

Technical User's Guide for Hospice Quality Reporting Data Entry and Submission

January 1 – April 1, 2013

Version 1.3



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INTRODUCTION

About This Guide

This *Technical User's Guide for Hospice Quality Reporting Data Entry and Submission* provides information about how to register for and use the online Hospice Quality Reporting Data Entry and Submission website to submit Hospice Quality Reporting Program (HQRP) data. It is intended for use by hospice personnel responsible for entering and submitting HQRP data.

NOTE: This technical user's guide provides hospice providers with instruction *only* about data entry and submission site use and data entry specifications.

For instructions regarding data collection and reporting requirements, please refer to the *User Guide for Hospice Quality Reporting Data Collection*, which is available on the Hospice Quality Reporting **Spotlight & Announcements** page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> in the "Downloads" section at the bottom of the page.

Conventions and Acronyms Used In This Guide

Conventions and terminology used in this guide are defined as follows:

Bold	The names of web pages and buttons on web pages are bolded.
<i>Italics</i>	The names of fields, page tabs, and field options are italicized.
<u>Underline</u>	Hyperlinks (links) to web pages or web or email functions are underlined.
CCN	CMS Certification Number, also known as the Medicare provider number. CCN is a 6-digit number.
Check Box	A field on a web page that presents multiple options for you to select. Associated with each option is a small box. Point to and click on the box to select the associated option. A check mark appears in the box when the option is selected. You may "check" multiple check box options.
Click	Press and release the left mouse (or other pointing device) button, without moving the pointer, to select an item or activate a link.

CMS	Centers for Medicare & Medicaid Services. Also known as Medicare.
Cursor	A blinking vertical line (I) that indicates where a character you type on the keyboard appears on the computer screen.
Drag	Point to an object and press the left mouse (or other pointing device) button as you move the mouse to reposition the object on the computer screen.
Drop-down List	A field on a web page that presents a list of options. Click on the down-arrow associated with the field to view the available options.
Field	Object on a web page into which a user enters information or selects options. Text boxes, check boxes, radio buttons, and drop-down lists are types of fields.
Hover	Move your mouse (or other pointing device) pointer so that it is pointing to an item on the computer screen and pause for a moment. If available, an instruction or helpful hint may appear.
HQRP	Hospice Quality Reporting Program
NQF	National Quality Forum
Point	Move the mouse (or other pointing device) pointer until the tip of the arrow/pointer rests on an object on a web page or in a window.
Provider	An entity providing health care services such as hospice.
QAPI	Quality Assessment and Performance Improvement
QI	Quality Indicator
Radio Button	A field on a web page that presents mutually exclusive options, such as Yes or No. Associated with each option is a circle. Point to and click on a circle to select the associated option. The circle is filled in for a selected option and empty for an unselected option.

Scroll Bar	If the web page you are viewing does not entirely fit into your computer's viewing area, scroll bar(s) (horizontal, vertical, or both) are included on the page so that you may reposition the content of the page. A scroll bar is a narrow rectangular area that includes arrows on both ends and a slider bar in between along the right side or bottom of the window or page. To reposition the content of a page with a scroll bar, click on either arrow (in the appropriate direction) or drag the slider bar.
Select	Point to and click on a button or a link to activate it, or on check a check box to "check" it, or on a drop-down list option to choose it.

NOTE: Special notes or suggestions to the user display in a bordered box, similar to this one.

Printing

You may print any page of the Hospice Quality Reporting Data Entry and Submission Site by using the print function of your browser. Either select the printer icon from the browser tool bar or select *File* and then *Print...* from the menu bar.

Help

Field Help

Online help is available for many of the Hospice Quality Reporting Data Entry and Submission Site fields. Hover your on-screen pointer over a field to view a brief description of that field.

Technical Help Desk

You may contact the QTSO Helpdesk via phone at 1-877-201-4721 or email at help@qtso.com if you have questions about using the Hospice Quality Reporting Data Entry and Submission Site. Technical Help Desk hours are 7:00 am – 7:00 pm Central Time.

The Technical Help Desk is available to assist providers with issues pertaining to:

- Finding/locating the data entry and submission website
- Registration
- Username/password issues
- Website difficulty/error messages

Data Entry and Submission Site Availability

The Hospice Quality Reporting Data Entry and Submission Site is available January 1, 2013, through April 1, 2013. Providers should check the Hospice Quality Reporting **Spotlight and Announcements** page for announcements regarding the data entry and submission site

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html>.

NOTE: Accounts established during the voluntary reporting initiative are no longer available. Each individual submitting fourth quarter 2012 HQRP data in 2013 must register for an account specifically for the new reporting period.

BACKGROUND

Section 1814(i)(5) of the Social Security Act (the Act) added by section 3004 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, enacted on March 23, 2010 (Affordable Care Act), authorizes the Secretary to establish a quality reporting program for Hospices. Section 1814(i)(5)(A)(i) of the Act requires that beginning with FY 2014, and for each subsequent FY, the market basket update shall be reduced by two percentage points for any provider that does not comply with the quality data submission requirements with respect to that fiscal year.

To meet the quality reporting requirements set forth in the Hospice Wage Index Final Rule (76 F.R. Vol. 76, No. 150, August 4, 2011), hospices are to report quality data pertaining to two quality measures:

1. A structural measure titled “Participation in a Quality Assessment and Performance Improvement (QAPI) Program that Includes at Least Three Quality Indicators Related to Patient Care” and;
2. The NQF-endorsed #0209 pain measure, which is further described as the percentage of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who report pain was brought to a comfortable level within 48 hours.

To meet the quality reporting requirements for the FY 2014 payment determination, hospice providers shall collect data on the two measures from October 1, 2012, through December 31, 2012. The data collected during this period must be submitted to CMS by no later than January 31, 2013, for the structural measure and April 1, 2013, for the NQF #0209 pain measure. Thereafter, all subsequent hospice data collection periods will be based on a calendar-year with a data submission deadline of April 1 of each year.

The Hospice Quality Reporting Data Entry and Submission Site allows hospice providers to submit quality data to CMS for the data collection period starting October 1, 2012, through December 31, 2012, and each year thereafter.

WHO, WHAT, WHEN & HOW

Who:

All hospice providers that are Medicare certified (have a valid CCN, or Medicare Provider Number) as of October 1, 2012, are required to collect and submit data to CMS.

For Hospices with Multiple Locations:

- Hospices will report data for both measures to CMS on a per-CCN basis.
 - Hospice providers with multiple locations, sharing one CCN, should aggregate facility-level data from all locations so the data entered on the CMS data entry and submission site represent data for the single CCN.

Eligible patients for measure reporting include the following:

- All payers (Medicare, Medicaid, and private payers) and
- All hospice provider settings (inpatient, home care, nursing home, assisted living facility, etc.)

What:

Hospice providers will report two measures. These measures are as follows:

- A structural measure: provides CMS with general information about the kinds of patient care-related quality indicators (QIs) used in hospice organizations' QAPI programs. It is intended to reflect which domains and topics of care providers include in their QAPI programs. Hospice providers will select the domains/topics of care for which they have at least one quality indicator. No numerical data or performance scores will be reported for the structural measure.
- The NQF #0209 Pain Measure: calculates the percentage of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who report that pain was brought to a comfortable level within 48 hours. Hospice providers will submit 7 facility-level, aggregate data elements to CMS for the NQF #0209 Pain Measure reporting.

