



Objectives and Clinical Quality Measures **User Guide** for
Eligible Hospitals and Critical Access Hospitals

Medicare EHR Incentive Program

Meaningful Use Objectives and
Clinical Quality Measures



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Getting Started

This guide will assist in navigation throughout the Hospital Quality Reporting Web-Based Data Collection Tool application. It will contain the steps needed to use this application in the QualityNet Secure Portal to submit data for Meaningful Use (MU) Objectives and Meaningful Use Clinical Quality Measures (CQMs). This document will not be covering the data entry for Meaningful Use Registration or Attestation. These topics are discussed in a separate user guide.

No PHI or PII will be displayed within this document. All names are either fictitious or blurred.

Eligible hospitals and Critical Access Hospitals can receive incentive payments and avoid penalties through the CMS Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs by demonstrating their meaningful use of Certified Electronic Health Records Technology (CEHRT) to improve patient care.

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

- Meaningful Use Registration/Disclaimer
- Meaningful Use Attestation Information/Disclaimer
- Meaningful Use Objectives
- Meaningful Use Clinical Quality Measures

This guide focuses on data entry for Meaningful Use Objectives, either Modified Stage 2 or Stage 3, and Clinical Quality Measures. Both the Registration and Attestation steps must have been completed successfully in order for the system to grant you access to view or edit Meaningful Use Objectives and Meaningful Use Clinical Quality Measures.

This guide begins with the screen that immediately appears after you have successfully logged in to the QualityNet Secure Portal with your appropriate credentials.

If you need assistance with logging into the QualityNet Secure Portal, please refer to the QualityNet Secure Portal User Guide.

Step 1 - Under Quality Programs, Choose Hospital Quality Reporting

After you log in to the QualityNet Secure Portal with appropriate credentials, select the **Hospital Quality Reporting IQR, OQR, ASCQR, IPFQR, PCHQR** link (**circle 1**) from the **Quality Programs** (**arrow 1**) dropdown on the QualityNet page.

The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with 'Home', 'Quality Programs', 'My Reports', and 'Help' menus. A red arrow labeled 'arrow 1' points to the 'Quality Programs' menu. A dropdown menu is open under 'Quality Programs', and the first item, 'Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR', is circled in red and labeled 'circle 1'. Below the navigation bar, there is a 'Welcome' message and a section titled 'QualityNet Secure' which describes the site's purpose for secure communications and healthcare quality data exchange. To the right, there are three boxes: 'QualityNet News' (No items to display), 'Announcements from QualityNet Team' (No items to display), and 'QualityNet Events' (providing information about training sessions and event details). At the bottom, there is a footer with a 'Home' button, the CMS.gov logo, and contact information for the Centers for Medicare & Medicaid Services.

