

Hospital Quality Reporting User Guide for Medicare Promoting Interoperability Program Eligible Hospitals and Critical Access Hospitals for the CY 2023 EHR Reporting Period

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 system](#) to submit data for the Medicare Promoting Interoperability Program including objectives and electronic clinical quality measures (eCQMs).

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

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

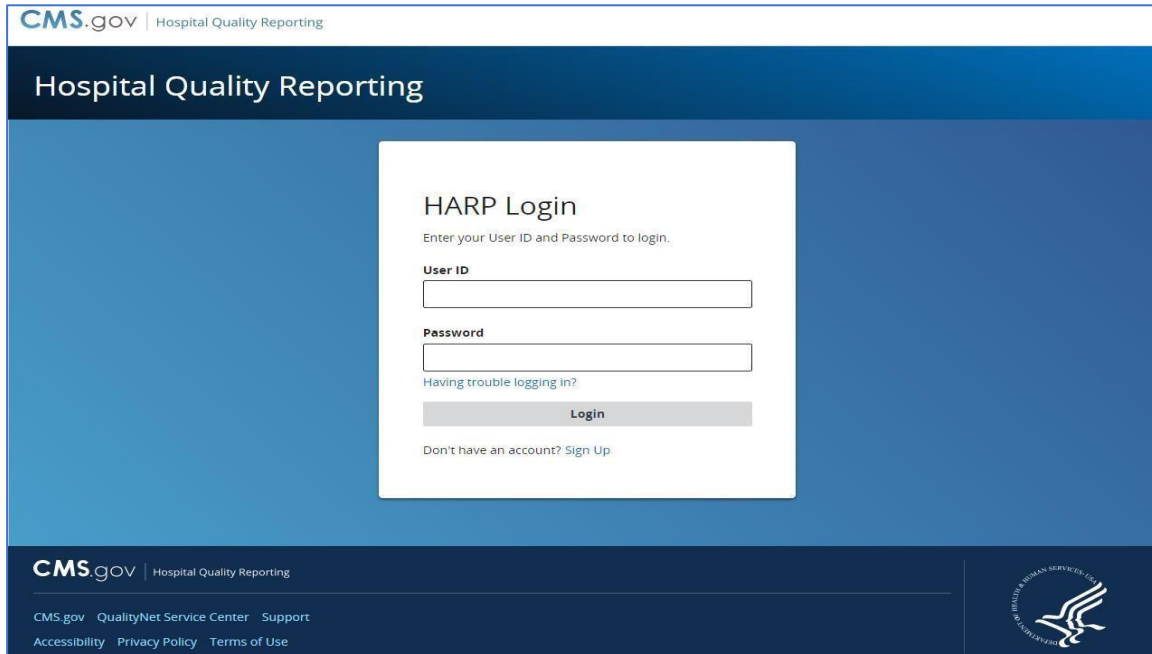
The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology established standards that hospitals must meet in order to qualify for the Medicare Promoting Interoperability Program. The certified EHR number ID is a fifteen-character, alpha-numeric value that documents the standard against which your EHR technology was certified. For those participating in the Medicare Promoting Interoperability Program for calendar year (CY) 2023, participants **must use the [2015 Edition Cures Update criteria](#) to meet the CEHRT definition**. The more up-to-date standards and functions in the 2015 Edition Cures Update CEHRT better support interoperable exchange of health information and improve clinical workflows.

Hospitals wanting to take part in the program and avoid payment reductions under the Medicare Promoting Interoperability 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
- eCQMs

This guide focuses on data entry in the HQR web-based system for the Medicare Promoting Interoperability Program objectives and eCQMs.

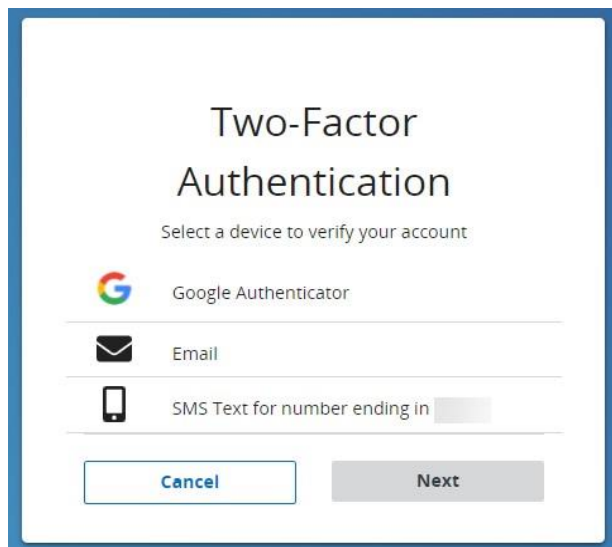
Step 1 – Go to HQR.CMS.Gov to begin



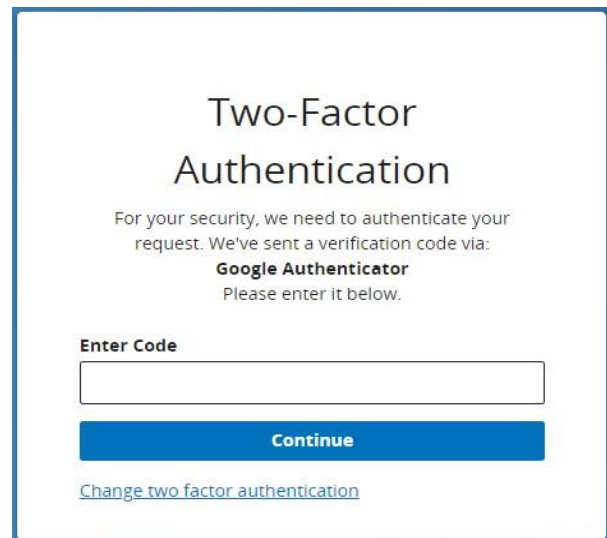
The screenshot shows the HARP Login page on CMS.gov. The page title is "Hospital Quality Reporting". The main heading is "HARP Login". Below the heading, it says "Enter your User ID and Password to login." There are two input fields: "User ID" and "Password". Below the "Password" field, there is a link "Having trouble logging in?". A "Login" button is located below the input fields. At the bottom of the page, there is a footer with "CMS.gov | Hospital Quality Reporting" and a list of links: "CMS.gov", "QualityNet Service Center", "Support", "Accessibility", "Privacy Policy", and "Terms of Use". There is also a logo for the Department of Health & Human Services in the bottom right corner.