When:

There are two separate reporting deadlines for submitting the required data to CMS:

- The structural measure must be submitted no later than 11:59:59 pm ET on January 31, 2013.
- The NQF #0209 Pain Measure must be submitted no later than 11:59:59 pm ET on April 1, 2013.

The data collection period for both measures is October 1 – December 31, 2012.

How:

- Hospice providers will collect data for both measures October 1, 2012 – December 31, 2012.
- Hospice providers will enter their data online, attest, and submit the data to CMS using the data entry and submission site.
- The Hospice Quality Reporting Data Entry and Submission Site is available January 1, 2013 – April 1, 2013. Providers should check for announcements regarding the data entry and submission site on the Hospice Quality Reporting **Spotlight and Announcements** page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html>.
- Hospice providers may utilize vendors for their individual hospice provider data submission, but CMS will not support batch submissions involving scripting or database imports for multiple hospice providers from vendors.
- A vendor acting on behalf of a hospice will enter data, attest, and submit the data for both measures in the same manner as a hospice, as described in this guide.

ACCESS THE HOSPICE QUALITY REPORTING DATA ENTRY AND SUBMISSION SITE

NOTE: Prior to accessing the Hospice Quality Reporting Data Entry and Submission Site:

1. Please ensure that you have read and understood the data collection and reporting requirements defined in the *User Guide for Hospice Quality Reporting Data Collection*. This document is available on the Hospice Quality Reporting **Spotlight & Announcements** page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> in the “Downloads” section at the bottom of the page.

2. Once you have read and understood the reporting requirements, please collect and prepare your hospice’s data for data entry. Appendix A of the *User Guide for Hospice Quality Reporting Data Collection* includes a worksheet to assist you in preparing the data.

To access the Hospice Quality Reporting Data Entry website:

1. Visit the Hospice Quality Reporting **Data Submission** page (Figure 1) at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Submission.html>.

Figure 1. Hospice Quality Reporting Page at CMS.gov

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom Center, FAQs, Archive, Share, Help, Email, and Print. Below this is a search bar with the text "Learn about your healthcare options" and a search button. The main navigation menu includes categories like Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Insurance Oversight, Innovation Center, Regulations and Guidance, Research, Statistics, Data and Systems, and Outreach and Education. The page content is titled "Hospice Quality Reporting" and "Data Submission". It features a sidebar with links for "Spotlight & Announcements", "Data Submission", and "Archive". The main content area includes a date "August 15, 2012", a link for "User Guides", and a description: "User Guides for the Hospice Quality Reporting Program (data collection October 1 – December 31, 2012 and data)". Below this is a "Downloads" section with a link to "Technical User Guide for Hospice Quality Reporting Data Entry and Submission [PDF, 1MB]". A "Related Links" section is highlighted with a red box, containing a link to "CMS-10390 Details". The footer includes the CMS.gov logo, a "Home" button, and contact information: "A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244".

2. In the *Related Links* section at the bottom of the Hospice Quality Reporting **Data Submission** page, select (click on) the Hospice Quality Reporting Data Entry and Submission link. The Home page of the Hospice Quality Reporting Data Entry and Submission Site (Figure 2) opens.

NOTE: The Hospice Quality Reporting Data Entry and Submission link is available January 1, 2013, through April 1, 2013.

Figure 2. Hospice Quality Reporting Data Entry and Submission Site Home Page



NOTE: It might be helpful to bookmark or add this page to your Favorites for easy future access.

The Home page of the Hospice Quality Reporting Data Entry and Submission Site includes the following items:

- Register – a link to the **Register an Account** page where the individual responsible for entering and submitting HQRP data for both measures for a hospice must register for a user account. During the registration process you create the password with which you login to the Hospice Quality Reporting Data Entry and Submission Site.

NOTE: User accounts established during the voluntary reporting initiative are no longer available. Each individual submitting HQRP data January 1, 2013, through April 1, 2013, must register for an account specifically for the new reporting period.

- Login – a link to the **Login** page where a hospice's registered user logs in to the Hospice Quality Reporting Data Entry and Submission Site.

- *About* – a tab that presents links to information on the web about the Affordable Care Act and Hospice Quality Reporting.
- CMS Hospice Quality Reporting Program website – a link to the **Hospice Quality Reporting** page on the CMS web site.

REGISTER AND ACTIVATE YOUR ACCOUNT

NOTE: Each hospice can authorize and designate *one* and only one user who is responsible for entering, attesting, and submitting HQRP data for *both* measures.

Before users authorized to enter, attest, and submit HQRP data can login to the Hospice Quality Reporting Data Entry and Submission Site and enter HQRP data, they must first register for and activate a user account.

NOTE: User accounts established during the voluntary reporting initiative are no longer available. Each individual submitting HQRP data January 1, 2013, through April 1, 2013, must register for an account specifically for the current reporting initiative.

To register for a user account for the Hospice Quality Reporting Data Entry and Submission Site, each hospice's authorized user must perform the following:

1. In the upper-right corner of the page (Figure 2, above), point to and click on the Register link. The **Register an Account** page (Figure 3) is presented.

Figure 3. Register an Account Page

Register Login

Hospice Quality Reporting Program

About

REGISTER AN ACCOUNT

Use the form below to register an account for access to the HOSPICE QUALITY REPORTING DATA ENTRY AND SUBMISSION SITE.

Sign-up Form

All fields are required.

CCN

Hospice Name

Your First Name

Your Last Name

Hospice Phone Number

Email Address

Confirm Email Address

Password

Confirm Password

Register

The features of the **Register an Account** page are listed below. Instructions for completing this page follow.

- Instruction text: Use the form below to create an account to access the Hospice Quality Reporting Data Entry and Submission Site.
- Field: *CCN*
- Field: *Hospice Name*
- Field: *Your First Name*
- Field: *Your Last Name*
- Field: *Hospice Phone Number*
- Field: *Email Address*
- Field: *Confirm Email Address*

- Field: *Password*
 - Field: *Confirm Password*
 - Button: **Register**
2. Point to and click in the *CCN* field. Enter your hospice provider's 6-digit, numeric CMS Certification Number, without dashes and spaces, and press the Tab key. The cursor advances to the *Hospice Name* field.
 3. Enter the hospice provider's legal name in the *Hospice Name* field and press the Tab key. The cursor advances to the *Your First Name* field.
 4. As the individual authorized by the hospice to enter, attest, and submit HQRP data for both measures, enter your first name and press the Tab key. The cursor advances to the *Your Last Name* field.
 5. Enter your last name and press the Tab key. The cursor advances to the *Hospice Phone Number* field.
 6. Enter the hospice provider's business phone number, without dashes and spaces, and press the Tab key. The cursor advances to the *Email Address* field.
 7. As the individual authorized by the hospice to enter, attest, and submit HQRP data for both measures, enter your email address. Upon completion of the **Register An Account** page, a message that includes an activation link is sent to this email account so that you may complete the registration process. After entering your email address, press the Tab key. The cursor advances to the *Confirm Email Address* field.
 8. Because your email address is a vital part of the registration process, enter your email address again in the *Confirm Email Address* field. The system compares what you typed in the *Email Address* and the *Confirm Email Address* fields in an effort to minimize the entry of invalid email addresses due to typographical errors. After re-entering your email address, press the Tab key. The cursor advances to the *Password* field.

9. Create and enter a password for your user account. Passwords must include at least 8 characters, but no more than 20 characters. You must use at least one upper case (capital) letter and one lower case letter in addition to one number and one special character (!, @, #, \$, etc.). After entering your password, press the Tab key. The cursor advances to the *Confirm Password* field.

