

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

January 1 – April 1, 2014

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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 Site 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 you may access on the Hospice Quality Reporting **Data Collection** page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Collection.html>. To access the guide, select the User Guide for Data Collection FY2015 Reporting Cycle link 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:

Convention	Description
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 e-mail 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.

Convention	Description
Cursor	A blinking vertical line () 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
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 QIES Technical Support Office (QTSO) Help Desk by phone at 1-877-201-4721 or e-mail 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 A.M. – 7:00 P.M 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, 2014, through April 1, 2014. Providers should check the Hospice Quality Reporting **Spotlight and Announcements** page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> for announcements regarding the data entry and submission site.

NOTE: Accounts established for the submission of FY 2014 Reporting Cycle HQRP data (data collected in Q4 of 2012) are no longer available. Each provider submitting FY 2015 Reporting Cycle HQRP data (data collected in CY 2013) must register for an account specifically for the new submission period in 2014.

PURPOSE AND EXPLANATION OF DATA COLLECTION

The Hospice Quality Reporting Program (HQRP) was mandated by Section 3004 of the Affordable Care Act (ACA). As part of the HQRP, all Medicare-certified hospices are required to submit quality data to CMS. Currently, hospice providers submit quality data in the form of facility-level quality measure data to CMS. Quality measures for each HQRP cycle are selected by CMS. Through rulemaking processes, hospice providers are notified of HQRP quality measures, data collection periods, data submission deadlines, and other requirements.

Providers that fail to meet HQRP requirements as specified in rulemaking will receive a 2 percentage point reduction in their Annual Payment Update (APU) for the upcoming fiscal year (FY). The HQRP is currently a “pay-for-reporting” program, meaning it is the act of submitting required data by specified deadlines that determines compliance. Performance level on quality measures is not a factor in determining compliance and APU.

The HQRP currently operates on a cycle of data collection, data submission, and payment impact that spans three years. HQRP reporting cycles are referenced by the FY they impact. For example, the current HQRP cycle – the FY 2015 Cycle – will consist of data collection in Calendar Year (CY) 2013, data submission in CY 2014, impacting the APU for FY 2015. *See Table 1, below.*

To avoid a reduction in the APU for FY 2015, all hospice providers that are Medicare-certified and have a valid CCN (CMS Certification Number; also known as the Medicare Provider Number) as of March 3, 2014, are required to collect and submit data to CMS for two measures: the structural measure and the NQF #0209 Pain Measure. Hospice providers must submit data for both measures to CMS no later than April 1, 2014 to comply with reporting requirements. Hospice providers will submit their data to CMS using a web-based data entry system. This user’s guide provides details of the data submission process for submitting FY 2015 hospice quality reporting data.

Table 1. FY 2015 Reporting Cycle Activities

CY 2013	CY 2014	FY 2015
Data Collection for 2 required measures: structural measure and NQF #0209 measure	Data Submission by April 1, 2014 for 2 required measures: structural measure and NQF #0209	Payment Impact: data collected in 2013 and submitted in 2014 affects APU in FY2015 (effective 10/1/2014)

WHO, WHAT, WHEN & HOW

Who:

All hospice providers that are Medicare-certified and have a valid CMS Certification Number (CCN, or Medicare Provider Number) as of March 3, 2014, are required to collect and submit data to meet the requirements for the FY 2015 Reporting Cycle.

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.

Quality Measure reporting is required for all patients, which includes:

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

What:

For FY 2015 Reporting Cycle, providers will be required to submit data for two measures to CMS:

1. The structural measure – providers will answer one yes/no question regarding their Quality Assessment and Performance Improvement (QAPI) Program to fulfill reporting requirements for this measure. Answering the single yes/no question fulfills requirements for this measure; no other data or performance scores will be submitted.
 - Data Collection: providers need to keep documentation of the Quality Indicators (QIs) that they use in their QAPI programs. Hospices do not need to collect/submit any patient- or facility-level QI/QAPI data to meet the structural measure reporting requirements.
 - Data Submission: providers must submit their answer to the structural measure question by April 1, 2014 to comply with requirements.
2. The NQF #0209 Pain Measure – providers will collect patient-level data and submit facility-level data to CMS.
 - Data Collection: providers should collect NQF #0209 pain measure data on all admissions January 1, 2013 – December 26, 2013 to comply with reporting requirements.

- **Data Submission:** providers will aggregate their calendar year 2013 data and submit their NQF #0209 data by April 1, 2014 to comply with reporting requirements for the measure. All NQF #0209 data collected during 2013 will be reported once in 2014; there will be no quarterly reporting for the FY 2015 Reporting Cycle.

APU Determination:

The FY 2015 Reporting Cycle is “pay for reporting.” This means that compliance with HQRP requirements and APU determination is based on the *act of submitting data* for both measures by the required deadline – April 1, 2014. Performance level is *not* a consideration in determining a hospice provider’s APU at this time.

When:

For the FY 2015 Reporting Cycle, there is a single reporting deadline for both the NQF #0209 and the structural measure. Data for both measures must be submitted to CMS via the data entry website no later than April 1, 2014. Data will be submitted in 2014 for the entire Calendar Year 2013; there will be no quarterly or monthly data reporting.

How:

Hospice providers will enter their data online and submit them to CMS using the designated data entry site.

- The Hospice Quality Reporting Data Entry and Submission Site will be active for data entry and submission January 1, 2014 – April 1, 2014.
- Providers will be able to access the data entry site through the “Data Submission” portion of the CMS Hospice Quality Reporting Program (HQRP) website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Submission.html>, at the bottom of the webpage under “Related Links.”
- 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.