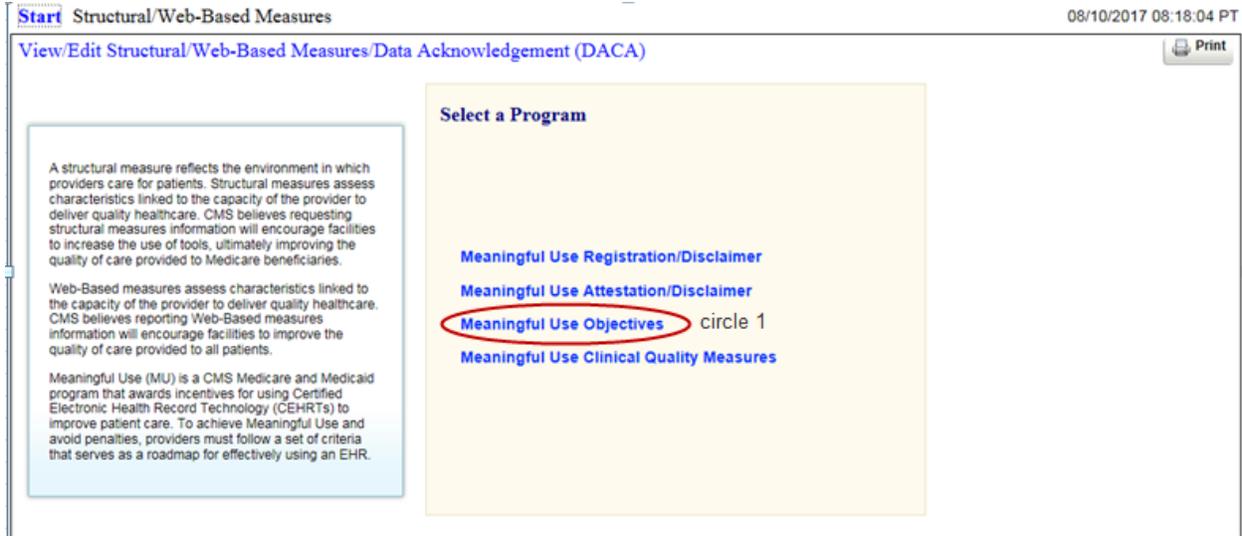
Step 1, Continued – My Tasks Page

Your **My Tasks** page appears. Depending on your assigned role(s), you may see different selection options on this page. Under **Manage Measures**, click the **View/Edit/Structural/Web-Based Measures/Data Acknowledgement (DACA)** link name (circle 1).

The screenshot shows the QualityNet interface. At the top left is the CMS.gov logo and QualityNet text. A search bar is on the top right. Below is a yellow navigation bar with 'Home', 'Quality Programs', 'My Reports', and 'Help' dropdown menus. A breadcrumb trail reads 'Home > Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR'. The main area is titled 'Quality Reporting System: My Tasks' and contains a grid of task cards. The 'Manage Measures' card is circled in red, with a red 'circle 1' label below it. Other cards include 'Hospital Reporting Inpatient / Outpatient', 'Manage Security', 'Manage Notice of Participation', 'Report Authorization', 'Patient Satisfaction Data Entry', 'Vendor Authorization', 'Hospital Reporting Inpatient', 'EHR Incentive Program Hospital eCQM Reporting', and 'Hospital Reporting External Files'.

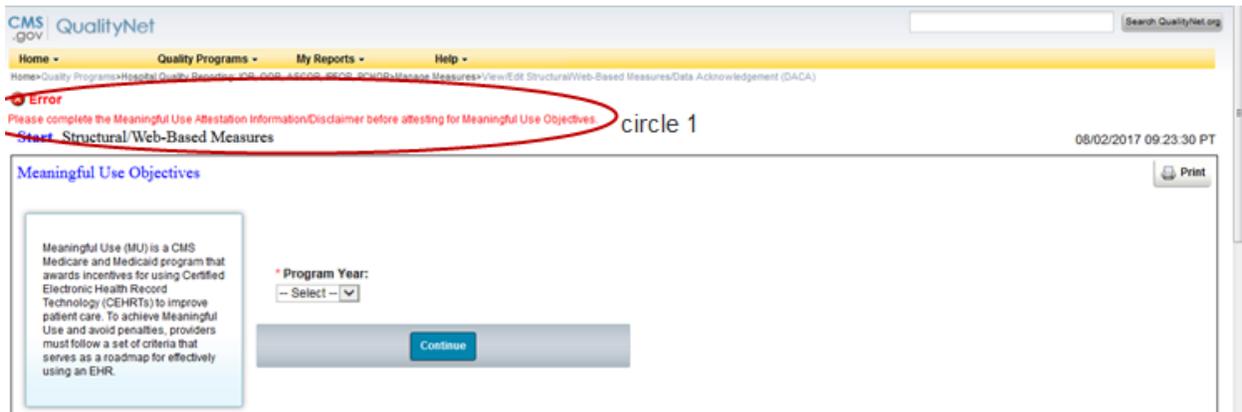
Step 2: Program Selection

The **Program Selection** page will appear. Again, depending on your assigned role(s), you may see other selection options, including choices in addition to the MU links. Click the desired link name, in this case, **Meaningful Use Objectives** (circle 1).