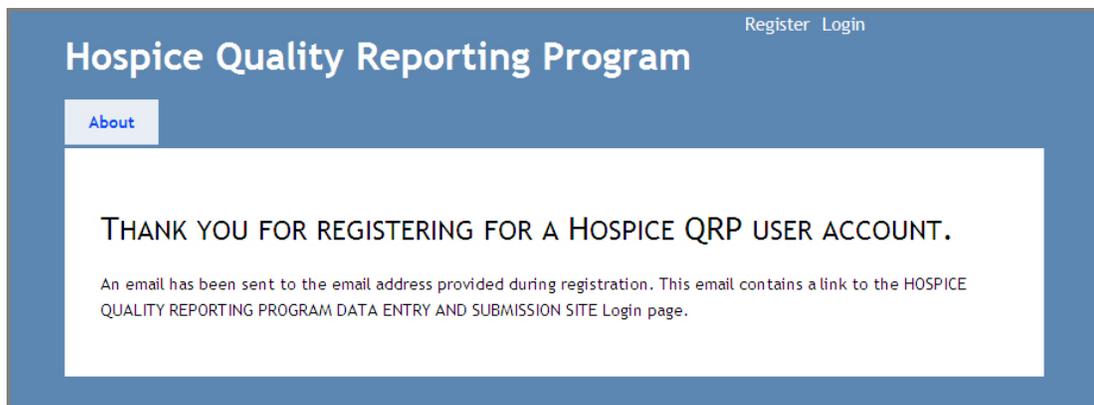
NOTE: To maintain password privacy, when you type in the *Password* and *Confirm Password* fields, a solid circle displays for each character you type. If the characters you type in the *Password* and *Confirm Password* fields do not match exactly, an error occurs. Re-type your password in both fields to proceed.

10. Re-enter your password in the *Confirm Password* field.

NOTE: Please commit your password to memory for future use. The password is case-sensitive. To login to the Hospice Quality Reporting Data Entry and Submission Site, you must enter your password exactly as you entered it on the **Register an Account** page.

11. When all fields are complete, select (click on) the **Register** button at the bottom of the page. The **Thank You for Registering** page (Figure 4) is presented.

Figure 4. Thank You For Registering Page



The **Thank You for Registering** page indicates that an email message was sent to the email address you entered on the **Register an Account** page. This email message provides a link and instructions for you to activate your account.

- 12.** Access the email account you specified on the **Register an Account** page and open the email message (Figure 5) that was sent to you from hospice.quality.report@gmail.com.

NOTE: If you do not receive the email message within a 30 minutes, please contact the QTSO Help Desk for assistance by email at help@qtso.com or by phone at 1-877-201-4721

Figure 5. Confirmation and Activation Email Message

Please confirm the following information and print for your records.
CCN: 111516
Hospice Name: Mercy Hospice Central
First Name: Jane
Last Name: Doe
Hospice Phone Number: 5155551516
Email Address: jdoe@mercyhospice.com

To activate your account select the following link: <http://158.73.75.211/Account/Confirm.cshtml?confirmationCode=vT6-lmhpJeJqrxC5aEOtA2>

The confirmation email message includes the following information:

- CCN, as you entered it on the **Register an Account** page
- Hospice Name, as you entered it on the **Register an Account** page
- First Name, as you entered it on the **Register an Account** page
- Last Name, as you entered it on the **Register an Account** page
- Hospice Phone Number, as you entered it on the **Register an Account** page
- Email Address, as you entered it on the **Register an Account** page
- Your activation link
- Other CCNs for which you are registered (optional)

- 13.** Verify that the information included in the confirmation email message is accurate. If the CCN is incorrect, please contact the QTSO Help Desk for assistance by email at help@qtso.com or by phone at 1-877-201-4721. If necessary, you may modify any of the other information once you login to the Hospice Quality Reporting Data Entry and Submission Site.

14. If the CCN noted in the confirmation email message is accurate, select (click on) the activation link. The **Registration Confirmation Page** (Figure 6) is presented.

Figure 6. Registration Confirmation Page



The **Registration Confirmation Page** indicates that you successfully created and activated an account to access the Hospice Quality Reporting Data Entry and Submission Site. It includes a [Login](#) link at the top of the page with which you may login to the site.

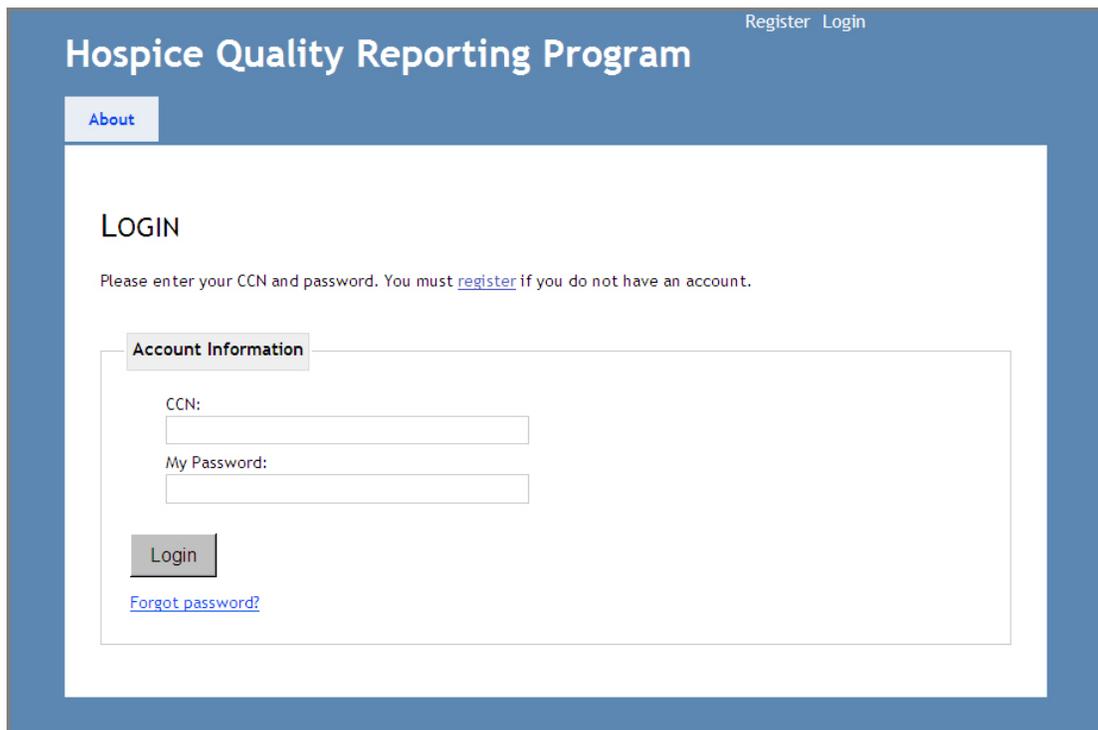
LOGIN TO THE HOSPICE QUALITY REPORTING DATA ENTRY AND SUBMISSION SITE

Newly registered users may select the [Login](#) link at the top of the **Registration Confirmation Page** (Figure 6, above).

Returning registered users select the [Login](#) link at the top of the Home page of the Hospice Quality Reporting Data Entry and Submission Site (Figure 2, above) to login.