ACCESS THE HOSPICE QUALITY REPORTING DATA ENTRY AND SUBMISSION SITE

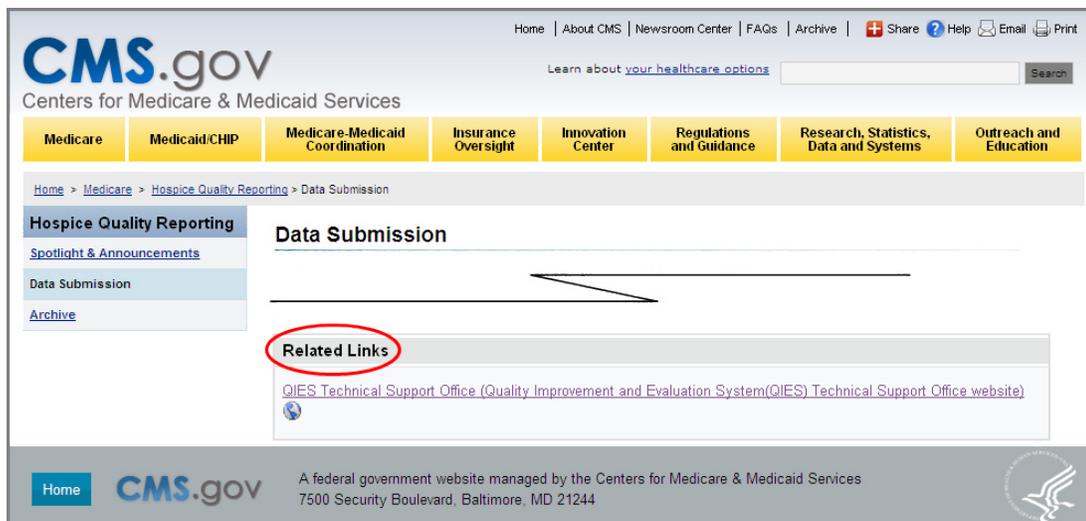
NOTE: Prior to accessing the Hospice Quality Reporting Data Entry and Submission Site:

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 **Data Collection** page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Collection.html>. To access the guide, select the User Guide for Data Collection FY2015 Reporting Cycle link 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 and Submission Site:

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 Data Submission Page at CMS.gov



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 2014, through April 1, 2014, 11:59:59 P.M. ET. We encourage providers to register accounts and begin the data submission process without delay.

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 for the submission of FY 2014 Reporting Cycle HQRP data (data collected in Q4 of 2012) are no longer available. Each provider submitting FY 2015 Reporting Cycle HQRP data (data collected in CY 2013) January 2014, through April 1, 2014, must register for and activate an account specifically for the current reporting initiative.

- 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 and submitting HQRP data for *both* measures.

Before users authorized to enter 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 for the submission of FY 2014 Reporting Cycle HQRP data (data collected in Q4 of 2012) are no longer available. Each provider submitting FY 2015 Reporting Cycle HQRP data (data collected in CY 2013) January 2014, through April 1, 2014, must register for and activate an account specifically for the current reporting initiative. Registration may occur only between January 2014, and April 1, 2014.

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

Hospice Quality Reporting Program Register Login

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

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*
- Fields: *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 (also known as the Medicare Provider 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 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 first of three *Hospice Phone Number* fields.
- 6.** Enter the hospice provider's business phone number into the three fields provided, without dashes and spaces. After you enter the area code in the first field, the cursor advances automatically to the second field and, likewise, to the third field after you enter the next three digits. After you enter the 10th digit of the phone number, the cursor automatically advances to the *Email Address* field.
- 7.** As the individual authorized by the hospice to enter and submit HQRP data for both measures, enter your e-mail address. Upon completion of the **Register An Account** page, a message that includes an activation link is sent to this e-mail account so that you may complete the registration process. After entering your e-mail address, press the Tab key. The cursor advances to the *Confirm Email Address* field.
- 8.** Because your e-mail address is a vital part of the registration process, enter your e-mail 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 e-mail addresses due to typographical errors. After re-entering your e-mail 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.

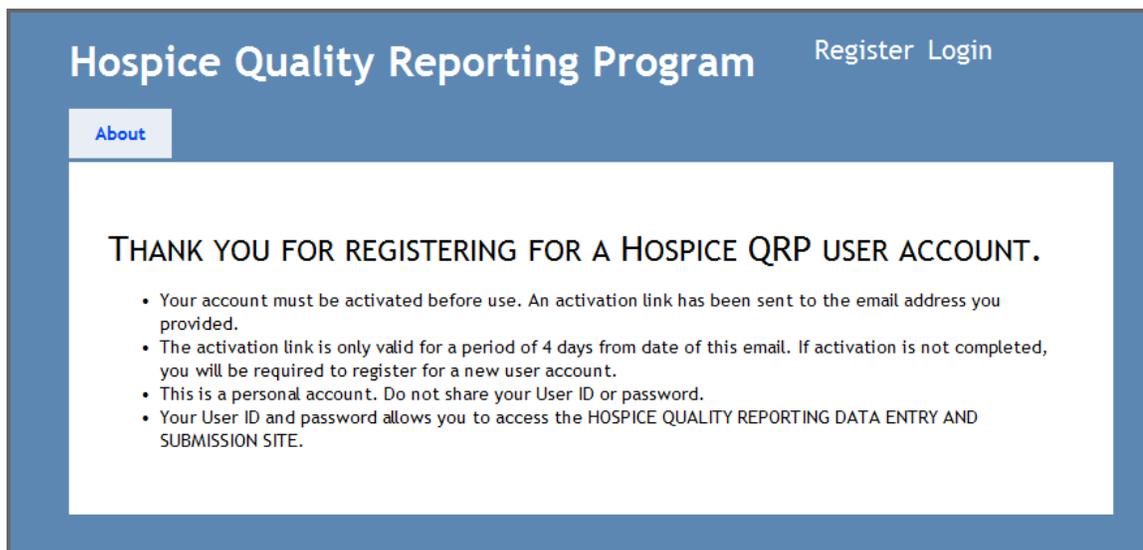
NOTE: To maintain password privacy, when you type in the *Password* and *Confirm Password* fields, a solid circle displays for each character you type. If the characters you type in the *Password* and *Confirm Password* fields do not match exactly, an error occurs. Re-type your password in both fields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