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.



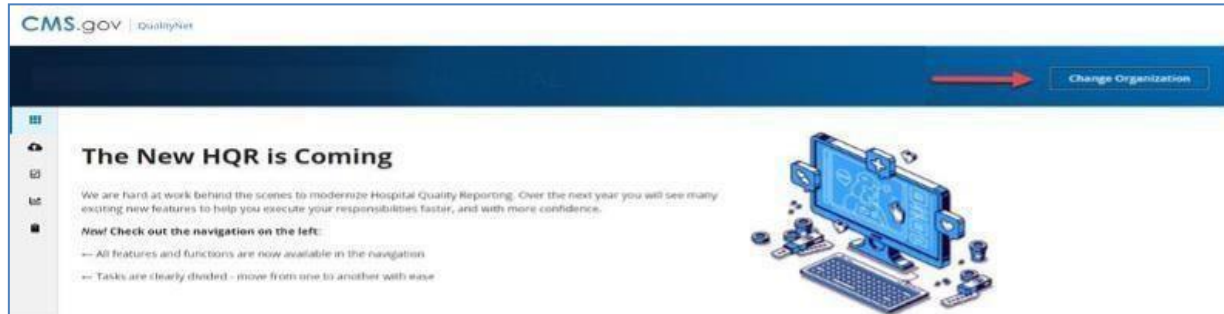
The screenshot shows the "Two-Factor Authentication" selection screen. The heading is "Two-Factor Authentication". Below the heading, it says "Select a device to verify your account". There are three options: "Google Authenticator" (with a Google logo), "Email" (with an envelope icon), and "SMS Text for number ending in" (with a phone icon). At the bottom, there are two buttons: "Cancel" and "Next".



The screenshot shows the "Two-Factor Authentication" code entry screen. The heading is "Two-Factor Authentication". Below the heading, it says "For your security, we need to authenticate your request. We've sent a verification code via: **Google Authenticator** Please enter it below." There is an "Enter Code" label above a text input field. Below the input field is a blue "Continue" button. At the bottom, there is a link "Change two factor authentication".

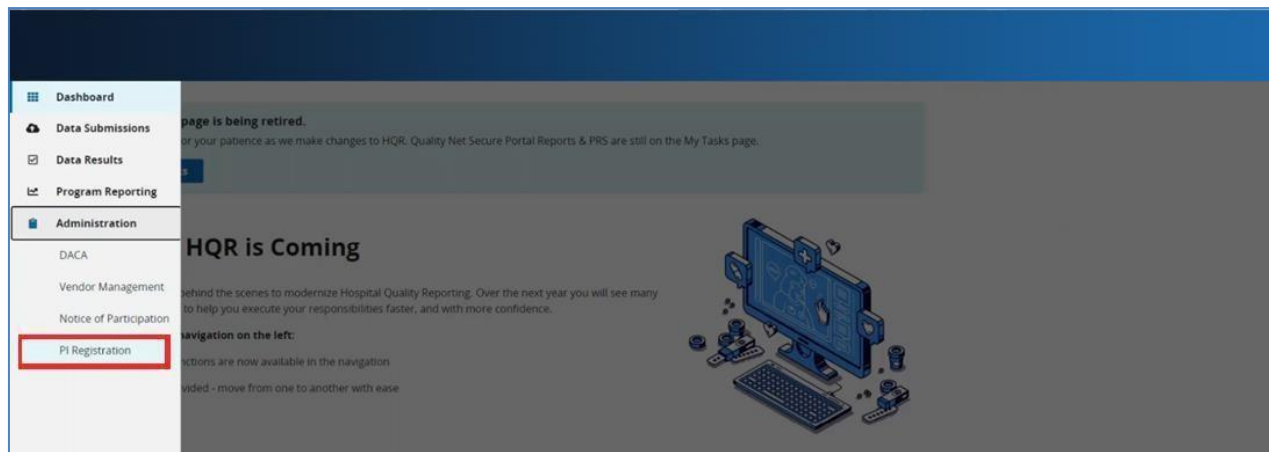
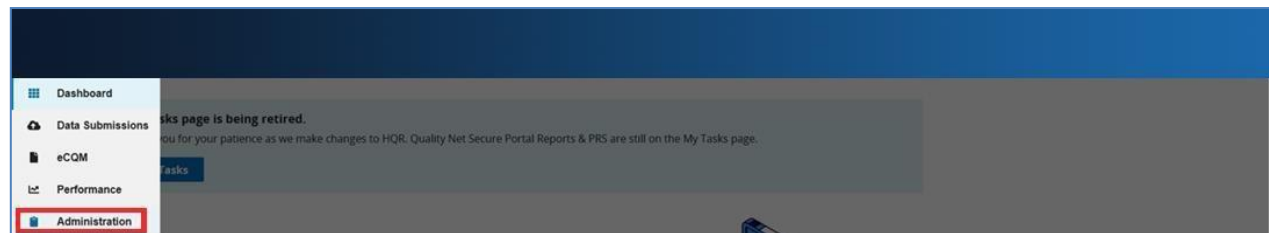
Step 2 – Select Organization