1. Select the [Login](#) link at the top of the page you are viewing. The **Login** page (Figure 7) is presented.

Figure 7. Login Page



The screenshot shows the login page for the Hospice Quality Reporting Program. At the top right, there are links for "Register" and "Login". Below the header, there is a navigation menu with "About" selected. The main content area is titled "LOGIN" and contains the instruction: "Please enter your CCN and password. You must [register](#) if you do not have an account." Below this is a form titled "Account Information" with two input fields: "CCN:" and "My Password:". A "Login" button is positioned below the fields, and a [Forgot password?](#) link is located at the bottom left of the form area.

The features of the **Login** page are listed below. Instructions for completing this page follow.

- Instruction text: Please enter your CCN and password. You must [register](#) if you do not have an account.
- Link: The word "[register](#)" in the instruction above is a link with which you may access the **Register an Account** page, if necessary.

- Field: *CCN*
- Field: *My Password*
- Button: **Login**
- Link: [Forgot password?](#)

2. Point to and click in the *CCN* field. Enter your provider CMS Certification Number (CCN) and press the Tab key. The cursor advances to the *My Password* field. Enter the password you created when you registered your account and then select the **Login** button at the bottom of the page.

NOTE: If you do not remember your password, select the [Forgot password?](#) link at the bottom of the page and follow the instructions for requesting a new password. If you do not remember the email address you used when you registered for an account, or that email address is no longer available, please contact the QTSO Helpdesk for assistance by email at help@qtso.com or by phone at 1-877-201-4721.

In response to a successful login to the Hospice Quality Reporting Data Entry and Submission Site, the **Hospice Provider Information** page (Figure 8, below) is presented.

ENTER PROVIDER AND CONTACT INFORMATION

Upon successful login to the Hospice Quality Reporting Data Entry and Submission Site, the **Hospice Provider Information** page (Figure 8) is presented so that you may enter required information about your provider prior to entering HQRP data.

Figure 8. Hospice Provider Information Page (Partial)

Welcome CCN 111516! Logout

Hospice Quality Reporting Program

Provider Info | About

HOSPICE PROVIDER INFORMATION

Please provide information about your hospice below. All fields are required.

Hospice Provider CMS Certification Number (CCN).
CCN
111516

Enter the legal name and mailing address of your hospice organization.
Name
Mercy Hospice Central
Mailing Address

City

State
AL
ZIP Code

Enter the physical address of your hospice organization.
 Same As Mailing Address
Physical Address

City

State
AL
ZIP Code

NOTE: The *CCN*, *Name*, and *Telephone Number* fields on the **Hospice Provider Information** page are pre-filled with information you provided when you registered for an account. The *CCN* field is protected and cannot be changed. Modify the hospice name and telephone number only if necessary.

The features of the **Hospice Provider Information** page are listed below. Instructions for completing this page follow.

- Instruction text: Please provide information about your hospice below. All fields are required.
- Informational text: Your CMS Certification Number (CCN).
 - Field: *CCN*
- Instruction text: Enter the legal name and mailing address of your hospice organization.
 - Field: *Name*
 - Field: *Mailing Address*
 - Field: *Mailing Address Line 2 (no label)*
 - Field: *City*
 - Drop-down list: *State*
 - Field: *ZIP Code*
- Instruction text: Enter the physical address of your hospice organization.
 - Check box: *Same As Mailing Address*
 - Field: *Physical Address*
 - Field: *Physical Address Line 2 (no label)*
 - Field: *City*
 - Drop-down list: *State*
 - Field: *ZIP Code*
- Instruction text: The ten-digit business telephone of your hospice organization during regular business hours. This phone number must be entered without dashes or spaces.
 - Field: *Telephone Number*
- Instruction text: The name of a contact person with your hospice organization for questions about this information or the submitted HQRP data.
 - Field: *Contact Name*
 - Field: *Contact Phone*
 - Field: *Contact Email Address*
- Button: **Next>>**

To complete the **Hospice Provider Information** page:

- 1.** Verify that the *Name* field displays the complete, legal name of the hospice provider as it was certified by CMS. If the displayed name is inaccurate, point to and click in the *Name* field and modify the hospice name as necessary. Hint: If necessary, use the Backspace and/or Delete keys to erase characters.
- 2.** Point to and click in the first *Mailing Address* field. Enter the first line of the hospice provider's mailing address and press the Tab key. The cursor advances to the additional mailing address field.
- 3.** If necessary, enter second line of the hospice provider's mailing address and press the Tab key. The cursor advances to the *City* field.
- 4.** Enter the hospice provider's mailing address city in the *City* field and press the Tab key. The cursor advances to the *State* field.
- 5.** Point to and click on the down arrow associated with the *State* field to view an expanded list of states. If hospice provider's mailing address state is not in view, use the vertical scroll bar along the right side of the list to scroll down through the states. When the correct state is visible, point to and click on it to select it. Press the Tab key. The cursor advances to the *ZIP Code* field.
- 6.** Enter the hospice provider's mailing address ZIP code in the *ZIP Code* field and press the Tab key. The cursor advances to the *Same As Mailing Address* checkbox.

- 7.** If the hospice's physical (street) address is the same as its mailing address, press the Space bar or click on the *Same As Mailing Address* check box to place a check in the box. You may then skip the physical (street) address fields. The mailing address information you entered above is used for both the mailing and physical addresses. Point to and click on the *Telephone Number* field.
If the hospice's physical and mailing addresses are not the same, press the Tab key. The cursor advances to the first line of the *Physical Address* field. Enter the *Physical Address, City, State, and ZIP Code* information. Press the Tab key to advance to the *Telephone Number* field.
- 8.** Verify that the *Telephone Number* field displays the business telephone number of the hospice during regular business hours. If it is not correct, enter the hospice provider's business phone number, without dashes and spaces, and press the Tab key. The cursor advances to the *Contact Name* field.
- 9.** Enter the first and last name of a contact person who is able to answer questions about this hospice provider and its HQRP submissions, and press the Tab key. The cursor advances to the *Contact Phone* field.
- 10.** Enter the telephone number of the hospice provider's contact person and press the Tab key. The cursor advances to the *Contact Email Address* field.
- 11.** Enter the email address of the hospice provider's contact person
- 12.** When all fields are complete, select (click on) the **Next>>** button at the bottom of the page. The **Measure Data Entry Links And Submission Status** page (Figure 9) is presented.

NOTE: If you need to review the information you entered on the **Hospice Provider Information** page, select the *Provider Info* tab, which, once you are logged in, is available on every page of the Hospice Quality Reporting Data Entry and Submission Site.