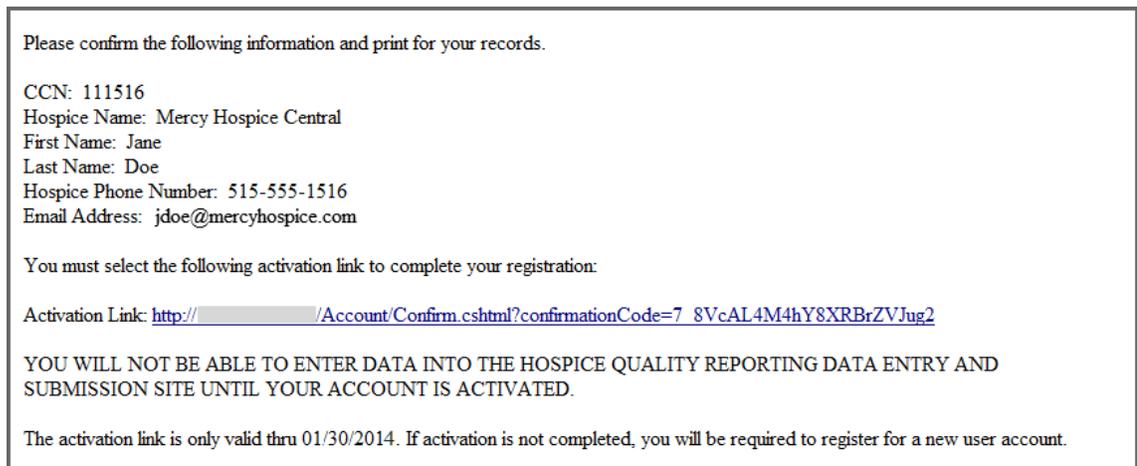
- Your account must be activated before use. An activation link has been sent to the email address you provided.
- The activation link is only valid for a period of 4 days from the date of this email. If activation is not completed, you will be required to register for a new user account.
- This is a personal account. Do not share your User ID or password.
- Your User ID and password allows you to access the HOSPICE QUALITY REPORTING DATA ENTRY AND SUBMISSION SITE.

NOTE: Your hospice provider's CMS Certification Number (CCN) is the user ID for your account.

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

NOTE: If you do not receive the confirmation e-mail message within 30 minutes, please contact the QTSO Help Desk for assistance by e-mail at help@qtso.com or by phone at 1-877-201-4721. It may be beneficial to add hospice.quality.report@GDIT.com to your contact list. Additionally, please check your spam folder prior to contacting the QTSO Help Desk.

Figure 5. Confirmation and Activation E-mail Message



The confirmation e-mail 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)
- “You will not be able to enter data into the Hospice Quality Reporting Data Entry and Submission Site until you account is activated. The activation link is only valid thru mm/dd/yyyy. If activation is not completed, you will be required to register for a new user account.”

13. Verify that the information included in the confirmation e-mail message is accurate. If the CCN is incorrect, please contact the QTSO Help Desk for assistance by e-mail 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 e-mail message is accurate, select (click on) the activation link. The **Registration Activation Confirmation Page** (Figure 6) is presented.

Figure 6. Registration Activation Confirmation Page



The **Registration Activation 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 and reiterates the following:

- Your Hospice User ID (CCN)
- Your First Name
- Your Last Name
- Registered Email Address
- Hospice Phone Number
- Hospice Provider Name

Save this information or print this page for your records.

NOTE: Since each hospice can authorize and designate only one user who is responsible for submitting HQRP data, if it becomes necessary to replace one registered user with another, the first user must be deactivated. For this purpose, a *Hospice Individual User Deactivation Request* form is available on the QTSO website at <https://www.qtso.com> in the Access Request Forms area of the Home page. The form includes instructions for completing and submitting the deactivation request. If you have questions you may contact the QTSO Help Desk by phone at 1-877-201-4721 or e-mail at help@qtso.com.