When you have not successfully completed both the registration and the attestation steps, there will be a warning message (circle 1) to this affect at the top to the **Program Year Selection** page. You will not be able to proceed further.

Program Year Selection Error



Step 3 - Program Year Selection

When you have completed the necessary registration and attestation steps, you will be taken to the **Program Year Selection** page. Select **Program Year 2017 (circle 1)** to enter or view data. The page only allows you to select Program Year 2017 because 2017 is the first year this application has been used for MU data submission. In subsequent years, the selection list will include additional Program Years.



CMS and the Office of the National Coordinator for Health Information Technology established standards that hospitals must meet in order to qualify for the CMS Medicare and Medicaid Electronic Health Records Incentive Programs. The Certified Electronic Health Record Technology (CEHRT) is a fifteen-character, alpha-numeric value that documents the standard against which your EHR technology was certified. Your EHR technology is certified either to the 2014 Edition, the 2015 Edition, or a combination of the two, and character positions three, four, and five of your CEHRT indicates the year that your EHR technology was certified.

Characters '14E' indicates certification against the 2014 Edition. Characters '15E' indicates certification against the 2015 Edition. Characters '15H' indicate certification against the hybrid 2014 and 2015 Edition.

If the CEHRT you attested to when you completed your Registration and Attestation forms is '14E', you will be allowed to access only Modified Stage 2 Objectives. If your CEHRT contain characters '15E' or '15H', you must choose whether to access Modified Stage 2 or Stage 3 Objectives.

Single provider and multi-provider users will use this HQR web-based application. Single provider users are typically hospital users. Users with administrator privileges are generally the multi-provider users. I will be showing and discussing screens and navigation for both user groups. The principal difference is multi-provider users will have to select the providers they want to view; they will also be able to move between these providers when viewing data.

The status summary screens presented in this user guide is from the point of view of the multi-provider user. Single provider users will see only one row on these screens instead of many.

Step 4 - Objective Stage Selection

After you have selected the desired **Program Year**, click **Continue**. If you are a provider user who attested to a CEHRT having values either '15E' or '15H' an **Objective Stage Selection** page will appear. Here you must decide whether to access either Modified Stage 2 or Stage 3 Objectives.

Click the dropdown and select the stage (**circle 1**) you want to access.

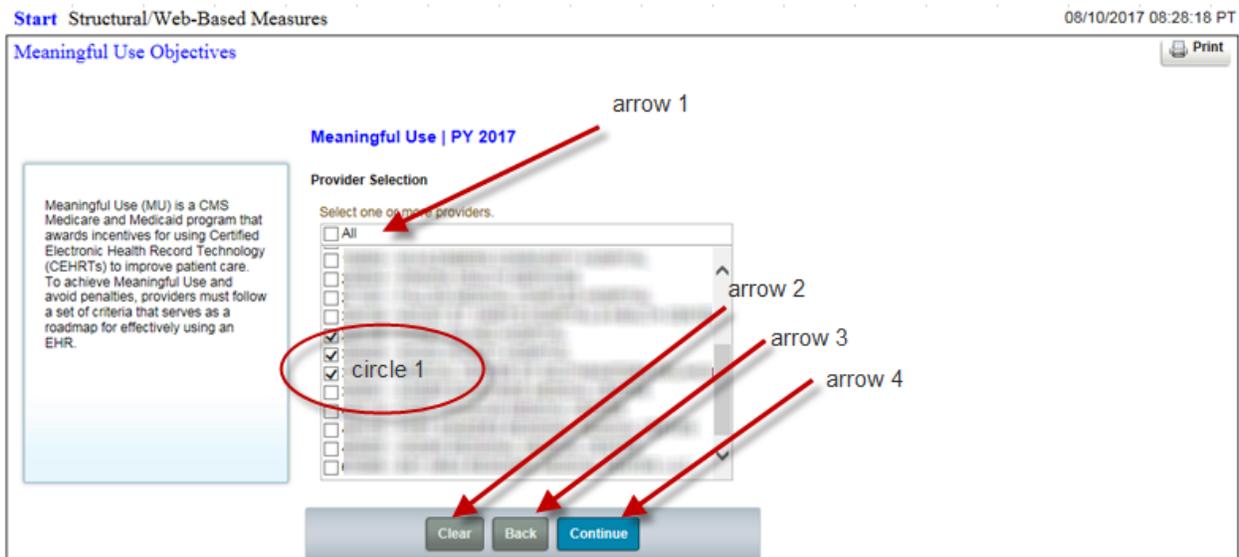
If you attested to a CEHRT having value '14E', you will be allowed to access only Modified Stage 2 Objectives. The **Objective Stage Selection** page will not appear. The **Objective Status Summary** page will appear, instead, and display the statuses of the Modified Stage 2 Objectives.

