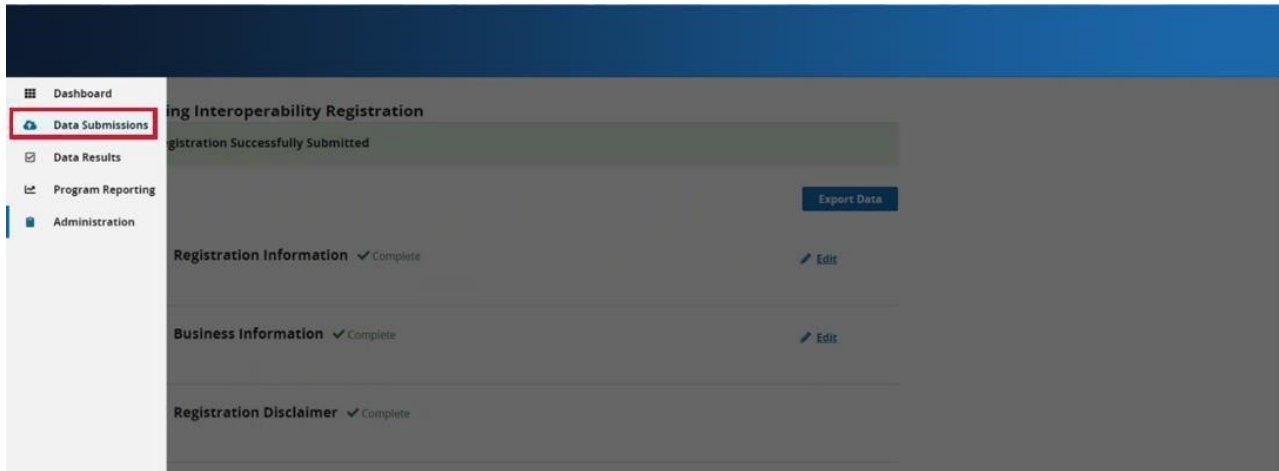
### Step 3, Complete

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.

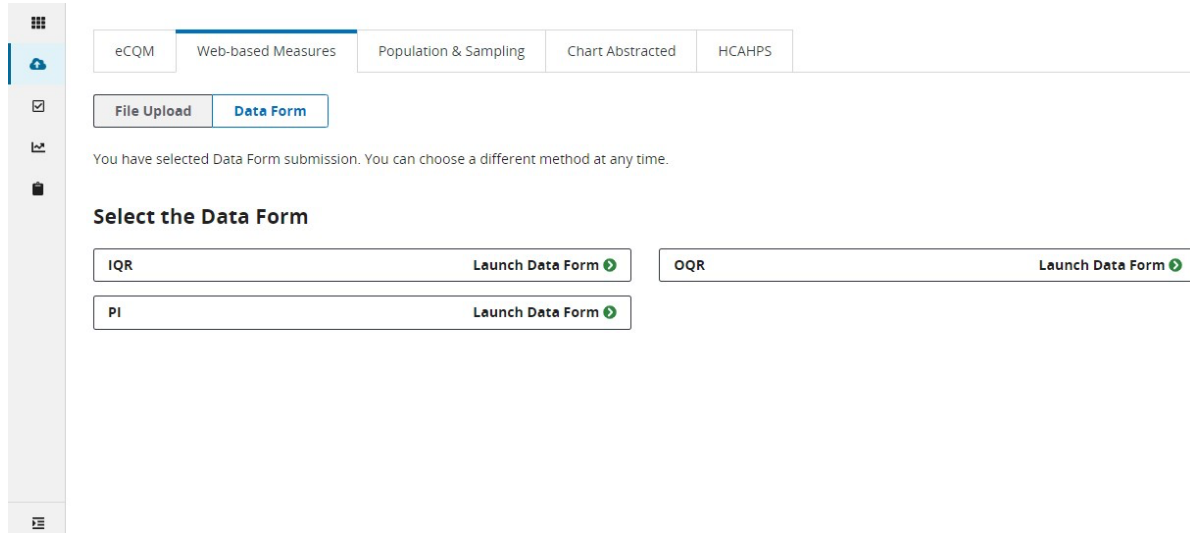




## Step 5 – Web-based Measures

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

**Note:** You will only see program selections for programs you have permission to submit data for.



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.