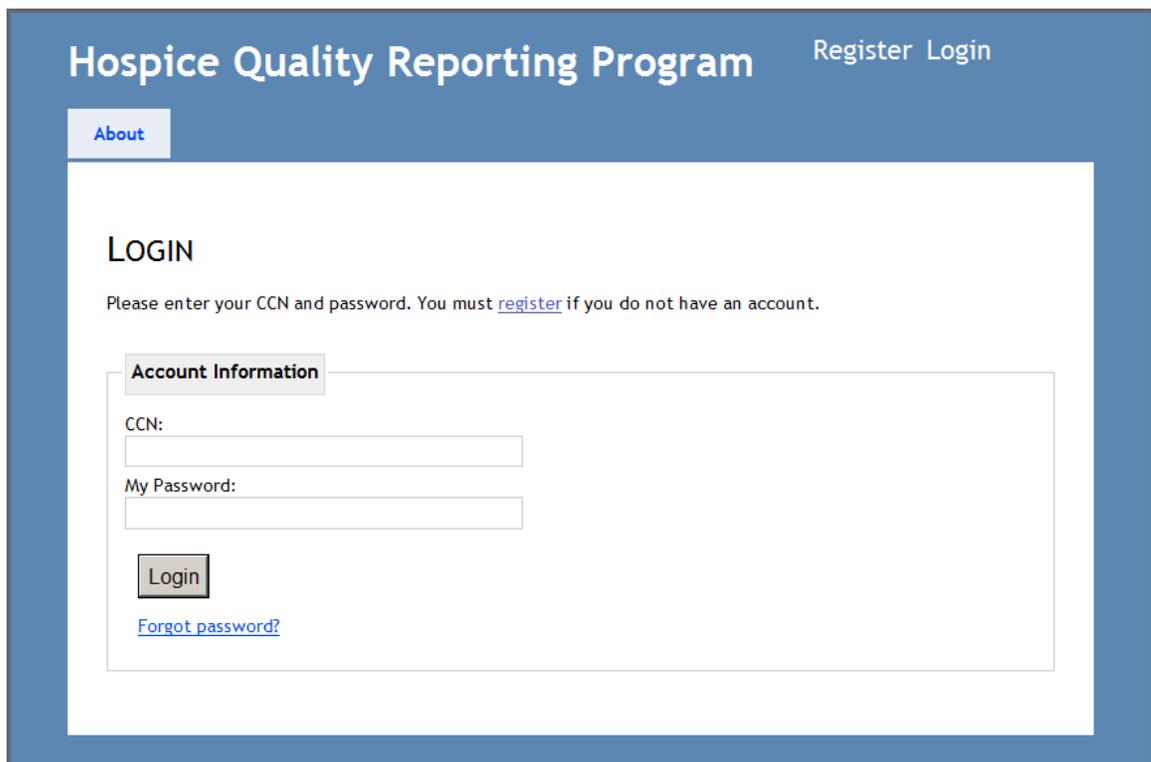
LOGIN TO THE HOSPICE QUALITY REPORTING DATA ENTRY AND SUBMISSION SITE

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



Hospice Quality Reporting Program Register Login

About

LOGIN

Please enter your CCN and password. You must [register](#) if you do not have an account.

Account Information

CCN:

My Password:

Login

[Forgot password?](#)

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 e-mail address you used when you registered for an account, or that e-mail address is no longer available, please contact the QTSO Help Desk for assistance by e-mail 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.

NOTE: After 25 minutes with no interaction with the server, a pop-up dialog box warns you that your online session will soon timeout and asks if you would like to extend it. Select the **OK** button to extend your session. When your session expires you are automatically logged off of the Hospice Quality Reporting Data Entry and Submission Site. Any unsaved data that you entered is discarded. You must log in with your user ID and password in order to use the Hospice Quality Reporting Data Entry and Submission Site once again.

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)

The screenshot shows the 'Hospice Provider Information' page. At the top, there is a blue header with the text 'Hospice Quality Reporting Program' and 'Welcome CCN 111516! Logout'. Below the header are two tabs: 'Provider Info' (active) and 'About'. The main content area is titled 'HOSPICE PROVIDER INFORMATION' and includes the instruction 'Please provide information about your hospice below. All fields are required.' The form is divided into two sections: 'Legal Name and Mailing Address' and 'Physical Address'. The 'Legal Name and Mailing Address' section includes fields for 'Hospice Provider CMS Certification Number (CCN)' (with '111516' entered), 'Name' (with 'Mercy Hospice Central' entered), 'Mailing Address', 'City', 'State' (a dropdown menu with 'AL' selected), and 'ZIP Code'. The 'Physical Address' section includes a checkbox for 'Same As Mailing Address' (unchecked), 'Physical Address', 'City', 'State' (a dropdown menu with 'AL' selected), and '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: Hospice Provider 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: Enter the ten-digit business telephone of your hospice organization during regular business hours. (Use numerals only, no dashes, spaces, or other characters).
 - Fields: *Telephone Number*
- Instruction text: Enter the contact information for a person at your hospice organization who will be able to answer questions about the data entered on this website. This may or may not be the individual who completes the data entry on this data entry website.
 - 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 the 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 first *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 first *Telephone Number* field.
- 8.** Verify that the *Telephone Number* fields display 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. When the last field is filled, the cursor automatically 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 first *Contact Phone* field.
- 10.** Enter the telephone number of the hospice provider's contact person. When the last field is filled, the cursor automatically advances to the *Contact Email Address* field.
- 11.** Enter the e-mail 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 wish to review or modify 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. Once the data submission period has ended on April 1, 2014, at 11:59:59 PM ET, you may no longer modify provider information.

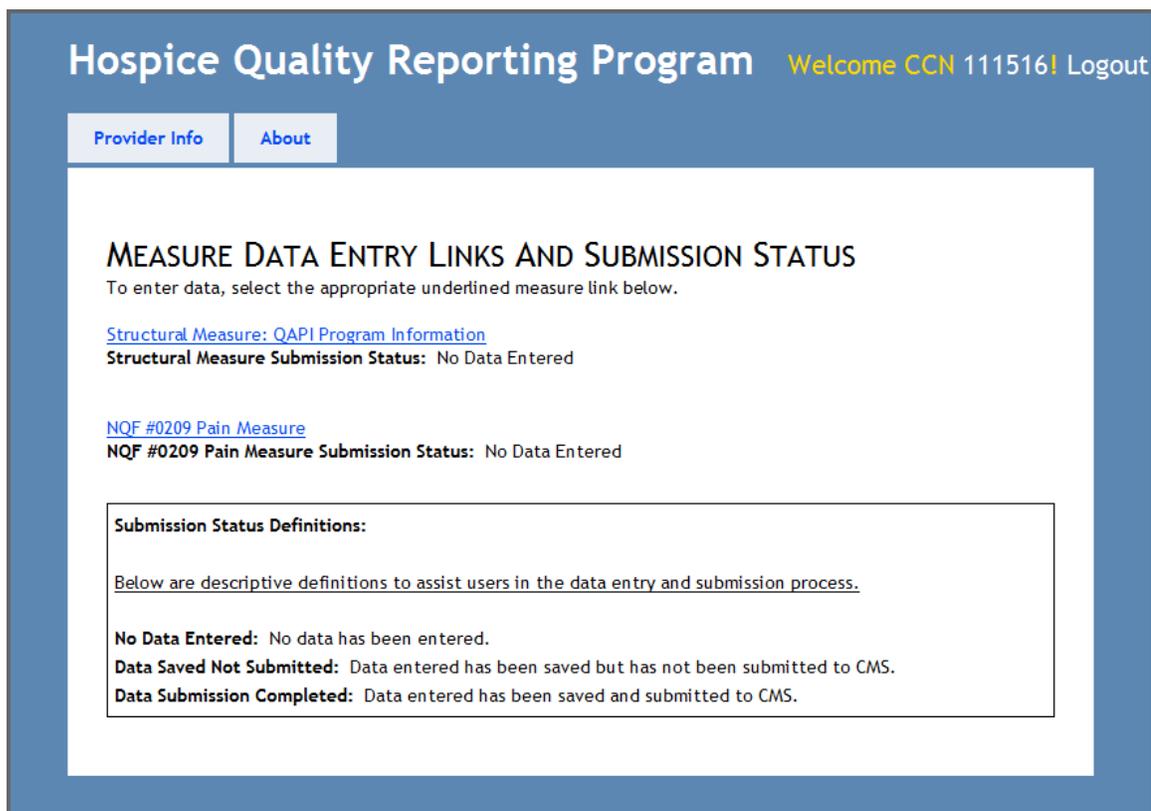
ENTER MEASURE DATA

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



Hospice Quality Reporting Program Welcome CCN 111516! Logout

Provider Info About

MEASURE DATA ENTRY LINKS AND SUBMISSION STATUS

To enter data, select the appropriate underlined measure link below.