If you are a single provider user, clicking the **Continue (arrow 1)** button brings up the **Objective Status Summary** page displaying the chosen Stages' Objectives' statuses.

If you are a multi-provider user, clicking the **Continue (arrow 1)** button brings up a **Provider Selection** page.

Step 5 - Provider Selection

Multi-provider users must identify the providers you want to work with by selecting one or more (circle 1) from the drop-down. Providers may be selected in any order, or, you can select the **All** option (arrow 1) and work with every one of them. The **Clear** button (arrow 2) de-selects your choices. Clicking **Back** (arrow 3) returns you to the previous page. Click **Continue** (arrow 4) after you are satisfied with your choices.



When you select providers who did not complete their Registration or Attestation pre-requisites, a pop-up window will appear after you click **Continue** (arrow 4) listing those providers.

You must acknowledge this pop-up by clicking the **OK** button. The listed providers are then de-selected from your list and you are returned to the **Provider Selection** page. Those providers who did complete their Registration and Attestation pre-requisites will remain selected. You may make any additional selections or continue with the providers who were not eliminated.

Clicking **Continue** (arrow 4) takes you to the **Objective Status Summary** page.

Step 6 - Objective Status Summary Page

The **Objective Status Summary** page example shown here happens to be the result of a multiple-provider selection. If you are a single provider user, there will be only one status row on this page.

Start Structural/Web-Based Measures 08/10/2017 08:29:07PT

Meaningful Use Objectives Print

Submission Period: 01/01/2017 - 10/30/2017 arrow 2

With Respect to Reporting Period: 01/01/2017 - 12/31/2017 arrow 3

Meaningful Use | PY 2017 arrow 1

Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting
	Incomplete	Incomplete	Completed	Completed	Completed	Incomplete	Co
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Ini
	Completed	Rejected	Rejected	Rejected	Rejected	Completed	Co

circle 1

circle 2

Back Program Year Selection

Regardless of whether you are a single provider user or a multi-provider user, the status summary pages operates the same way. The data submission period for the selected Program Year is **(arrow 2)** near the top along with the reporting period during some portion of which the data was collected.

The submission period for 2017 reporting year is January 2, 2018 through March 16, 2018.

Data for MU Objectives can be submitted anytime and in any order during the submission period. Likewise, answer values can be changed and resubmitted as many times as necessary during the submission period.

The link names across the top **(circle 1)** are the Objective's short names. To access a data entry page, click the link name. Objectives are always viewable. Data entry, however, is restricted by the submission period.

Providers are listed in ascending CCN order in the Provider ID column on the left **(arrow 1)**. Each Objective's status is under its link name and across from the Provider ID. Regardless of the Objective's status, its measures and their associated questions can always be viewed.

Objective statuses are either "Incomplete", "Completed", or "Rejected" **(circle 2)**. The status "Not Available" is sometimes seen but is not shown here.

- “Not Available” displays prior to the opening of a submission period. Once the submission period is open, “Not Available” is replaced by “Incomplete”.
- “Incomplete” displays when not all the Objective’s measures have been answered.
- “Completed” displays after all the Objective’s measures are answered successfully and no measure failed to meet its threshold requirement.
- “Rejected” displays when all the Objective’s measures have been answered, but one or more measures did not meet their threshold requirement.