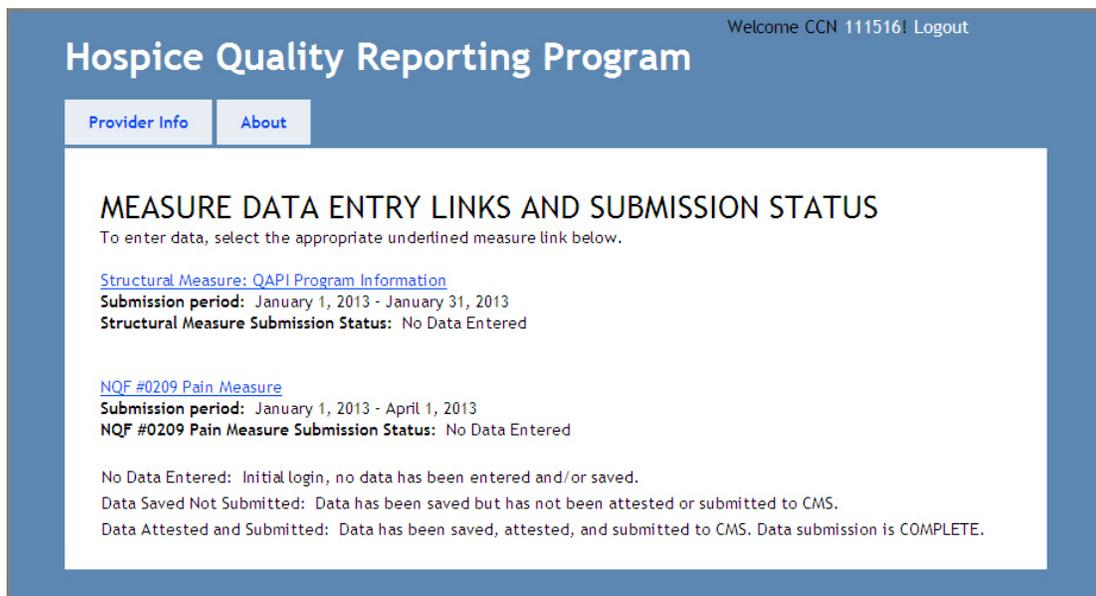
ENTER MEASURE DATA

The **Measure Data Entry Links And Submission Status** page (Figure 9) presents the following links with which you access the specific Hospice Quality Reporting Data Entry and Submission Site pages for HQRP measure data entry:

- [Structural Measure: QAPI Program Information](#)
- [NQF #0209 Pain Measure](#)

NOTE: The second and subsequent times you log into the Hospice Quality Reporting Data Entry and Submission site the **Measure Data Entry Links And Submission Status** page is presented in response to a successful login instead of the **Hospice Provider Information** page.

Figure 9. Measure Data Entry Links And Submission Status Page



The **Measure Data Entry Links And Submission Status** page also displays for each measure the submission period dates and the status of your data entry/submission.

Submission statuses include:

- No Data Entered – you have not entered and/or saved any measure data.
- Data Saved Not Submitted – you have entered and saved measure data, but not provided attestation or submitted the data to CMS.
- Data Attested and Submitted – you have entered, saved, attested, and submitted measure data to CMS.

NOTE: Providing attestation and submitting measure data are two distinct steps and are detailed later in this guide. To meet reporting requirements, both of these steps must be performed for each measure. Submission status for a measure does not change to “Data Submitted and Attested To” until both steps are completed.

Structural Measure

To enter data for the structural measure, perform the following:

1. On the **Measure Data Entry Links And Submission Status** page (Figure 9, above), select the Structural Measure: QAPI Program Information link. The **Structural Measure Information** page (Figure 10) is presented.

Figure 10. Structural Measure Information Page (Partial)

The screenshot shows the 'Structural Measure Information' page for the Hospice Quality Reporting Program. At the top right, it says 'Welcome CCN 111516! Logout'. Below the header, there are two tabs: 'Provider Info' and 'About'. The main content area is titled 'STRUCTURAL MEASURE INFORMATION' and includes the following text:

Data Collection Period October 1, 2012 through December 31, 2012

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1153. The time required to complete this information collection is estimated to average 150 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OMB Control # 0938-1153
Expiration Date 9/30/2015

Q1: Does your hospice have a Quality Assessment and Performance Improvement (QAPI) program that includes *three or more* quality indicators related to patient care?

Yes, our Hospice does have a QAPI program that includes three or more quality indicators related to patient care.

No, our Hospice does not have a QAPI program that includes at least three quality indicators related to patient care.

Q2: If your hospice's QAPI program includes at least one patient care-related quality indicator, include each indicator using the form provided below.

DOMAIN 1: PATIENT SAFETY

Sub-Domain 1: Infections

Topics:

- Infections - incidence/prevalence
- Infections - treatment
- Infections - other

Sub-Domain 2: Falls

The **Structural Measure Information** page presents three questions about your hospice's QAPI program. The features of the **Structural Measure Information** page are listed below. Instructions for completing this page follow.

- Informational text: Data Collection Period October 1, 2012 through December 31, 2012
- Informational text: PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1153. The time required to complete this information collection is estimated to average 150 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. OMB Control # 0938-1153. Expiration Date 9/30/2015.
- Question 1 text: Q1: Does your hospice have a Quality Assessment and Performance Improvement (QAPI) program that includes *three or more* quality indicators related to patient care?
- Radio button: Yes, our Hospice does have a QAPI program that includes three or more quality indicators related to patient care.
- Radio button: No, our Hospice does not have a QAPI program that includes at least three quality indicators related to patient care.
- Question 2 text: Q2: If your hospice's QAPI program includes at least one patient care-related quality indicator, include each indicator using the form provided below.
- Check boxes: The topics with which your hospice's quality indicators may be associated are provided as checkbox options for you to select for Q2. For quick access, topics are organized into the following domains and sub-domains:
 - Domain 1: Patient Safety
 - ◆ Sub-Domain 1: Infections
 - ◆ Sub-Domain 2: Falls
 - ◆ Sub-Domain 3: Medication Safety
 - ◆ Sub-Domain 4: Pressure Ulcers/Wounds
 - ◆ Sub-Domain 5: Oxygen Safety
 - ◆ Sub-Domain 6: Patient Safety or Incidents – Generally
 - ◆ Sub-Domain 7: Patient/Family Ratings of Care Regarding Patient Safety

- Domain 2: Physical Symptom Management
 - ◆ Sub-Domain 1: Pain
 - ◆ Sub-Domain 2: Dyspnea
 - ◆ Sub-Domain 3: Nausea
 - ◆ Sub-Domain 4: Bowel Management
 - ◆ Sub-Domain 5: Physical Symptoms - Other
- Domain 3: Care Coordination and Transitions
- Domain 4: Patient/Family Preferences
- Domain 5: Communication and Education
- Domain 6: Patient/Family Experience/Ratings of Care and/or Services
- Domain 7: Spiritual
- Domain 8: Structure and Process of Care
- Domain 9: Psychosocial
 - ◆ Sub-Domain 1: Depression
 - ◆ Sub-Domain 2: Anxiety
 - ◆ Sub-Domain 3: Social Support
 - ◆ Sub-Domain 4: Psychosocial Distress
 - ◆ Sub-Domain 5: Psychosocial - Other
- Domain 10: Grief, Bereavement, and Emotional Support

Topics in some domains are further organized into sub-domains.

- Question 3 text: Q3: Please indicate the data source(s) for your QAPI indicators. Check all that apply.
- Checkbox: *Electronic medical record*
- Checkbox: *Paper medical record*
- Checkbox: *Family survey/questionnaire*
- Checkbox: *Patient survey/questionnaire*
- Checkbox: *Incident report/log*
- Button: **<<Back**
- Button: **Save without Submitting**
- Button: **Save All and Attest Structural Measure**

NOTE: If you completed the Appendix A worksheet provided in the *User Guide for Hospice Quality Reporting Data Collection* refer to it now for the answers to the Structural Measure questions.

If you are unsure how to answer these questions, refer to the *User Guide for Hospice Quality Reporting Data Collection*, which is available on the Hospice Quality Reporting **Spotlight & Announcements** page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> in the “Downloads” section at the bottom of the page.

2. For Question 1, if your response is “Yes”, point to and click on the radio button corresponding to Yes so that a dot appears in the radio button. If your response is “No”, do nothing. The radio button corresponding to No is selected by default.
3. For Question 2, point and click on (check) the checkbox corresponding to each topic for which your hospice’s QAPI program includes at least one patient care-related quality indicator. Check all that apply.
4. For Question 3, point and click on (check) the checkboxes corresponding to the source(s) of your QAPI indicators. Check all that apply.