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

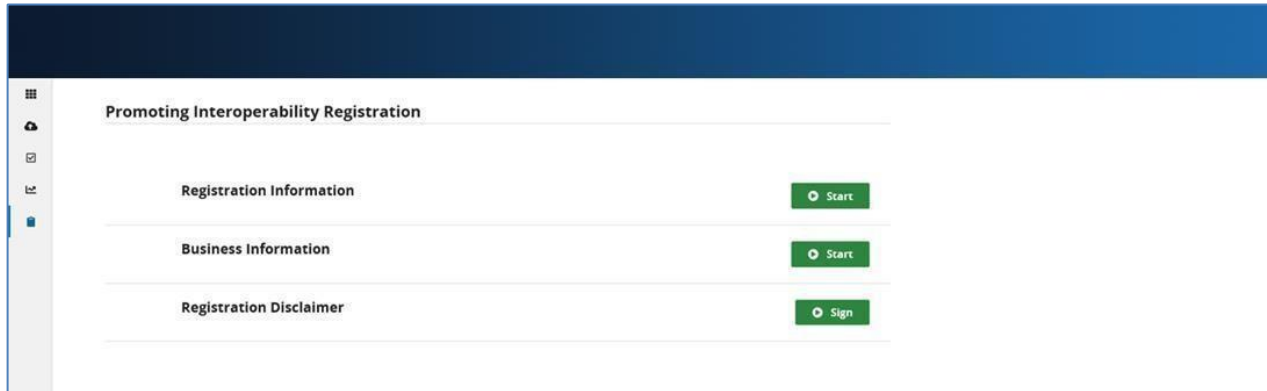


Step 3 – Complete Administrative Tasks

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

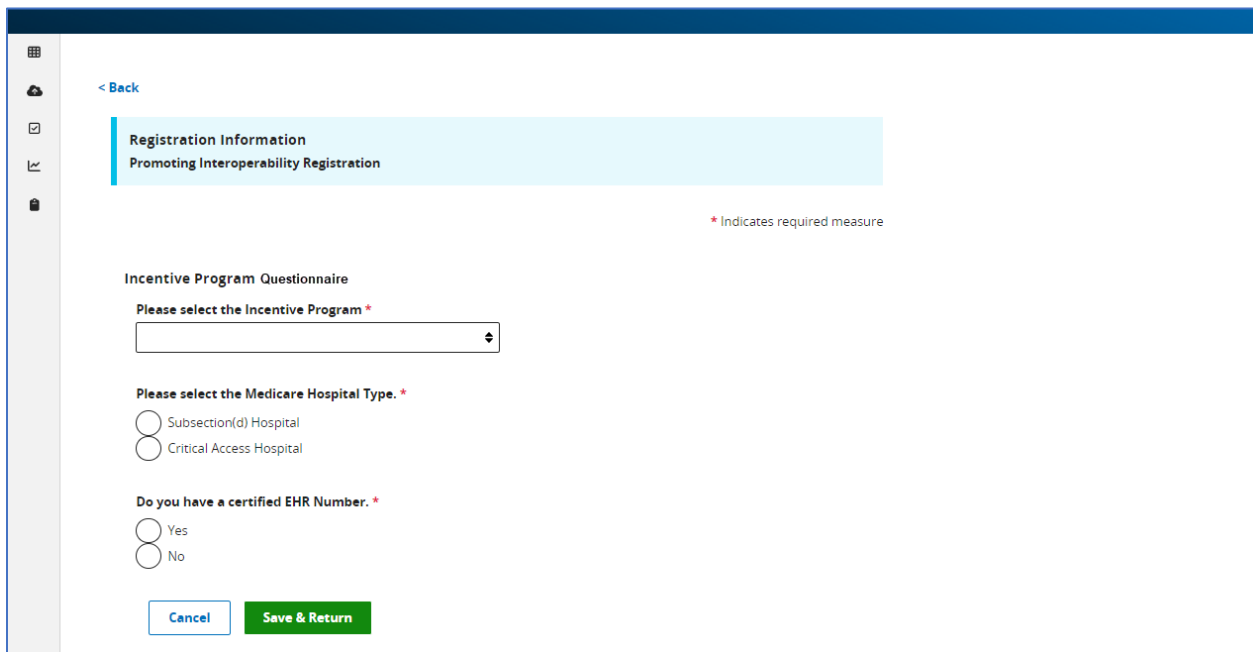


Next you will be directed to the below page:



Step 3, Continued – Complete Registration Information

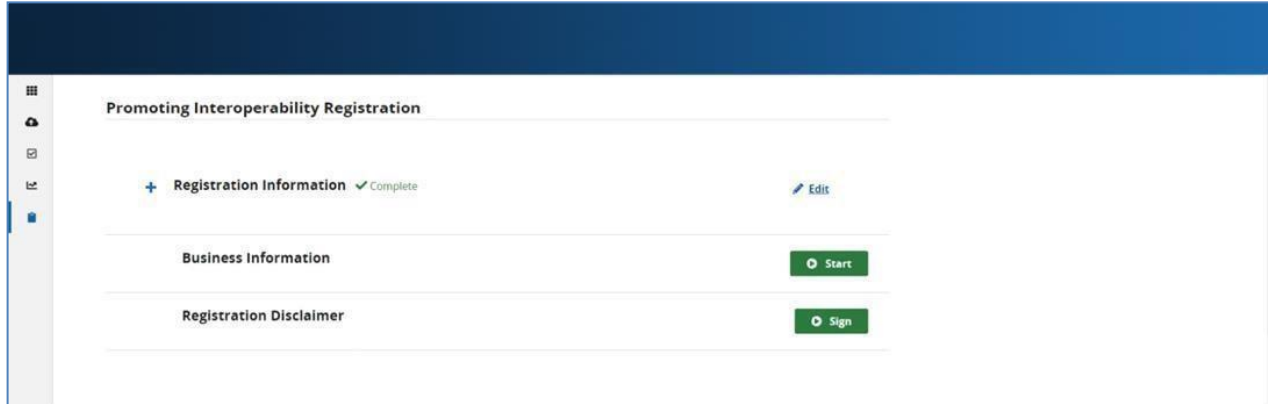
Select **Start** for **Registration Information** and enter required information. Once complete, select **Save & Return**.