There are seven Modified Stage 2 MU Objectives. You see some of them on this image of an **Objective Status Summary** page. In practice, you will have to scroll horizontally to see and access the complete list. There are six Objectives in Stage 3.

Each Objective is made up of one or more measures consisting of one or more required questions. Some of these questions are part of a question hierarchy, meaning additional questions may appear depending on how the previous question was answered.

For MU Objectives Modified Stage 2 and Stage 3, a question hierarchy exists when the leading question is an **Exclusion** question. You will see the word **Exclusion** at the beginning of these questions.

If you want to know in advance all the possible measures and their questions, along with the conditions under which any additional questions are required, see Appendixes C and D in the Online Help document. Appendix C contains the Modified Stage 2 Objectives and Appendix D contains the Stage 3 Objectives.

Answers are required for all displayed questions. You cannot calculate or submit an Objective unless all its measures’ required questions are answered. Objectives are saved with either a “Completed” or “Rejected” status.

When the **Calculate** or **Submit** button is clicked, measures are evaluated against a threshold limit condition applicable to that measure’s required questions. If a measure fails to meet this limit condition, the associated Objective can still be submitted and successfully saved, but it will be saved with a rejected status.

The Public Health Reporting Objectives in Modified Stage 2 and Stage 3 have other conditions that can lead to the Objective being rejected.

Under Modified Stage 2, Public Health Reporting has four measures. Under Stage 3, it has six measures. Each measure starts with an **Exclusion** question, thus the questions are hierarchical.

Under Modified Stage 2, if you answer more than one of the four **Exclusion** questions with “N/A – Submission not required”, the Objective will be saved with a “Rejected” status when the **Submit** button is clicked.

Under Stage 3, if you answer more than three of the six **Exclusion** questions with “N/A – Submission not required”, the Objective will be saved with a “Rejected” status when the **Submit** button is clicked.

Messages stating that the Objective was successfully saved with a “Rejected” status will display near the top of the data entry page.

This user guide will walk through three representative examples of the types of measure-question combinations you will encounter in Modified Stage 2 and Stage 3 Objectives. I’ve pulled the examples I’m presenting from Modified Stage 2 Objectives

The first example is a straight forward Objective having a single measure with one **Yes-No** question.

The second example also contains one measure, but the question is an **Exclusion** question, which means it is hierarchical.

The third example will be an Objective with two measures. The first will require **Numerator** and **Denominator** values. The second will be hierarchical and start with an **Exclusion** question.

Our first example is Protect Electronic Protected Health Information (ePHI) (**arrow 3**). After you click the link name, the data entry page appears.

Start Structural/Web-Based Measures 08/10/2017 08:29:07PT

Meaningful Use Objectives Print

Submission Period 01/01/2017 - 10/30/2017 arrow 2 With Respect to Reporting Period 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 arrow 1

Provider ID	Protect Electronic Protected Health Information (ePHI) arrow 3	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education circle 1	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting
	Incomplete	Incomplete	Completed	Completed	Completed	Incomplete	Cc
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Ini
	Completed	Rejected	Rejected	Rejected circle 2	Rejected	Completed	Cc

Back Program Year Selection

Step 7 - Objective 1, MU Modified Stage 2

Start Structural/Web-Based Measures 08/10/2017 08:41:10PT

Meaningful Use Objectives

Provider CCN Submission Period 01/01/2017 - 10/30/2017 With Respect to Reporting Period 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

Protect Electronic Protected Health Information (ePHI):

Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.

Have you conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implemented security updates as necessary and correctly identified security deficiencies as part of the eligible hospital's or CAH's risk management process?

Yes No

Back Submit Print

< Previous Provider | Next Provider >

Data entry pages identify the provider (**circle 2**), the data submission period (**arrow 8**), and the reporting period (**arrow 9**).

There is a Stage identifier (**arrow 4**) here since we are dealing with Objectives. Immediately below this is the chosen Objective's short title (**arrow 5**) followed by its description (**arrow 6**). The measures and their associated questions appear below the Objective description. In the case of this Objective, there is only one measure (**arrow 7**) and one question (**circle 1**).