[Structural Measure: QAPI Program Information](#)
Structural Measure Submission Status: No Data Entered

[NQF #0209 Pain Measure](#)
NQF #0209 Pain Measure Submission Status: No Data Entered

Submission Status Definitions:

Below are descriptive definitions to assist users in the data entry and submission process.

No Data Entered: No data has been entered.
Data Saved Not Submitted: Data entered has been saved but has not been submitted to CMS.
Data Submission Completed: Data entered has been saved and submitted to CMS.

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

NOTE: You must submit structural and pain measure data separately.

Submission statuses include:

- No Data Entered – you have not entered or saved any measure data.
- Data Saved Not Submitted – you have entered and saved measure data, but not submitted the data to CMS.
- Data Submission Completed – you have entered, saved, and submitted measure data to CMS.

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** page (Figure 10) is presented.

Figure 10. Structural Measure Page

Hospice Quality Reporting Program Welcome CCN 111516! Logout

Provider Info About

STRUCTURAL MEASURE

Data Collection Period January 1, 2013 through December 31, 2013

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

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.

<< Back Save without Submitting Save All and Submit Structural Measure

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

- Informational text: Data Collection Period January 1, 2013 through December 31, 2013
- 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 text: 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.
- Button: <<**Back**
- Button: **Save without Submitting**
- Button: **Save All and Submit Structural Measure**

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

- 2.** Point to and click on the radio button corresponding to your answer, Yes or *No*, so that a dot appears in the appropriate radio button.

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.

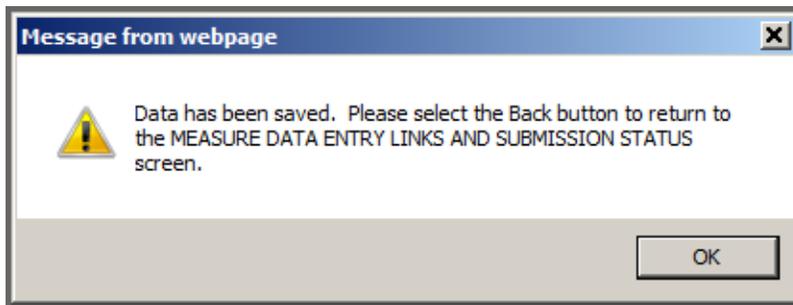
Figure 11. Structural Measure Page Buttons



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** page at a later time to complete your measure data entry and then proceed with submission.
- **Save without Submitting** – select (click on) this button to save the entries you made on the **Structural Measure** page. In response, a pop-up **Message** window (Figure 12) is presented, indicating that your structural 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** 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 April 1, 2014.

- **Save All and Submit Structural Measure** – select (click on) this button when you are ready to submit your structural measure data to CMS. Your data are saved.
 - If you select the **Save All and Submit Structural Measure** button, but do not subsequently enter your password and select the **Submit** button, the submission of your data is **not complete**.
 - Until you enter your password and select the **Submit** button, you may return to the **Structural Measure** page and modify your entry. If you modify your entries you must select the **Save All and Submit Structural Measure** button again, enter your password, and select the **Submit** button. Submission must be completed by 11:59:59 PM ET on April 1, 2014.
 - After your structural measure submission is complete, your entry is available for you to view, but not modify.

NOTE: If you close your browser window or log out of the system without selecting one of the buttons at the bottom of the **Structural Measure** page or otherwise saving your work, the data you entered may be lost.

- 3.** To submit your structural measure data to CMS, select the **Save All and Submit Structural Measure** button. The **Structural Measure Submission** page (Figure 13) is presented.

NOTE: You must submit structural and pain measure data separately.

Figure 13. Structural Measure Submission Page

Hospice Quality Reporting Program Welcome CCN 111516! Logout

Provider Info About

STRUCTURAL MEASURE SUBMISSION

Hospice Provider Information

CCN: 111516

Mailing Address:
1516 Main St
West Des Moines
IA
50266

Physical Address:
1516 Main St
West Des Moines
IA
50266
515-555-1516

Contact Information:
Jane Doe
515-555-1516
jdoe@mercyhospice.com

Submission

"By submitting this data, I certify that I have been duly authorized to do so, 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 submit, enter the password for your account and click "Submit".

<< Back Submit

NOTE: To meet the quality reporting requirements for the FY 2015 payment determination, data entry and submission of your data must be completed by 11:59:59 PM ET on April 1, 2014.

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

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

- Physical Address
- Contact Information
- Submission certification text:

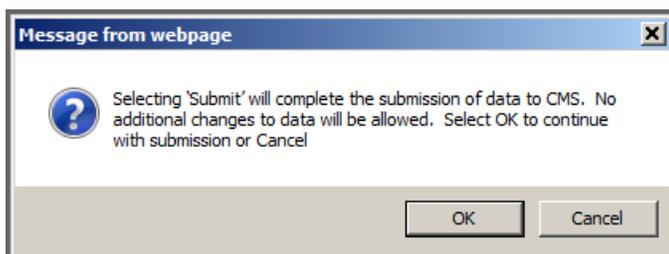
“By submitting this data, I certify that I have been duly authorized to do so, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any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

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** page at a later time to complete your measure data entry and then proceed with submission.
- **Submit** – select (click on) this button to proceed with submission of your structural measure data to CMS.