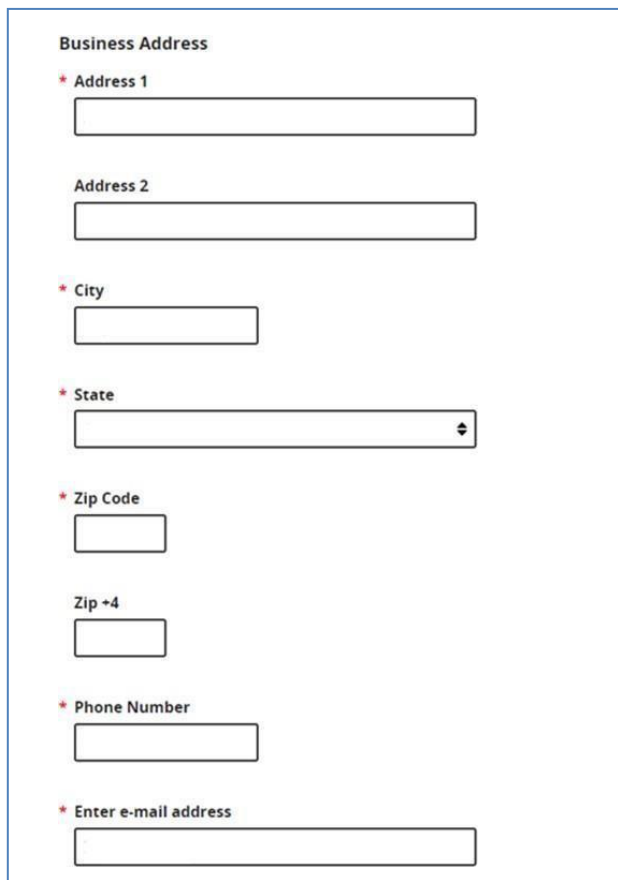
The screenshot shows the "Registration Information" form. At the top left is a "< Back" link. Below it is a light blue header with "Registration Information" and "Promoting Interoperability Registration". A red asterisk note states "* Indicates required measure". The form contains three sections: "Incentive Program Questionnaire" with a dropdown menu labeled "Please select the Incentive Program *"; "Please select the Medicare Hospital Type. *" with radio buttons for "Subsection(d) Hospital" and "Critical Access Hospital"; and "Do you have a certified EHR Number. *" with radio buttons for "Yes" and "No". At the bottom are "Cancel" and "Save & Return" buttons.

Step 3, Continued – Complete Business Information

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



The screenshot shows a web interface titled "Promoting Interoperability Registration". On the left is a navigation sidebar with icons for home, list, edit, and save. The main content area has a header "Promoting Interoperability Registration" and a list of sections: "Registration Information" (marked as complete with a checkmark and an "Edit" button), "Business Information" (with a green "Start" button), and "Registration Disclaimer" (with a green "Sign" button).