Multi-providers users can move back and forth through their selected providers in the order listed in the Provider ID column on the **Objective Status Summary** page. This is accomplished by clicking either the **Previous Provider** (**arrow 1**) or **Next Provider** (**arrow 2**) links at the bottom of this page. The links are not available when there is no provider you can move to. Click **Back** (**arrow 3**) at any time to return to the **Objective Status Summary** page.

When the **Submit** button is clicked, a successfully-saved informational message appears (**circle 1**) regardless whether the question is answered **Yes** or **No**, I happen to have answered **No** (**arrow 1**).

Step 7, Continued

Objective 1 Successfully Saved

Start Structural/Web-Based Measures 08/10/2017 08:44:41PT

Meaningful Use Objectives

Provider	CCN	Submission Period	With Respect to Reporting Period
V...	...	01/01/2017 - 10/30/2017	01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

circle 1

Information
Successfully Saved Protect Electronic Protected Health Information (ePHI) Information.

Modified Stage 2:
Protect Electronic Protected Health Information (ePHI):

Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.

Have you conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implemented security updates as necessary and correctly identified security deficiencies as part of the eligible hospital's or CAH's risk management process?

Yes
 No arrow 1

arrow 2

Back Submit Print

Returning to the **Objective Status Summary** page, we can see, that the Objective's status has changed to "Completed" (arrow 1). Remember, if you are a single provider user, you have only your single status row.

Step 7, Continued

Objective 1 Status Updated

Start Structural/Web-Based Measures 08/10/2017 08:29:07PT

Meaningful Use Objectives Print

Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017 arrow 2

Meaningful Use | PY 2017

Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting
	Completed	Incomplete	Completed	Completed	Completed	Incomplete	Completed
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete
	Completed	Rejected	Rejected	Rejected	Rejected	Completed	Completed

arrow 1

Back Program Year Selection

Step 8 - Objective 2 Electronic Prescribing

This example shows an objective where there is a measure question hierarchy, eRx (electronic prescribing) (**arrow 2**).

Start Structural/Web-Based Measures 08/10/2017 08:50:25PT

Meaningful Use Objectives

Provider CCN Submission Period 01/01/2017 - 10/30/2017 With Respect to Reporting Period 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

eRx (electronic prescribing):

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Yes

No

Back Submit Print

This data entry page initially looks very similar to our first example. However, notice that the question under the measure description starts with the word **Exclusion** in bold font. This measure has a question hierarchy. The appearance of additional questions depends on your response to the **Exclusion** question.

Step 8 – Continued, Objective 2 Electronic Prescribing

Modified Stage 2

Start Structural/Web-Based Measures

08/10/2017 08:50:25PT

Meaningful Use Objectives

Provider: [REDACTED] CCN: [REDACTED] Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

eRx (electronic prescribing):

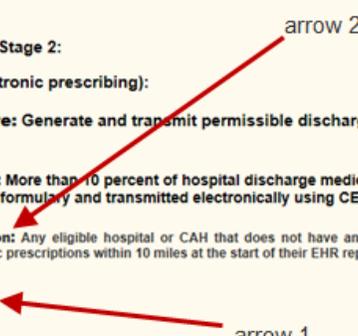
Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Yes

No



Back Submit Print

Step 8 – Continued,

Objective 2 with Measure Exclusion

Start Structural/Web-Based Measures 08/10/2017 08:50:25PT

Meaningful Use Objectives

Provider	CCN	Submission Period	With Respect to Reporting Period
		01/01/2017 - 10/30/2017	01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

eRx (electronic prescribing):

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Yes → arrow 1

No

Back Submit Print

Selecting the **Yes** radio button (**arrow 1**) does not bring up additional questions.

Step 9 – Objective 2 with No Measure Exclusion and Numerator and Denominator Required

Selecting **No** (arrow 1) brings up **Numerator** and **Denominator** questions that require answers (circle 1). Note that anytime your cursor is over a data entry field, the question is repeated in a text box attached to that field (arrow 3).