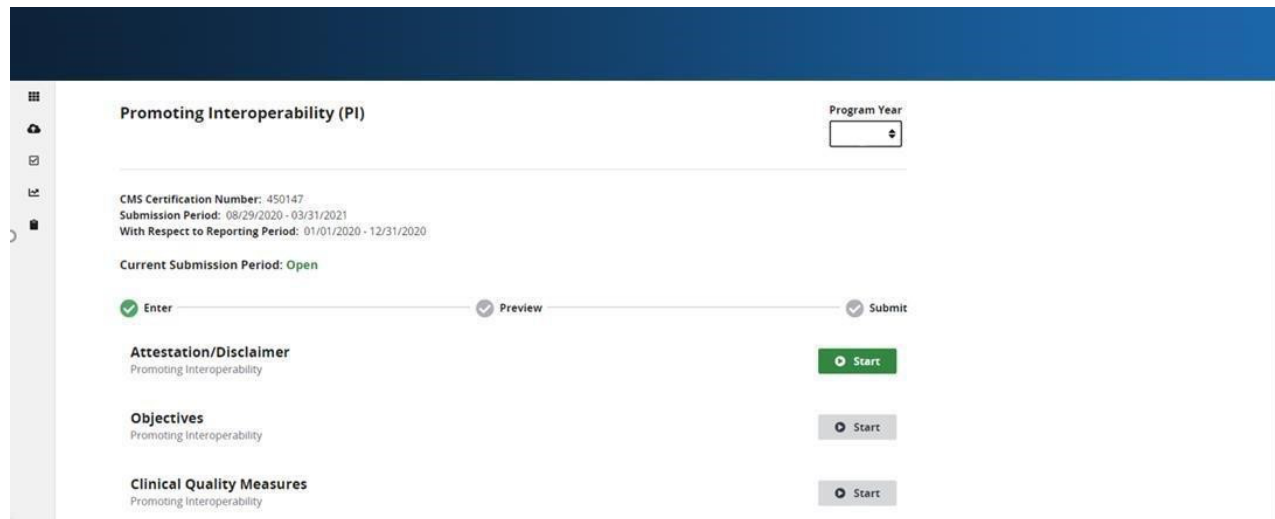
**Select the Data Form**

IQR Launch Data Form | QQR Launch Data Form

PI Launch Data Form

## Step 6 – Begin Attestation

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



**Promoting Interoperability (PI)** Program Year

CMS Certification Number: 450147  
 Submission Period: 08/29/2020 - 03/31/2021  
 With Respect to Reporting Period: 01/01/2020 - 12/31/2020