Business Address

* Address 1

Address 2

* City

* State

* Zip Code

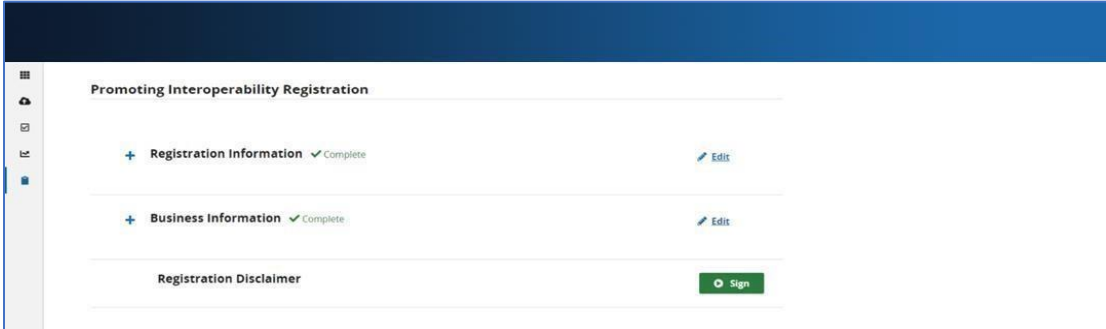
Zip +4

* Phone Number

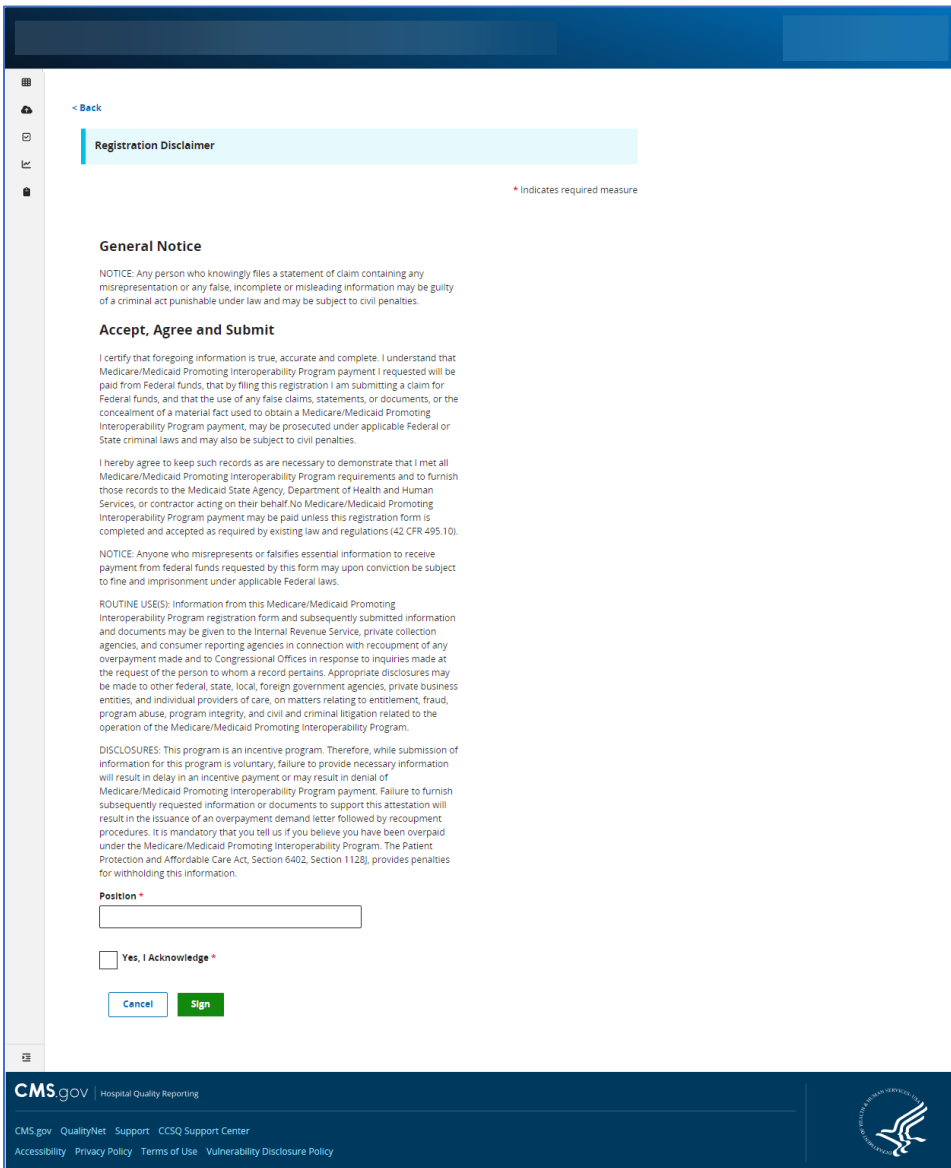
* Enter e-mail address

Step 3, Continued – Complete Registration Disclaimer

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



The screenshot shows the 'Promoting Interoperability Registration' dashboard. It features a sidebar with navigation icons. The main content area has three sections: 'Registration Information' (marked as complete), 'Business Information' (marked as complete), and 'Registration Disclaimer'. Each section has an 'Edit' link. A green 'Sign' button is located at the bottom right of the 'Registration Disclaimer' section.



The screenshot shows the 'Registration Disclaimer' form. It includes a '< Back' link and a title bar. A note indicates that an asterisk (*) denotes a required measure. The form contains several sections of text: 'General Notice', 'Accept, Agree and Submit', and 'DISCLOSURES'. At the bottom, there is a 'Position *' text input field, a radio button for 'Yes, I Acknowledge *', and 'Cancel' and 'Sign' buttons.

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.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare/Medicaid Promoting Interoperability Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf. No Medicare/Medicaid Promoting Interoperability Program payment may be paid unless this registration form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

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.

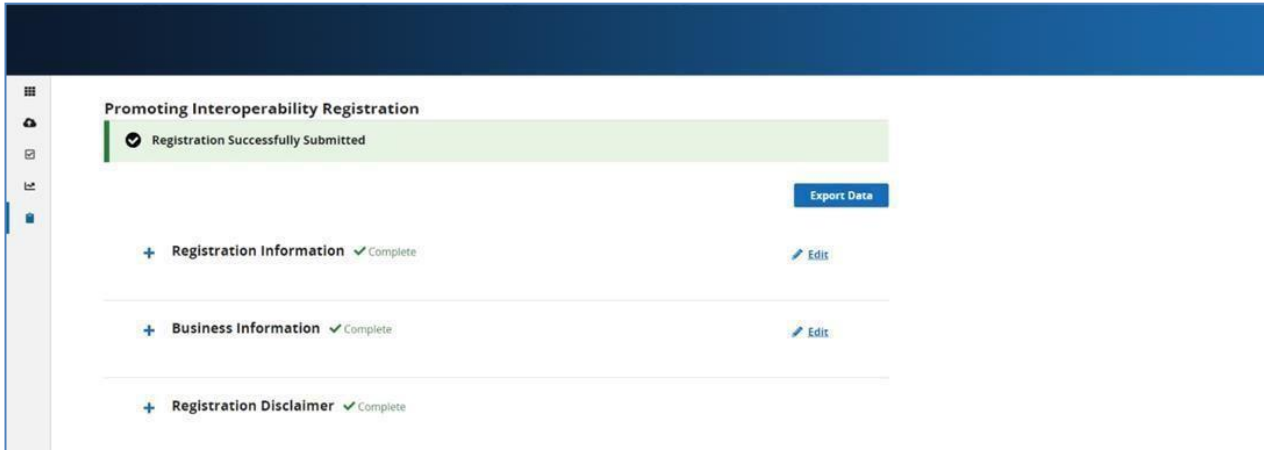
DISCLOSURES: This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of Medicare/Medicaid Promoting Interoperability Program payment. Failure 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 *