Every time a **Numerator** and **Denominator** question appear on a data entry page, there will be a **Calculate** (circle 2) button next to the **Submit** button. The **Calculate** button will be active. The **Submit** button will be inactive. You must always click **Calculate** before clicking **Submit**.

Start Structural/Web-Based Measures 08/10/2017 08:50:25PT

Meaningful Use Objectives

Provider XXXXXXXXXX CCN XXXXXX Submission Period 01/01/2017 - 10/30/2017 With Respect to Reporting Period 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:
eRx (electronic prescribing):
Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

- Exclusion:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Yes
 No ← arrow 1

- Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.

Denominator: Number of new EHR reporting period.
 ← circle 1

Required: Denominator: Number of new or changed permissible prescription written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period. ← arrow 3

circle 1 circle 2

Clicking **Calculate** determines the percentage associated with the measure.

If a data entry error prevents a successful calculation, an error message will be displayed near the top of the page. In the case of this Objective, this will happen because either no data was entered in one of the fields, the **Denominator** was zero when the **Numerator** was non-zero, or the **Denominator** value was smaller than the **Numerator** value.

When there is no data entry error, a **Results** section (**circle 1**) appears at the bottom of the page. The measure description is repeated and the calculated and rounded percentage appears below it (**arrow 3**).

Step 9 – Continued, Objective 2 Results Calculated

Modified Stage 2:
eRx (electronic prescribing):
Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)
Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.
 Yes
 No
Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.
100
Denominator: Number of new or changed permissible prescription written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.
200
Results:
Percentage of Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
50%

circle 1 arrow 1 arrow 2 arrow 3

Back Edit Submit Print

The **Calculate** button is replaced by an **Edit** button (**arrow 1**) and the **Submit** button (**arrow 2**) is now active. Data entry is no longer possible because the **Numerator** and **Denominator** fields are no longer editable.

If you need to change a value before submitting the information, click the **Edit** button.

Click **Submit** after you are satisfied that you've entered the correct data.

Edit reverts to **Calculate** (**arrow 2**) and **Submit** (**arrow 3**) deactivates. The data entry fields are now editable again and a successfully-saved message (**arrow 1**) has appeared near the top.

Step 10 - Objective 2 Successfully Saved

Start Structural/Web-Based Measures

08/10/2017 09:01:12PT

Meaningful Use Objectives

Provider: [REDACTED] CCN: [REDACTED] Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Information
Successfully Saved eRx (electronic prescribing) Information.

Modified Stage 2:
eRx (electronic prescribing):
Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