Current Submission Period: Open

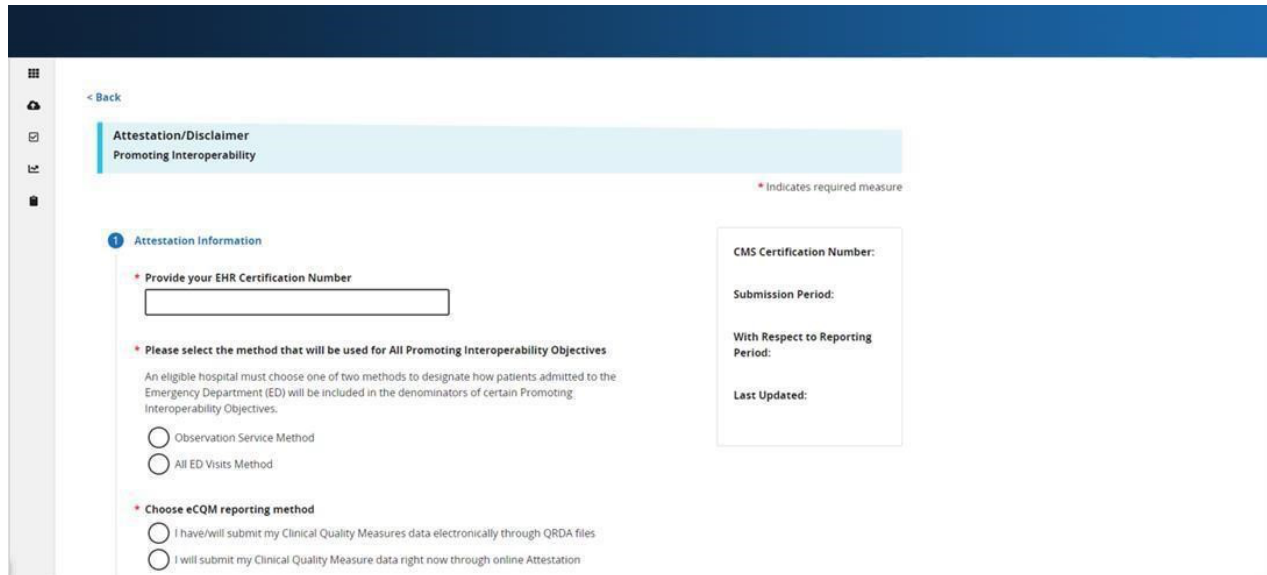
Enter |  Preview |  Submit

**Attestation/Disclaimer**  
 Promoting Interoperability Start

**Objectives**  
 Promoting Interoperability Start

**Clinical Quality Measures**  
 Promoting Interoperability Start

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

**Objectives**  
Promoting Interoperability

**Start**

**Clinical Quality Measures**  
Promoting Interoperability

**Start**

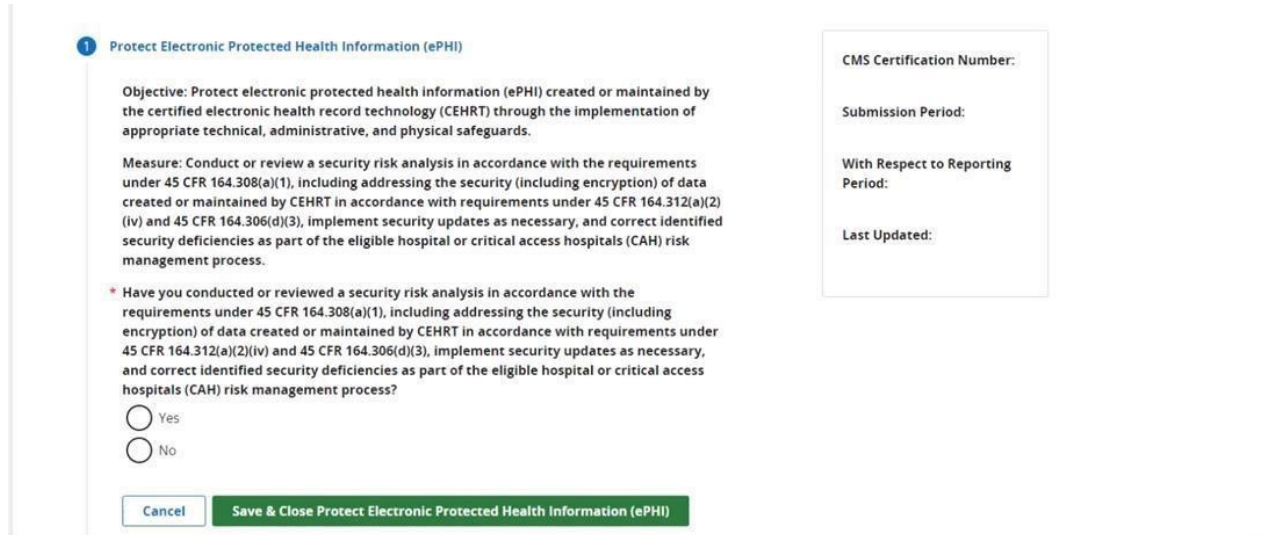
Data for the Medicare Promoting Interoperability Program objectives can be submitted anytime and in any order during the submission period. Likewise, answer values can be changed and resubmitted as many times as necessary during the submission period.

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



The screenshot shows a certification question interface. On the left, a question titled "1 Protect Electronic Protected Health Information (ePHI)" is displayed. The question text includes an objective and a measure. The objective is: "Protect electronic protected health information (ePHI) created or maintained by the certified electronic health record technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards." The measure is: "Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the eligible hospital or critical access hospitals (CAH) risk management process." Below the measure, there is a question: "Have you conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the eligible hospital or critical access hospitals (CAH) risk management process?" There are two radio button options: "Yes" and "No". At the bottom of the question area, there are two buttons: "Cancel" and "Save & Close Protect Electronic Protected Health Information (ePHI)". On the right side of the interface, there is a box containing four fields: "CMS Certification Number:", "Submission Period:", "With Respect to Reporting Period:", and "Last Updated:".

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 transmit 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:

**Objectives** ✓ Complete  
Promoting Interoperability

[Edit](#)