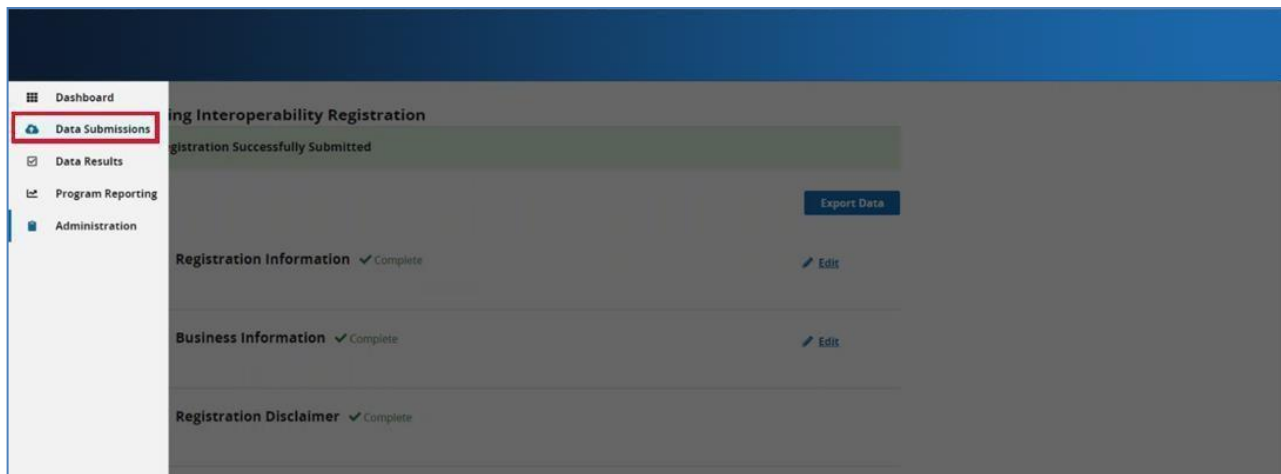
Step 3, Continued – Complete

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



Step 4 – Begin Data Submission

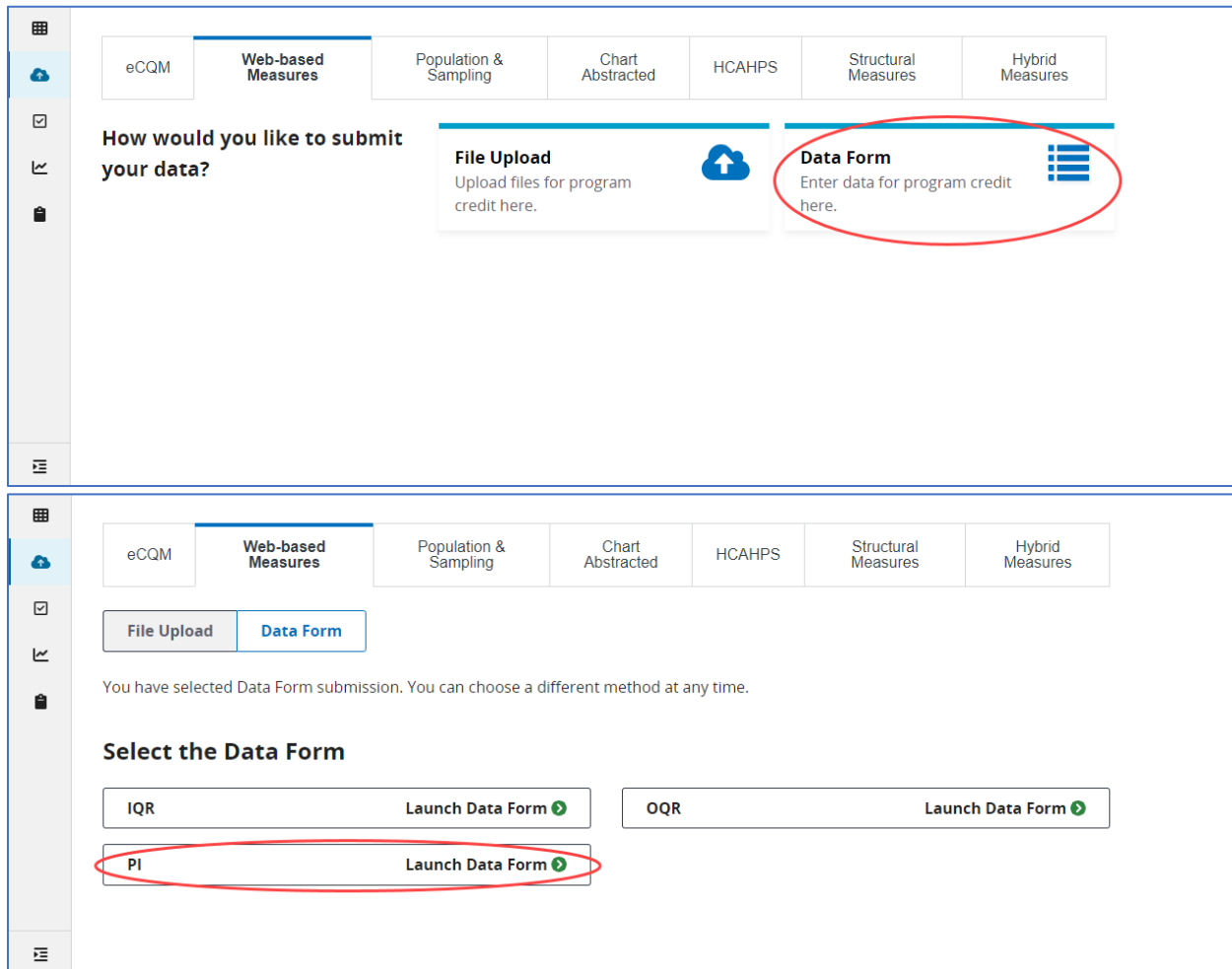
After you have completed your registration information, select **Data Submissions** in the left-hand navigation.



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.



The first screenshot shows the 'Web-based Measures' tab selected. Under the heading 'How would you like to submit your data?', there are two options: 'File Upload' and 'Data Form'. The 'Data Form' option is circled in red. Below this, there are buttons for 'File Upload' and 'Data Form'. The second screenshot shows the 'Select the Data Form' screen. There are three options: 'IQR', 'OQR', and 'PI'. The 'PI' option is circled in red. Each option has a 'Launch Data Form' button next to it.

Step 6 – Begin Attestation

****NOTE**** If Registration has not yet been completed, a banner indicating PI Registration Required will display, this must be done prior to Attestation entry.**

****NOTE**** Banner will display for the entire submission period instructing to upload eCQM data for the full calendar year. This will display even after submission of eCQM data is complete as a reminder that it is a requirement.**

Promoting Interoperability (PI)

Program Year

i

PI Registration Required

Please complete prior to launching PI Data Forms.

Complete

i

To complete Clinical Quality Measures, upload eCQM data for full calendar year

Upload

CMS Certification Number:

Submission Period:

With Respect to Reporting Period:

Last Updated:

Current Submission Period: Open

Export Data

Attestation/Disclaimer

Promoting Interoperability

Start

Attestation Information ▲ Not Submitted

Attestation Disclaimer ▲ Not Submitted

Objectives

Promoting Interoperability

Start

Current Submission Period: Open

Export Data

Attestation/Disclaimer

Promoting Interoperability

Start

Attestation Information ▲ Not Submitted

Attestation Disclaimer ▲ Not Submitted

Objectives

Promoting Interoperability

Start

Protect Electronic Protected Health Information (ePHI) ▲ Not Submitted

SAFER (Safety Assurance Factors for EHR Resilience) ▲ Not Submitted

eRx (electronic prescribing) ▲ Not Submitted

Health Information Exchange ▲ Not Submitted

Provider to Patient Exchange ▲ Not Submitted


Public Health and Clinical Data Exchange ▲ Not Submitted

The Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability Program promotes the meaningful use of certified electronic health record technology (CEHRT) to support patient engagement and the electronic exchange of health information. The program highlights CMS's commitment to interoperability, patient access to health information to make fully informed health care decisions, and reducing provider burden.