Three buttons are available at the bottom of the page (Figure 11) for you to indicate how you wish to proceed. Please read the descriptions of all three buttons before proceeding.

Figure 11. Structural Measure Information Page Buttons

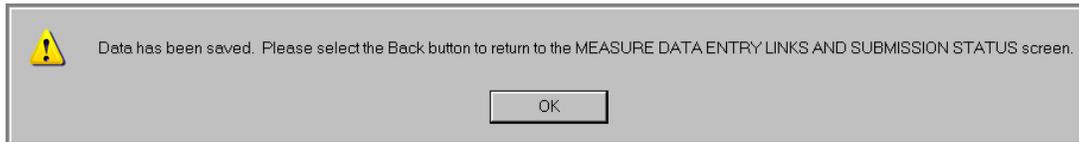


The action(s) initiated by each button are described as follows:

- **<<Back** – select (click on) this button to return to the **Measure Data Entry Links And Submission Status** page. You may return to the **Structural Measure Information** page at a later time to complete your measure data entry and then proceed with attestation and submission.

- **Save without Submitting** – select this button to save the entries you made on the **Structural Measure Information** page. In response, a pop-up **Message** window (Figure 12) is presented, indicating that your measure data were saved.

Figure 12. Save Without Submitting Response Pop-Up



The pop-up **Message** window instructs you to select the **<<Back** button if you wish to return to the **Measure Data Entry Links and Submission Status** page. Select the **OK** button to continue.

After selecting the **OK** button, you remain on the **Structural Measure Information** page and may make additional entries and/or modifications. When your entries are complete, go to the bottom of the page and select the **Save without Submitting** button again. You may select the **Save without Submitting** button multiple times throughout your data entry session.

NOTE: Use the **Save without Submitting** button if you plan to edit your Structural Measure information at a later date, but prior to January 31, 2013.

- **Save All and Attest Structural Measure** – when you are ready to attest and submit your data to CMS, select this button to save the entries you made on the **Structural Measure Information** page and proceed to the **Attestation** page.
 - If you select the **Save All and Attest Structural Measure** button but do not complete the attestation, the submission of your data is **not complete**. Until you complete the attestation, you may modify your entries. If you modify your entries you must select the **Save All and Attest Structural Measure** button again and then complete the attestation. Attestation and submission must be completed by January 31, 2013.
 - Once you complete the attestation, your structural measure submission is complete. Your entries are available for you to view, but not modify.

NOTE: If you log out of the system without selecting one of the buttons at the bottom of the **Structural Measure Information** page, data you entered will be lost.

5. To attest and submit your measure data to CMS, select the **Save All and Attest Structural Measure** button. The **Structural Measure Attestation** page (Figure 13) is presented.

Figure 13. Structural Measure Attestation Page

Welcome CCN 111516! Logout

Hospice Quality Reporting Program

Provider Info About

STRUCTURAL MEASURE ATTESTATION

Hospice Provider Information

CCN: 111516

Mailing Address:
1234 Main St
Des Moines
IA
50301

Physical Address:
1234 Main St
Des Moines
IA
50301
5155551516

Contact Information:
Jane Doe
5155551516
jdoe@mercyhospice.com

Attestation

"I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment."

To attest, enter the password for your account and click 'I Attest and Submit'.

<< Back I Attest and Submit I Decline

NOTE: To meet the quality reporting requirements for the FY 2014 payment determination, data entry, submission, and attestation must be completed by January 31, 2013, for the Structural Measure.

The features of the **Structural Measure Attestation** page are listed below. Instructions for completing this page follow.

- Hospice Provider Information text – the information you entered on the **Hospice Provider Information** page:
 - CCN
 - Mailing Address
 - Physical Address
 - Contact Information
- Attestation text:

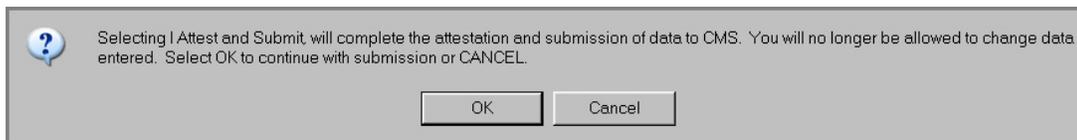
“I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.”
- Password field: *To attest enter the password for your account and click “I Attest and Submit”.*
- Button: **<<Back**
- Button: **I Attest and Submit**
- Button: **I Decline**

The buttons at the bottom of the page allow you to indicate how you wish to proceed. Please read the following descriptions of the buttons before proceeding:

- **<<Back** – select (click on) this button to return to the **Measure Data Entry Links And Submission Status** page. You may return to the **Structural Measure Information** page at a later time to complete your measure data entry and then proceed with attestation and submission.

- **I Attest and Submit** – select this button to proceed with attestation and submission. In response, a pop-up **Message** window (Figure 14) is presented.

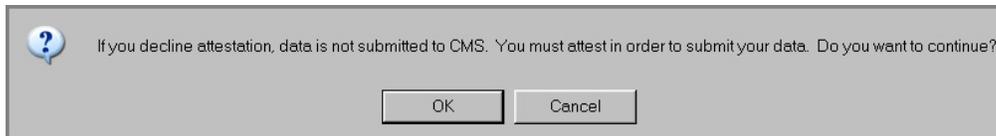
Figure 14. I Attest Pop-Up Window



The **I Attest** pop-up **Message** window informs you that by selecting the **I Attest and Submit** button you have chosen to complete the attestation and submission process. Once the attestation and submission process is complete, your data are locked and you are no longer allowed to make changes. If you do not wish to submit and lock your data at this time, select the **Cancel** button. Select the **OK** button to submit your data.

- **I Decline** – select this button to cancel the attestation and submission process. In response, a pop-up **Message** window (Figure 15) is presented.

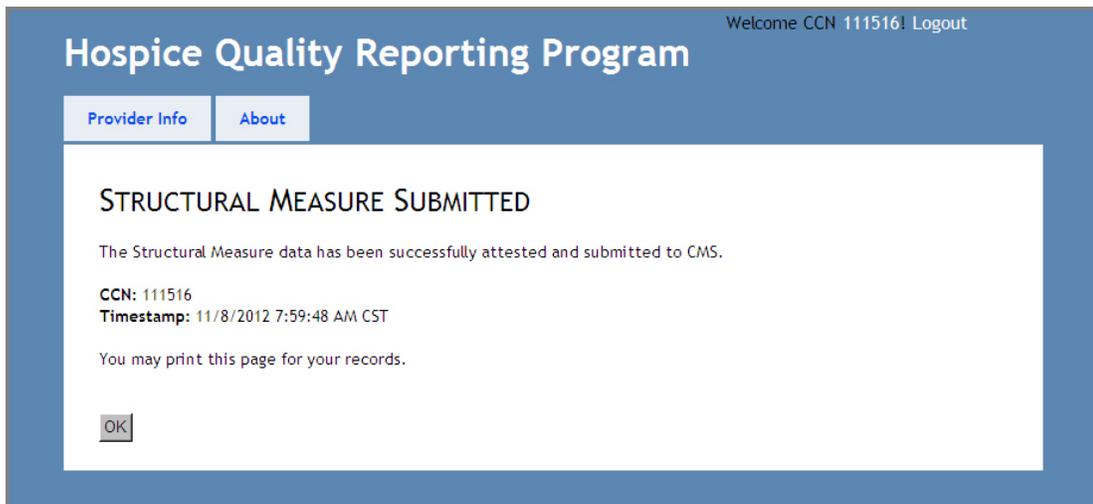
Figure 15. I Decline Pop-Up Window



The **I Decline** pop-up **Message** window informs you that when you decline attestation, your data are not submitted to CMS. You must attest in order to submit your data. If you do not wish to decline attestation at this time, select the **Cancel** button. Select the **OK** button if you still wish to decline attestation.