4. Complete the submission of your structural measure data 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 **Submit** button. A pop-up **Message** window (Figure 14) is presented.

Figure 14. Continue With Submission Pop-up Message Window



The Continue With Submission pop-up **Message** window informs you that by selecting the **Submit** button you have chosen to complete the structural measure submission process. Once the submission process is complete, your data are locked and you are no longer allowed to make changes. Select the **OK** button to continue with the submission or the **Cancel** button if you do not wish to submit and lock your structural measure data at this time.

5. Select the **OK** button. The **Structural Measure Submission Confirmation** page (Figure 15) is presented.

Figure 15. Structural Measure Submission Confirmation Page



The **Structural Measure Submission Confirmation** page includes the following items:

- Informational text: Structural Measure data has been successfully submitted to CMS. A submission confirmation email has been sent to the email address provided during registration.
- CCN – your hospice’s CMS Certification Number
- Date/Timestamp – the date and time the measure data were submitted to CMS
- Informational text: You may print this page for your records.
- Button: **OK**

NOTE: Please print the **Structural Measure Submission Confirmation** page and retain a copy for your records. A confirmation e-mail is also sent to the e-mail address you provided at registration. Please print or retain this e-mail for your records as well.

6. Select the **OK** button. The **Measure Data Entry Links And Submission Status** page (Figure 16) is presented.

Figure 16. Measure Data Entry Links And Submission Status Page

The screenshot displays the 'Hospice Quality Reporting Program' interface. At the top, it says 'Welcome CCN 111516! Logout'. Below this are two tabs: 'Provider Info' and 'About'. The main heading is 'MEASURE DATA ENTRY LINKS AND SUBMISSION STATUS'. A sub-heading reads 'To enter data, select the appropriate underlined measure link below.' There are two links: 'Structural Measure: QAPI Program Information' and 'NQF #0209 Pain Measure'. The status for the first link is 'Structural Measure Submission Status: Data Submission Completed - 1/29/2014 4:45:23 PM', which is highlighted with a red box. The status for the second link is 'NQF #0209 Pain Measure Submission Status: No Data Entered'. Below the links is a section titled 'Submission Status Definitions:' which contains the following text: 'Below are descriptive definitions to assist users in the data entry and submission process.' followed by three definitions: 'No Data Entered: No data has been entered.', 'Data Saved Not Submitted: Data entered has been saved but has not been submitted to CMS.', and 'Data Submission Completed: Data entered has been saved and submitted to CMS.'

The status of your submission is now reflected as “Data Submission Completed.” The submission date and time are noted.

A Hospice QRP Structural Measure Submission Confirmation is sent to the e-mail address associated with your user account. You may print this confirmation for your records.

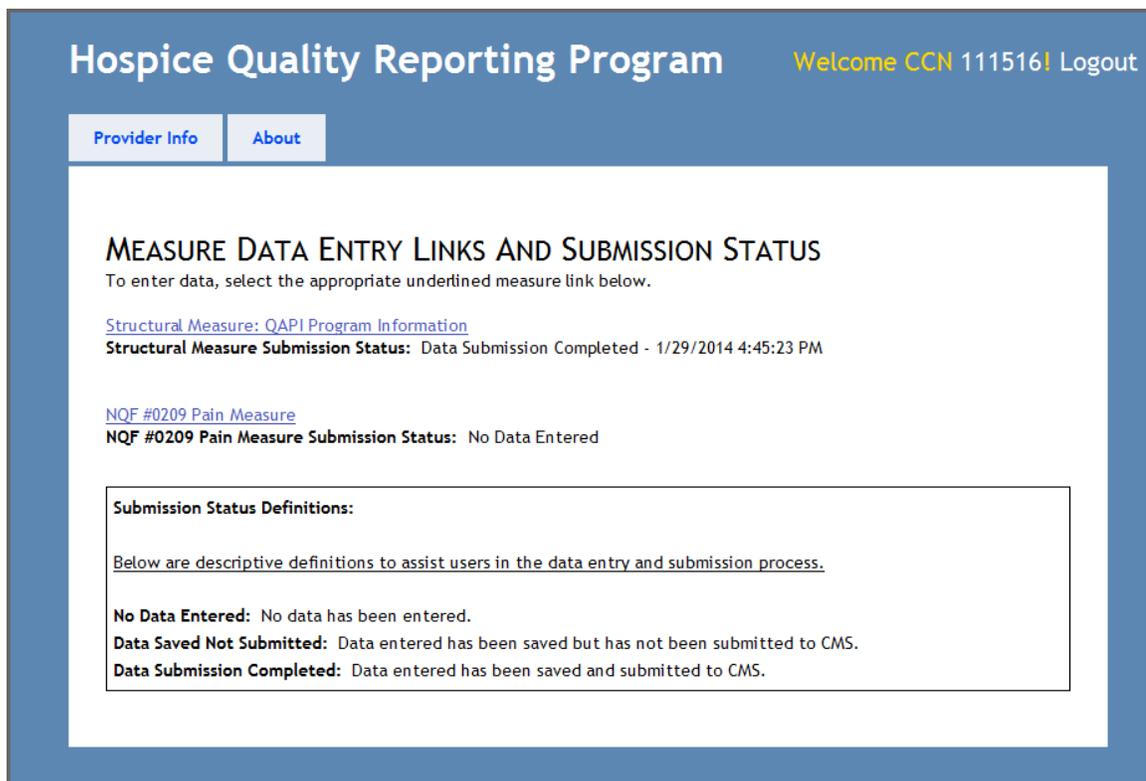
NOTE: Your Structural Measure data are now locked. If you return to the **Structural Measure** page, you may view, but not modify your structural measure data. You must submit pain measure data separately.

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 17) is presented.