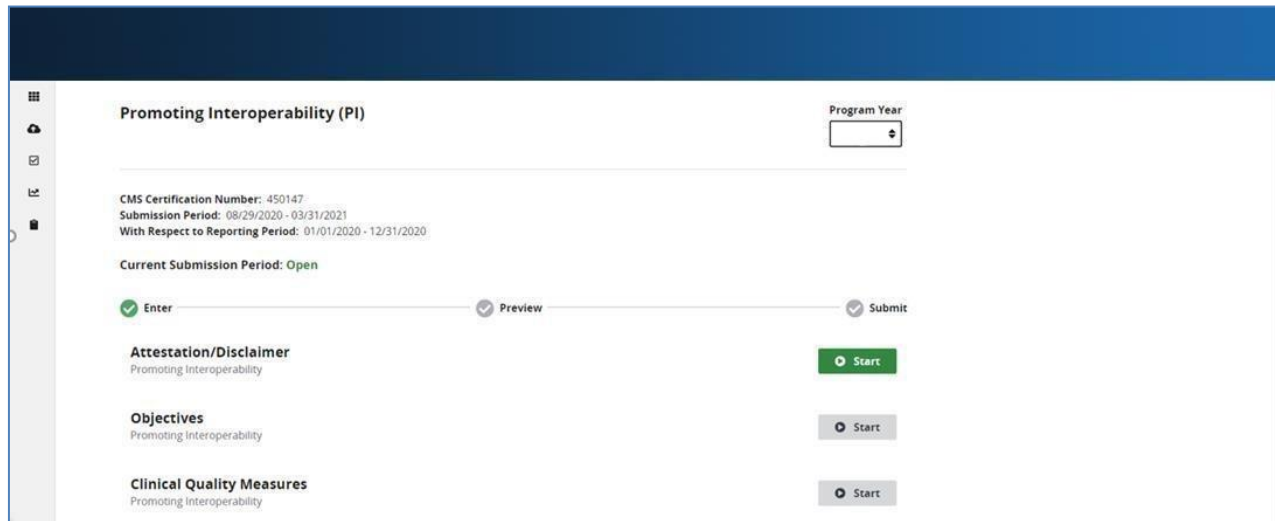
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After advancing to the **Web-based Measures** tab, you will be directed to the Promoting Interoperability page.



The screenshot shows the 'Promoting Interoperability (PI)' page. At the top right, there is a 'Program Year' dropdown menu. Below this, the page displays the following information:

- 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

A progress bar is visible with three stages: 'Enter' (marked with a green checkmark), 'Preview', and 'Submit' (marked with a checkmark).

Below the progress bar, there are three sections, each with a 'Start' button:

- Attestation/Disclaimer** (Promoting Interoperability) - Green 'Start' button
- Objectives** (Promoting Interoperability) - Grey 'Start' button
- Clinical Quality Measures** (Promoting Interoperability) - Grey 'Start' button

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

< Back

Attestation/Disclaimer Promoting Interoperability

* Indicates required measure

1 Attestation Information

Please provide your EHR Certification Number *

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

All ED Visits Method

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

Start Date (Ex: MM/DD/YYYY) *

End Date (Ex: MM/DD/YYYY) *

I attest that I have submitted or will submit my Clinical Quality Measures data electronically through ORDA files *

I attest that I: *

1. Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.

•

Yes

No

I attest that I: *

1. 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

2. 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.

1. 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

2. 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

No

I attest that I:

1. 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

2. 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

No

N/A - Submission not required

CMS Certification Number:

Submission Period:


With Respect to Reporting Period:

Last Updated:

2 Attestation Disclaimer

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[Accessibility](#) [Privacy Policy](#) [Terms of Use](#) [Vulnerability Disclosure Policy](#)



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

< Back

Attestation/Disclaimer
Promoting Interoperability

* Indicates required measure

1 Attestation Information

2 Attestation Disclaimer

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.

Signature of Hospital Representative

I certify that foregoing information is true, accurate and complete. I understand that Medicare Promoting Interoperability Program payment I requested will be paid from Federal funds, that by filing this attestation 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 Promoting Interoperability Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare Promoting Interoperability Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare Promoting Interoperability Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

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ROUTINE USE(S): Information from this Medicare 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 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 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 Promoting Interoperability Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

Position *

 Yes, I Acknowledge *

CMS Certification Number:

Submission Period:


With Respect to Reporting Period:

Last Updated:

CMS.gov Hospital Quality Reporting

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Step 7 – Begin Objective Data Submission

Objectives
Promoting Interoperability **Start**

Protect Electronic Protected Health Information (ePHI) ⚠ Not Submitted

SAFER (Safety Assurance Factors for EHR Resilience) ⚠ Not Submitted

eRx (electronic prescribing) ⚠ Not Submitted

Health Information Exchange ⚠ Not Submitted

Provider to Patient Exchange ⚠ Not Submitted

Public Health and Clinical Data Exchange ⚠ Not Submitted

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 until the submission deadline of February 29, 2024.

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 required measures 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.

1 Protect Electronic Protected Health Information (ePHI)

Objective: 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.

Measure: 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.

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? *

- Yes
- No

CMS Certification Number:

Submission Period:

With Respect to Reporting Period:

Last Updated:

2 SAFER (Safety Assurance Factors for EHR Resilience)

* Eligible hospitals or CAHs must attest to having conducted an annual self-assessment of all nine SAFER Guides (available at <https://www.healthit.gov/topic/safety/safer-guides>), at any point during the calendar year in which the EHR reporting period occurs, with one "yes/no" attestation statement accounting for a complete self-assessment using all nine guides.

- Yes
- No

3 eRx (electronic prescribing)

Generate and transmit permissible discharge prescriptions electronically.

e-Prescribing

For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions) are transmitted electronically using certified electronic health record technology (CEHRT).

Exclusions

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.

* **Does this exclusion apply to your facility?**


Query of Prescription Drug Monitoring Program (PDMP)

For at least one Schedule II opioid or Schedule III or IV drug 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.


* **Select a response**


Cancel


Submit


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
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4 Health Information Exchange

The eligible hospital or critical access hospital (CAH), using the functions of certified EHR technology (CEHRT):

- 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
- incorporates summary of care information from other providers into their electronic health record (EHR) .

You have three options to complete this objective

Select an option:

Support Electronic Referral Loops by Sending Health Information (15 points) and Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points)

Engagement in Bi-Directional Exchange Through Health Information Exchange (30 points)

Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) (30 points)

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:

- Creates a summary of care record using certified EHR technology (CEHRT); and
- Electronically exchanges the summary of care record

Numerator *
This field is required *

Ex. 0,1,2,3,...,99999

Denominator *
This field is required *

Ex. 0,1,2,3,...,99999

Support Electronic Referral Loops by Receiving and Reconciling 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 or 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 *
This field is required *

Ex. 0,1,2,3,...,99999

Denominator *
This field is required *

Ex. 0,1,2,3,...,99999

Cancel

Submit

5 Provider to Patient Exchange

6 Public Health and Clinical Data Exchange

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

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

****NOTE**** If the user selects the first option under 4, Health Information Exchange (Support Electronic Referral Loops by Sending Health Information (*15 points*) and Support Electronic Referral Loops by Receiving and Reconciling Health Information (*15 points*)), the Numerator and Denominator fields will show as displayed above in the screenshot.