6. Complete your attestation by pointing to and clicking in the password field and then entering your password for the Hospice Quality Reporting Data Entry and Submission Site. Select the **I Attest and Submit** button. The **Structural Measure Submitted** page (Figure 16) is presented.

Figure 16. Structural Measure Submitted Page



NOTE: The **Structural Measure Submitted** page is the only confirmation you will receive that your measure data submission is complete. Please use your browser's print function to print this page for your records.

7. Select the **OK** button. The **Measure Data Entry Links And Submission Status** page (Figure 17) is presented.

Figure 17. Measure Data Entry Links And Submission Status Page



The status of your submission is “Data Attested and Submitted.”

NOTE: Your Structural Measure data are now locked. If you return to the **Structural Measure Information** page, you may view, but not modify your measure data.

NQF #0209 Pain Measure

To enter data for the pain measure, perform the following steps:

- 1.** Login to the Hospice Quality Reporting Data Entry and Submission Site. The **Measure Data Entry Links And Submission Status** page (Figure 18) is presented.

Figure 18. Measure Data Entry Links And Submission Status Page



- 2.** Select the [NQF #0209 Pain Measure](#) link. The **NQF #0209 Pain Measure** page (Figure 19) is presented.

Figure 19. NQF #0209 Pain Measure Page

Welcome CCN 111516! Logout

Hospice Quality Reporting Program

[Provider Info](#) [About](#)

NQF #0209 PAIN MEASURE

Brief Description of Measure: Number of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who report that pain was brought to a comfortable level within 48 hours.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1153. The time required to complete this information collection is estimated to average 10,710 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OMB Control # 0938-1153
Expiration Date 9/30/2015

1: Enter the number of admissions during the data collection period (October 1, 2012 through December 26, 2012).

2: Pain Measure Denominator: Enter the number of patients who answered YES to the question "are you uncomfortable because of pain?" at the initial assessment (after admission to hospice services) during the data collection period.

3: Enter the number of patients who answered NO to the question "are you uncomfortable because of pain?" at initial assessment (after admission to hospice services) during the data collection period.

4: Enter the number of patients excluded.

5: Pain Measure Numerator: Enter the number of patients who answered YES to the question "was your pain brought to a comfortable level within 48 hours of the start of hospice care?" during the data collection period.

6: Enter the number of patients who answered NO to the question "was your pain brought to a comfortable level within 48 hours of the start of hospice care?" during the data collection period.

7: Enter the number of patients unable to self report at follow-up.

Measure Score

[<< Back](#) [Save without Submitting](#) [Save All and Attest NQF #0209](#)

The **NQF #0209 Pain Measure** page presents the seven data elements of the NQF pain measure that reflect the number of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who then report that pain was brought to a comfortable level within 48 hours. The features of the **NQF #0209 Pain Measure** page are listed below. Instructions for completing this page follow.

- Informational text: Brief Description of Measure: Number of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who report pain was brought to a comfortable level within 48 hours.
- Informational text: PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1153. The time required to complete this information collection is estimated to average 150 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. OMB Control # 0938-1153. Expiration Date 9/30/2015.
- Field: 1: *Enter the number of admissions during the data collection period (October 1, 2012 through December 26, 2012).*
- Field: 2: *Pain Measure Denominator: Enter the number of patients who answered YES to the question “are you uncomfortable because of pain?” at the initial assessment (after admission to hospice services) during the data collection period.*
- Field: 3: *Enter the number of patients who answered NO to the question “are you uncomfortable because of pain?” at the initial assessment (after admission to hospice services) during the data collection period.*
- Field: 4: *Enter the number of patients excluded.*
- Field: 5: *Pain Measure Numerator: Enter the number of patients who answered YES to the question “was your pain brought to a comfortable level within 48 hours of the start of hospice care?” during the data collection period.*

- Field: 6: *Enter the number of patients who answered NO to the question “was your pain brought to a comfortable level within 48 hours of the start of hospice care?” during the data collection period.*
- Field: 7: *Enter the number of patients unable to self report at follow-up.*
- Button: **<<Back**
- Button: **Save without Submitting**
- Button: **Save All and Attest NQF #0209**

NOTE: If you completed the Appendix C worksheet provided in the *User Guide for Hospice Quality Reporting Data Collection* refer to it now for the answers to the NQF #0209 Pain Measure data elements.

If you are unsure how to complete these seven data elements, refer to the *User Guide for Hospice Quality Reporting Data Collection*, which is available on the Hospice Quality Reporting **Spotlight & Announcements** page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> in the “Downloads” section at the bottom of the page.

3. To enter your response for Question 1, point to and click in the first field and type the appropriate response. Press the Tab key to advance the cursor to the field for Question 2.

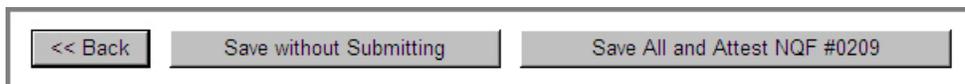
NOTE: The responses you enter in the NQF #0209 Pain Measure fields must be no greater than 99999.

4. Type the appropriate response for Question 2 and press the Tab key. The cursor advances to the field for Question 3.
5. Type the appropriate response for Question 3 and press the Tab key. The cursor advances to the field for Question 4.
6. Type the appropriate response for Question 4 and press the Tab key. The cursor advances to the field for Question 5.

7. Type the appropriate response for Question 5 and press the Tab key. The cursor advances to the field for Question 6.
8. Type the appropriate response for Question 6 and press the Tab key. The cursor advances to the field for Question 7.
9. Type the appropriate response for Question 7.

Three buttons are available at the bottom of the page (Figure 20) for you to indicate how you wish to proceed. Please read the descriptions of all three buttons before proceeding.

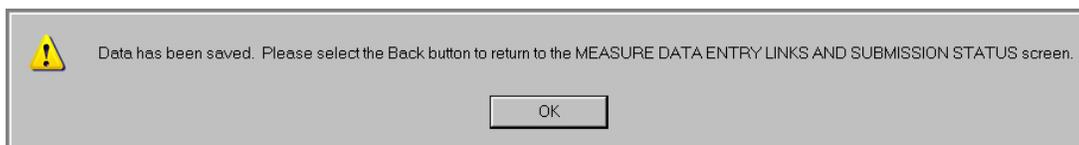
Figure 20. NQF #0209 Pain Measure Page Buttons



The action(s) initiated by each button are described as follows:

- **<<Back** – select (click on) this button to return to the **Measure Data Entry Links And Submission Status** page. You may return to the **NQF #0209 Pain Measure** page at a later time to complete your measure data entry and then proceed with attestation and submission.
- **Save without Submitting** – select this button to save the entries you made on the **NQF #0209 Pain Measure** page. In response, a pop-up **Message** window (Figure 21) is presented, indicating that your measure data were saved.