Figure 17. Measure Data Entry Links And Submission Status Page



The screenshot displays the 'Hospice Quality Reporting Program' website. At the top, 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 following text: 'To enter data, select the appropriate underlined measure link below.' There are two underlined links: '[Structural Measure: QAPI Program Information](#)' and '[NQF #0209 Pain Measure](#)'. Below the first link, it says 'Structural Measure Submission Status: Data Submission Completed - 1/29/2014 4:45:23 PM'. Below the second link, it says 'NQF #0209 Pain Measure Submission Status: No Data Entered'. A box titled 'Submission Status Definitions:' contains the following text: 'Below are descriptive definitions to assist users in the data entry and submission process.' followed by three definitions: 'No Data Entered: No data has been entered.', 'Data Saved Not Submitted: Data entered has been saved but has not been submitted to CMS.', and 'Data Submission Completed: Data entered has been saved and submitted to CMS.'

2. Select the [NQF #0209 Pain Measure](#) link. The **NQF #0209 Pain Measure** page (Figure 18) is presented.

Figure 18. NQF #0209 Pain Measure Page

Hospice Quality Reporting Program

Welcome CCN 1115161 Logout

[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 (January 1, 2013 through December 26, 2013).

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

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 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 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 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 (January 1, 2013 through December 26, 2013).*
- 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 Submit NQF #0209**

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 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 **Data Collection** page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Collection.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. Leave no fields blank; enter 0 (zero) if no patients qualified for a question.

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 19) for you to indicate how you wish to proceed. Please read the descriptions of all three buttons before proceeding.

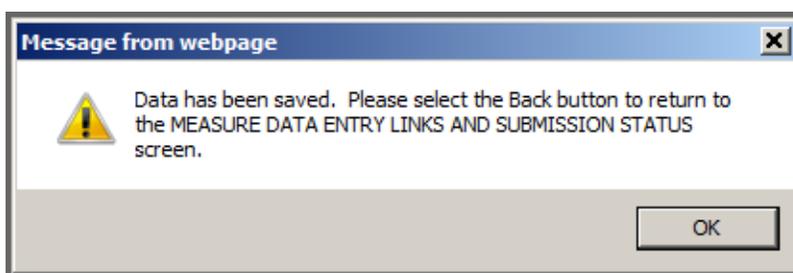
Figure 19. NQF #0209 Pain Measure Page Buttons



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 submission.
- **Save without Submitting** – select (click on) this button to save the entries you made on the **NQF #0209 Pain Measure** page. In response, a pop-up **Message** window (Figure 20) is presented, indicating that your pain measure data were saved.

Figure 20. 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 21).

Figure 21. NQF #209 Pain Measure Score Calculated



Measure Score 93.33%

<< Back Save without Submitting Save All and Submit NQF #0209

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 11:59:59 PM ET on April 1, 2014.

- **Save All and Submit NQF #0209** – select (click on) this button when you are ready to submit your NQF #0209 Pain Measure data to CMS. Your data are saved.
 - If you select the **Save All and Submit NQF #0209** button, but do not enter your password and select the **Submit** button, the submission of your pain measure data is **not complete**.
 - Until you enter your password and select the **Submit** button, you may return to the **NQF #0209 Pain Measure** page and modify your entries. If you modify your entries you must select the **Save All and Submit NQF #0209** button again, enter your password, and select the **Submit** button. Submission must be completed by 11:59:59 PM ET on April 1, 2014.
 - After your pain measure submission is complete, your entries are available for you to view, but not modify.

NOTE: If you close your browser window or log out of the system without selecting one of the buttons at the bottom of the **NQF #0209 Pain Measure page** or otherwise saving your work, the data you entered may be lost.

- 10.** To submit your pain measure data to CMS, select the **Save All and Submit NQF #0209** button. The **NQF #0209 Pain Measure Submission** page (Figure 22) is presented.

NOTE: You must submit structural and pain measure data separately.

Figure 22. NQF #0209 Pain Measure Submission Page

The screenshot displays the 'NQF #0209 PAIN MEASURE SUBMISSION' page within the 'Hospice Quality Reporting Program' interface. The page header includes 'Welcome CCN 111516! Logout' and navigation tabs for 'Provider Info' and 'About'. The main content area is titled 'NQF #0209 PAIN MEASURE SUBMISSION' with a 'Measure Score 93.33%'. It features a 'Hospice Provider Information' section with fields for CCN (111516), mailing address (1516 Main St, West Des Moines, IA 50266), physical address (1516 Main St, West Des Moines, IA 50266, 515-555-1516), and contact information (Jane Doe, 515-555-1516, jdoe@mercyhospice.com). Below this is a 'Submission' section containing a certification statement: 'By submitting this data, I certify that I have been duly authorized to do so, 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.' A text input field is provided for a password, with the instruction 'To submit, enter the password for your account and click 'Submit''. At the bottom of the form are '<< Back' and 'Submit' buttons.

NOTE: To meet the quality reporting requirements for the FY 2015 payment determination, data entry and submission of your data must be completed by 11:59:59 PM ET on April 1, 2014.

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

- Informational text: Measure Score – based upon the data you entered, 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.
- Hospice Provider Information text – the information you entered on the **Hospice Provider Information** page:
 - CCN
 - Mailing Address
 - Physical Address
 - Contact Information
- Submission certification text:

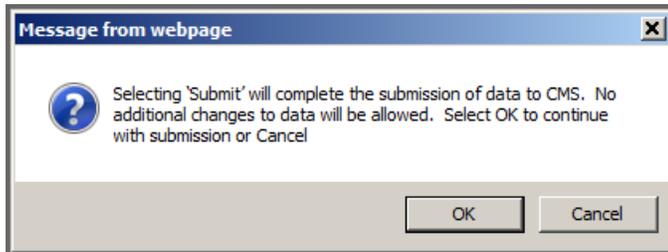
“By submitting this data, I certify that I have been duly authorized to do so, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any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

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 submission.
- **Submit** – select (click on) this button to proceed with the submission of your pain measure data to CMS. In response, a pop-up **Message** window (Figure 23) is presented.

11. Complete your submission 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 **Submit** button. A pop-up **Message** window (Figure 23) is presented.