5 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

Ex. 0,1,2,3,...,99999

* **Denominator:** Provide Patients Electronic Access to Their Health Information

Ex. 0,1,2,3,...,99999

Cancel

Submit

6 Public Health and Clinical Data Exchange

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.

⚠ You must answer yes or provide an exclusion for all of the following measures:

- **Immunization Registry Reporting**
- **Syndromic Surveillance Reporting**
- **Electronic Case Reporting**
- **Electronic Reportable Laboratory Result Reporting**

Immunization Registry Reporting

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/Immunization information system (IIS).

*** Select a response**

Syndromic Surveillance Reporting

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit syndromic surveillance data from an urgent care setting.

*** Select a response**

Electronic Case Reporting

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit case reporting of reportable conditions.

*** Select a response**

Electronic Reportable Laboratory Result Reporting

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit ELR results.

* Select a response

⚠ To receive the five bonus points for this objective, you must:

- meet submission requirements, and
- answer at least one bonus question

Clinical Data Registry Reporting (bonus)

The eligible hospital or CAH is in active engagement to submit data to a clinical data registry (CDR).

Select a response

Public Health Registry Reporting (bonus)

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit data to public health registries.

Select a response

Cancel

Submit

Cancel

Submit

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

Objectives

Promoting Interoperability [Edit](#)

- + **Protect Electronic Protected Health Information (ePHI)** ✓ Submitted
- + **SAFER (Safety Assurance Factors for EHR Resilience)** ✓ Submitted
- + **eRx (electronic prescribing)** ✓ Submitted

Score for the Objective

10

- + **Health Information Exchange** ✓ Submitted

Score for the Objective

29

- + **Provider to Patient Exchange** ✓ Submitted

Score for the Objective

25

- + **Public Health and Clinical Data Exchange** ✓ Submitted

Score for the Objective

30

Final Score

Passed

94

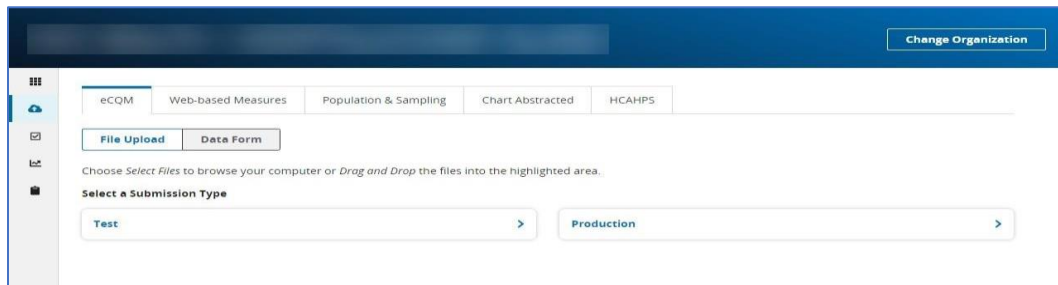
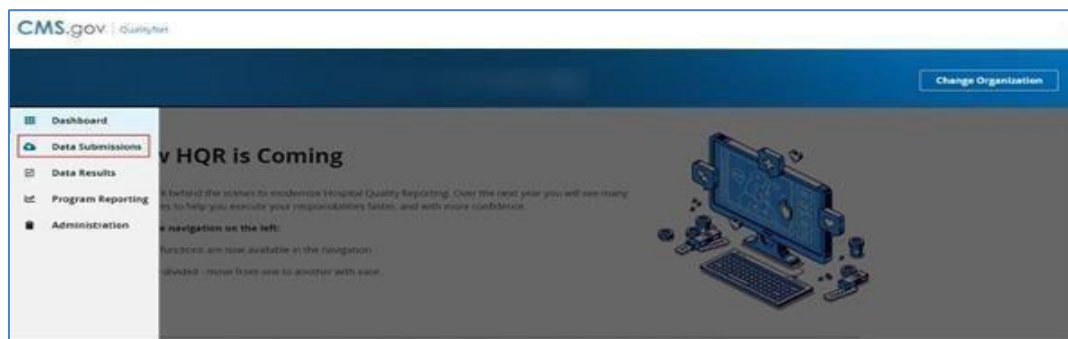
To receive a passing score:
* Objective Scores must add up to at least 60
* No objective may receive a score of 0

****NOTE**** this is just example data and do not reflect actual scores achieved

Step 8 – Begin Electronic Clinical Quality Measure Data Submission

Data for the CY 2023 Medicare Promoting Interoperability Program eCQMs can be submitted anytime and in any order during the submission period until the submission deadline of February 29, 2024. Likewise, answer values can be changed and resubmitted as many times as necessary during the submission period until the submission deadline. You are required to submit data for a minimum of **three self-selected eCQMs, plus the Safe Use of Opioids – Concurrent Prescribing measure**. Refer to [Appendix A](#) for a list of the eCQMs in the CY 2023 eCQM measure set.

****NOTE**** The directions included in this step and the following screenshots are an example of how to submit your eCQM data via a QRDA file. You may also submit your eCQM data through a Web Form, if preferred. For more information, please visit the [eCQM Implementation Checklist](#).



Step 9 – Submit Data

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

Appendix A - eCQM 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.
PC-02	Cesarean Birth	Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.
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.
HH-02	Hospital Harm – Severe Hyperglycemia	This measure assesses the number of inpatient hospital days with a hyperglycemic event (harm) per the total qualifying inpatient hospital days for that encounter for patients 18 years of age or older at admission.
HH-01	Hospital Harm – Severe Hypoglycemia	Inpatient hospitalizations for patients 18 years of age or older at admission, who were administered at least one hypoglycemic medication during the encounter, who suffer the harm of a severe hypoglycemic event during the encounter.

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.
N/A	Safe Use of Opioids – Concurrent Prescribing	Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge.
PC-07	Severe Obstetric Complications	Patients with severe obstetric complications which occur during the inpatient delivery hospitalization.
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.