Figure 21. Save Without Submitting Response Pop-Up



The pop-up **Message** window instructs you to select the **<<Back** button if you wish to return to the **Measure Data Entry Links and Submission Status** page. The **Message** window includes an **OK** button. Select the **OK** button to continue.

After selecting the **OK** button, you remain on the **NQF #0209 Pain Measure** page and may make additional entries and/or modifications.

When your entries are complete, go to the bottom of the page and select the **Save without Submitting** button again. You may select the **Save without Submitting** button multiple times throughout your data entry session.

When you select the **Save without Submitting** button, your Measure Score is calculated and displayed at the bottom of the page (Figure 22).

Figure 22. NQF #209 Pain Measure Score Calculated



The Measure Score is the calculated percentage of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who subsequently report that pain was brought to a comfortable level within 48 hours.

NOTE: Use the **Save without Submitting** button if you wish to edit your NQF #0209 Pain Measure information at a later date, but prior to April 1, 2013.

- **Save All and Attest NQF #0209** – when you are ready to submit your data to CMS, select this button to save the entries you made on the **NQF #0209 Pain Measure** page and proceed to the **Attestation** page.
 - If you select the **Save All and Submit NQF #0209** button but do not complete the attestation, the submission of your data is **not complete**. Until you complete the attestation, you may modify your entries. If you modify your entries you must select the **Save All and Submit NQF #0209** button again and then complete the attestation. Submission and attestation must be completed by April 1, 2013.
 - Once you complete the attestation, your pain measure submission is complete. Your entries are available for you to view, but not modify.

NOTE: If you log out of the system without selecting one of the buttons at the bottom of the **NQF #0209 Pain Measure page**, data you entered will be lost.

- 10.** To attest and submit your measure data to CMS, select the **Save All and Attest NQF #0209** button. The **NQF #0209 Pain Measure Attestation** page (Figure 23) is presented.

Figure 23. NQF #0209 Pain Measure Attestation Page

Welcome CCN 111516! Logout

Hospice Quality Reporting Program

[Provider Info](#) [About](#)

NQF #0209 PAIN MEASURE ATTESTATION

Measure Score 97.78%

Hospice Provider Information

CCN: 111516

Mailing Address:
1234 Main St
Des Moines
IA
50301

Physical Address:
1234 Main St
Des Moines
IA
50301
5155551516

Contact Information:
Jane Doe
5155551516
jdoe@mercyhospice.com

Attestation

"I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment."

To attest, enter the password for your account and click 'I Attest and Submit'.

[<< Back](#) [I Attest and Submit](#) [I Decline](#)

NOTE: To meet the quality reporting requirements for the FY 2014 payment determination, data entry, submission, and attestation must be completed by April 1, 2013, for the Pain Measure.

The features of the **NQF #0209 Pain Measure Attestation** page are listed below. Instructions for completing this page follow.

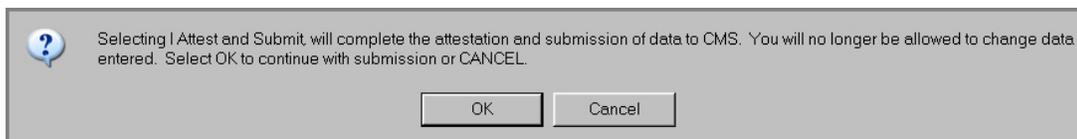
- Informational text: Measure Score – the percentage of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who subsequently report that pain was brought to a comfortable level within 48 hours.
- Hospice Provider Information text – the information you entered on the **Hospice Provider Information** page:
 - CCN
 - Mailing Address
 - Physical Address
 - Contact Information
- Attestation text:

“I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.”
- Password field: *To attest enter the password for your account and click “I Attest and Submit”.*
- Button: **<<Back**
- Button: **I Attest and Submit**
- Button: **I Decline**

The buttons at the bottom of the page allow you to indicate how you wish to proceed. Please read the following descriptions of the buttons before proceeding:

- <<**Back** – select (click on) this button to return to the **Measure Data Entry Links And Submission Status** page. You may return to the **NQF #0209 Pain Measure** page at a later time to complete your measure data entry and then proceed with attestation and submission.
- **I Attest and Submit** – select this button to proceed with attestation and submission. In response, a pop-up **Message** window (Figure 24) is presented.

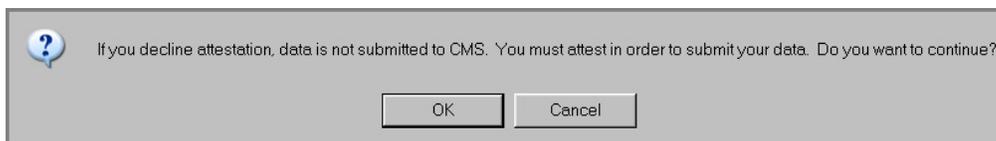
Figure 24. I Attest Pop-Up Window



The **I Attest** pop-up **Message** window informs you that by selecting the **I Attest and Submit** button you have chosen to complete the attestation and submission process. Once the attestation and submission process is complete, your data are locked and you are no longer allowed to make changes. If you do not wish to submit and lock your data at this time, select the **Cancel** button. Select the **OK** button to submit your data.

- **I Decline** – select this button to cancel the attestation and submission process. In response, a pop-up **Message** window (Figure 25) is presented.

Figure 25. I Decline Pop-Up Window



The **I Decline** pop-up **Message** window informs you that when you decline attestation, your data are not submitted to CMS. You must attest in order to submit your data. If you do not wish to decline attestation at this time, select the **Cancel** button. Select the **OK** button if you still wish to decline attestation.

- 11.** Complete your attestation by pointing to and clicking in the password field and then entering your password for the Hospice Quality Reporting Data Entry and Submission Site. Select the **I Attest and Submit** button. The **NQF #0209 Pain Measure Submitted** page (Figure 26) is presented.

Figure 26. NQF #0209 Pain Measure Submitted Page



NOTE: The **NQF #0209 Pain Measure Submitted** page is the only confirmation you will receive that your measure data submission is complete. Please use your browser's print function to print this page for your records.

- 12.** Select the **OK** button. The **Measure Data Entry Links and Submission Status** page (Figure 27) is presented.

Figure 27. Measure Data Entry Links and Submission Status Page

The screenshot shows a web page titled "Hospice Quality Reporting Program" with a blue header. In the top right corner, it says "Welcome CCN 111516! Logout". Below the header are two tabs: "Provider Info" and "About". The main content area is titled "MEASURE DATA ENTRY LINKS AND SUBMISSION STATUS" and includes the instruction: "To enter data, select the appropriate underlined measure link below." There are two measure links: "Structural Measure: QAPI Program Information" and "NQF #0209 Pain Measure". The first link has a submission period of "January 1, 2013 - January 31, 2013" and a status of "Data Attested and Submitted - 11/8/2012 7:59:48 AM". The second link has a submission period of "January 1, 2013 - April 1, 2013" and a status of "NQF #0209 Pain Measure Submission Status: Data Attested and Submitted - 11/13/2012 3:49:04 PM CST", which is highlighted with a red box. At the bottom, there are three status definitions: "No Data Entered: Initial login, no data has been entered and/or saved.", "Data Saved Not Submitted: Data has been saved but has not been attested or submitted to CMS.", and "Data Attested and Submitted: Data has been saved, attested, and submitted to CMS. Data submission is COMPLETE."

The status of your submission is “Data Attested and Submitted.”

NOTE: Your NQF #0209 Pain Measure data are now locked. If you return to the **NQF #0209 Pain Measure** page, you may view, but not modify your measure data.