+ Protect Electronic Protected Health Information (ePHI) ✓ Complete

+ eRx (electronic prescribing) ✓ Complete

+ Health Information Exchange ✓ Complete

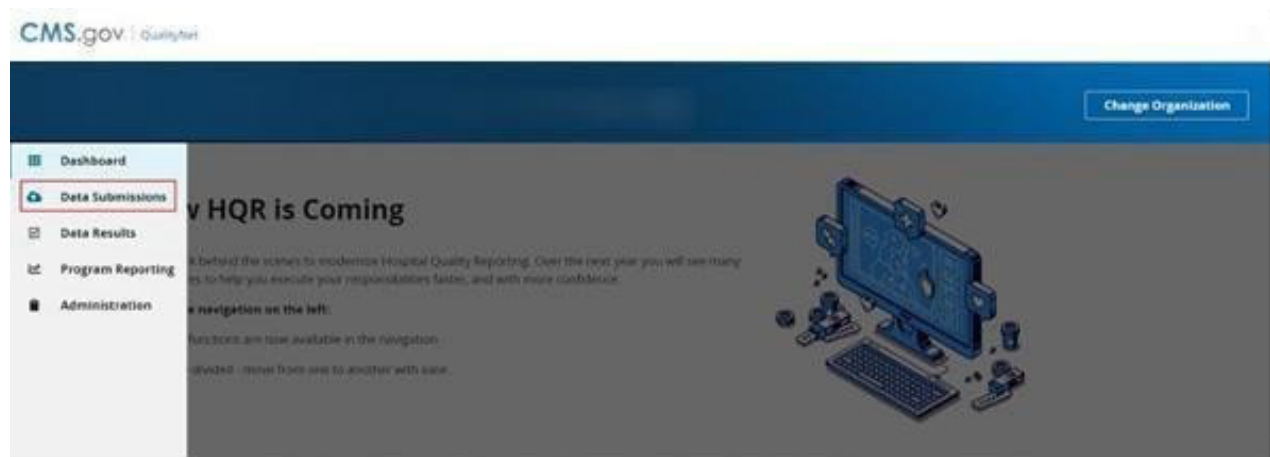
+ Provider to Patient Exchange ✓ Complete

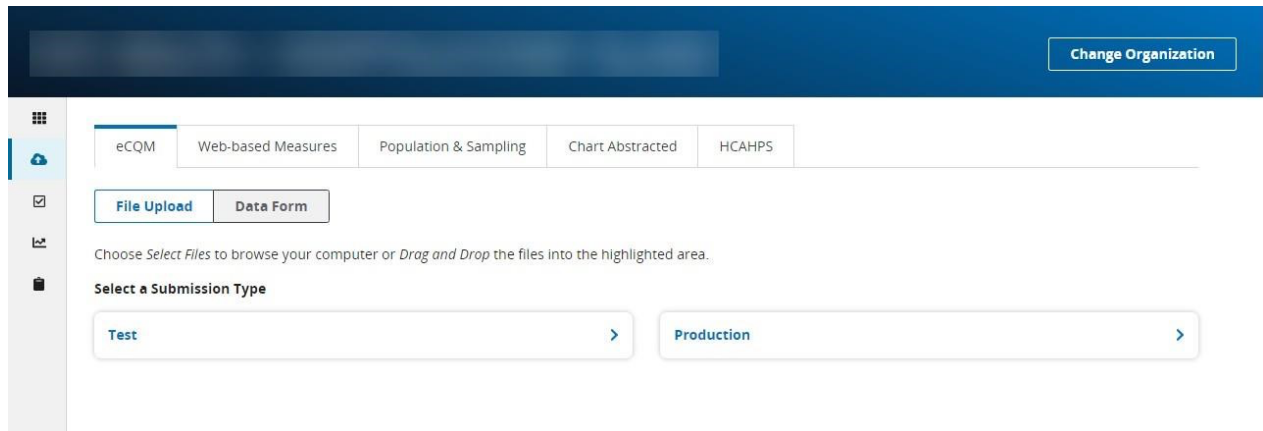
+ Public Health and Clinical Data Exchange ✓ Complete

## 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 nine measures**.

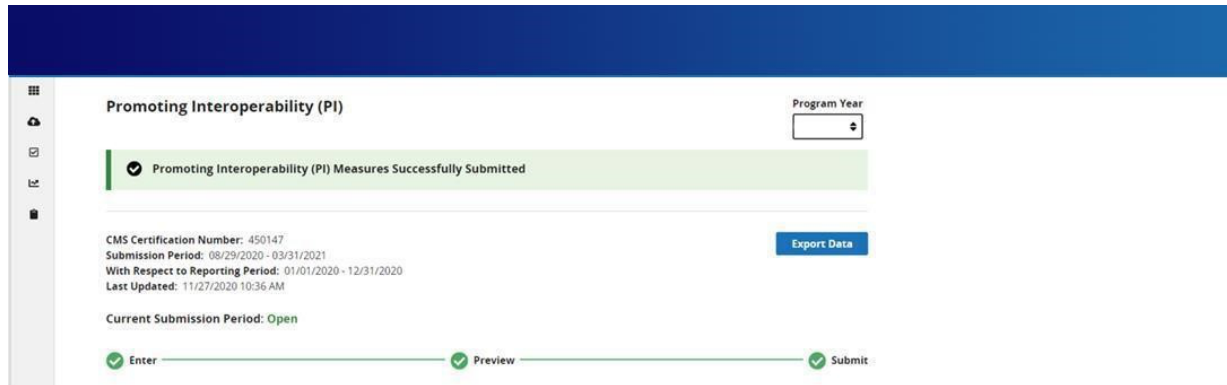
Note: The directions included in this step and the following screenshots are an example of how to submit your CQM data via a QRDA file. You may also submit your CQM data through a Web Form, if preferred.





### 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

| Short Name | Title   | Description   |
|------------|---|---|
| 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.  |