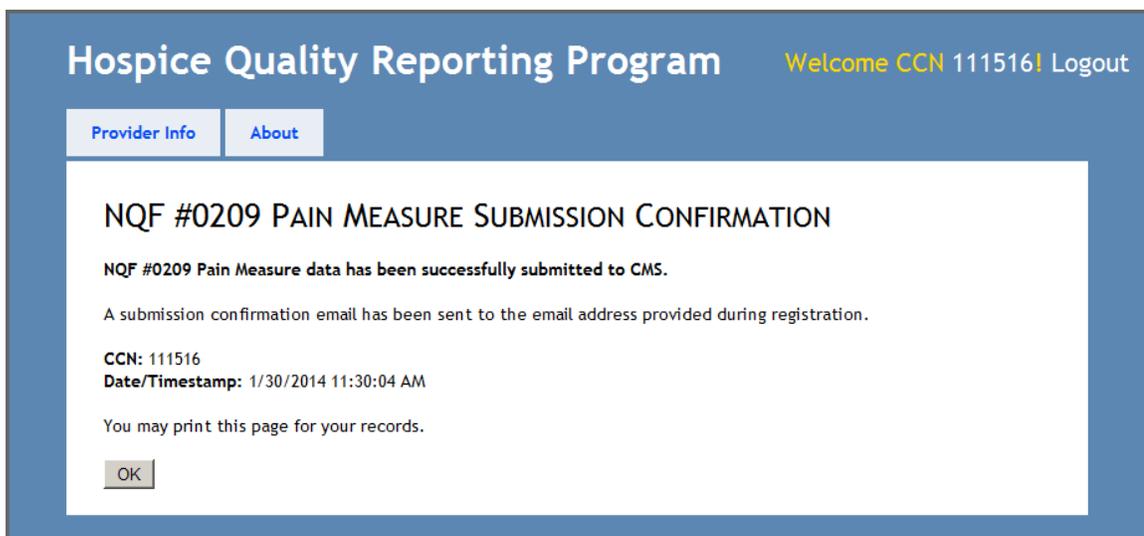
Figure 23. Continue With Submission Pop-Up Message Window



The Continue With Submission pop-up **Message** window informs you that by selecting the **Submit** button you have chosen to complete the pain measure submission process. Once the submission process is complete, your data are locked and you are no longer allowed to make changes. Select the **OK** button to continue with the submission or the **Cancel** button if you do not wish to submit and lock your pain measure data at this time.

12. Select the **OK** button. The **NQF #0209 Pain Measure Submission Confirmation** page (Figure 24) is presented.

Figure 24. NQF #0209 Pain Measure Submission Confirmation Page



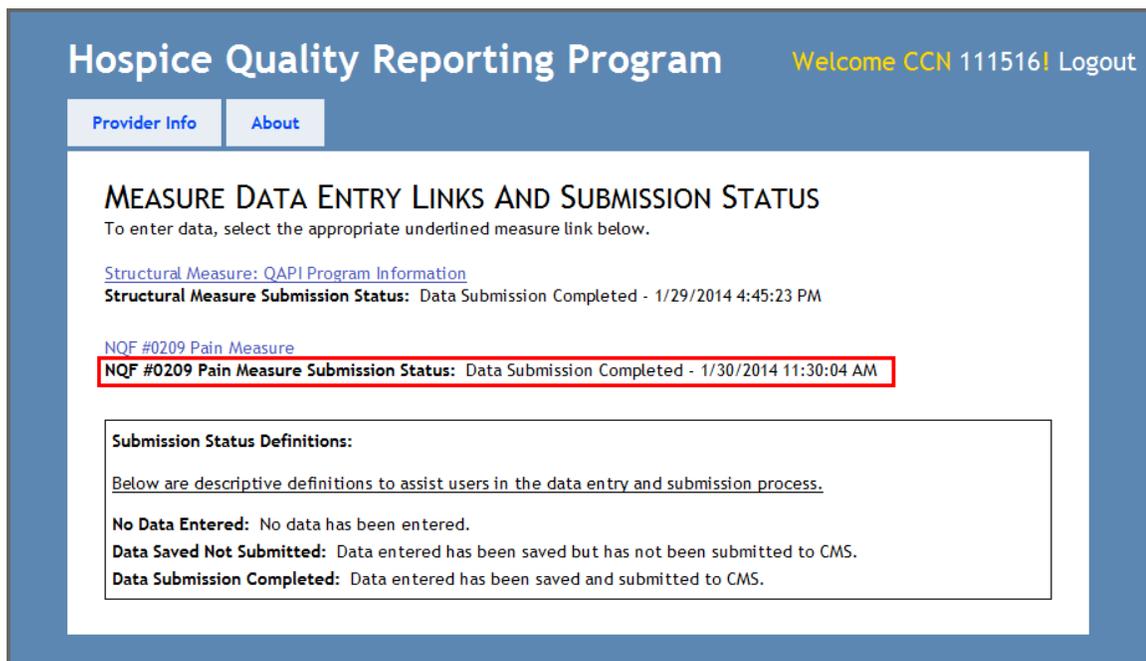
The **NQF #0209 Pain Measure Submission Confirmation** page includes the following items:

- Informational text: NQF #0209 Pain Measure data has been successfully submitted to CMS. A submission confirmation email has been sent to the email address provided during registration.
- CCN – your hospice’s CMS Certification Number
- Date/Timestamp – the date and time the measure data were submitted to CMS
- Informational text: You may print this page for your records.
- Button: **OK**

NOTE: Please print the **NQF #0209 Pain Measure Submission Confirmation** page and retain a copy for your records. A confirmation e-mail is also sent to the e-mail address you provided at registration. Please print or retain this e-mail for your records as well.

13. Select the **OK** button. The **Measure Data Entry Links and Submission Status** page (Figure 25) is presented.

Figure 25. Measure Data Entry Links and Submission Status Page



The status of your submission is now reflected as “Data Submission Completed.”
The submission date and time are noted.

A Hospice QRP NQF #0209 Pain Measure Submission Confirmation is sent to the e-mail address associated with your user account. You may print this confirmation for your records.

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 pain measure data. You must submit structural measure data separately.