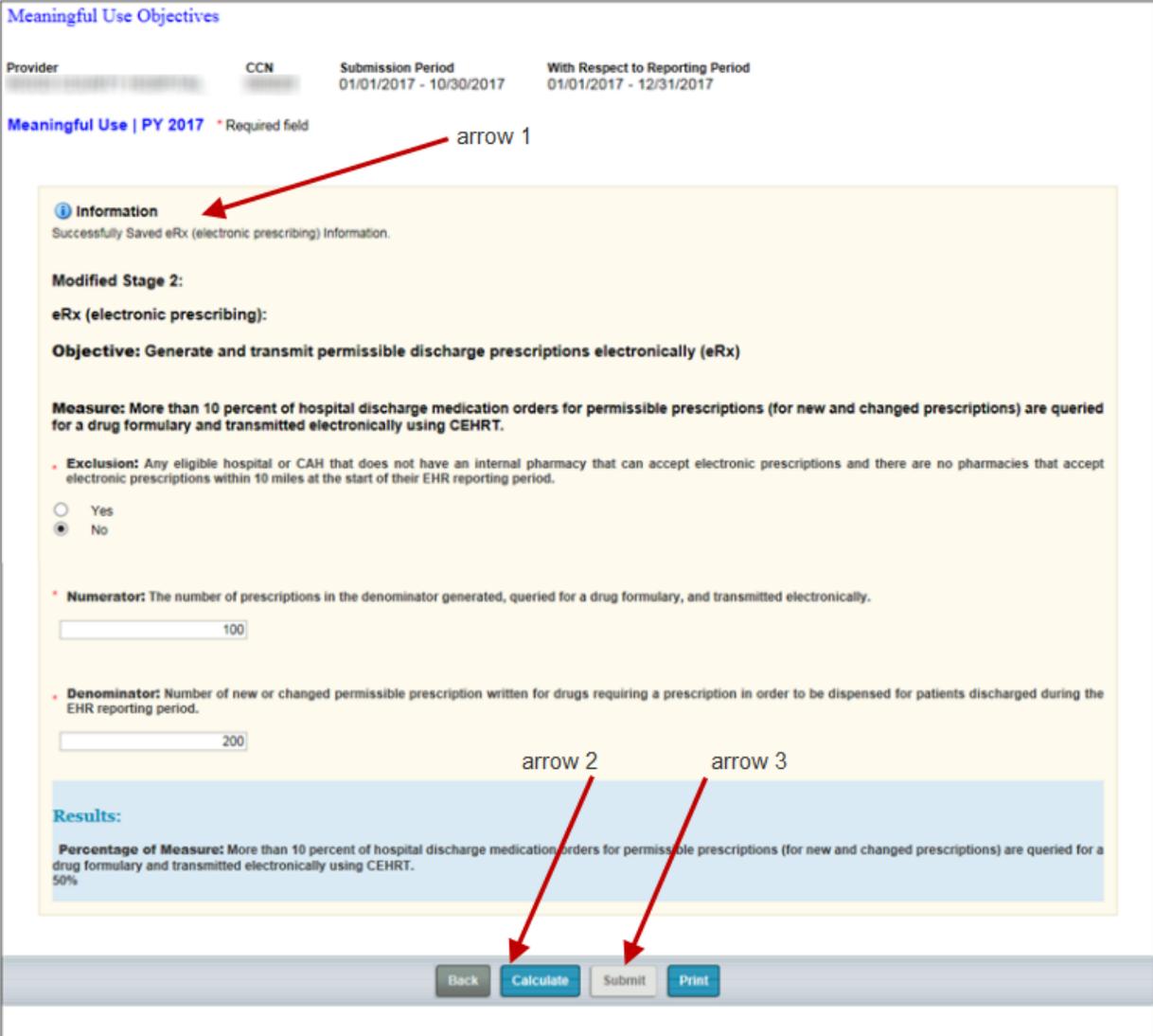
Yes
 No

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.
[100]

Denominator: Number of new or changed permissible prescription written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.
[200]

Results:
Percentage of Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
50%

Back Calculate Submit Print



Step 10 - Continued, Objective 2 Status Updated

Returning to the **Objective Status Summary** page, we see, as expected, that the Objective's status has changed to "Completed" (**arrow 1**).

Start Structural/Web-Based Measures 08/10/2017 09:04:29PT [Print](#)

Meaningful Use Objectives

Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017

Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting
	Completed	Completed	Completed	Completed	Completed	Incomplete	Cc
	Completed	Completed	Incomplete	Incomplete	Incomplete	Incomplete	Ini
	Completed	Rejected	Rejected	Rejected	Rejected	Completed	Cc

arrow 1 points to the 'Completed' status in the 'eRx (electronic prescribing)' column.

arrow 2 points to the 'Patient Electronic Access to Health Information' column header.

Buttons: Back, Program Year Selection

Step 11 – Objective 6 - Patient Electronic Access to Health Information

Patient Electronic Access to Health Information (**arrow 2**). The organization of this Objective's measures and questions is different from what we have discussed so far.

Step 11 – Continued, Objective 6 - Patient Electronic Access to Health Information

Objective 6, MU Modified Stage 2 Patient Electronic Access to Health Information has two measures (**circle 1, circle 2**). The first measure only requires a **Numerator** and a **Denominator** value (**circle 1**). The second measure has an **Exclusion** question (**arrow 3**). You know immediately that this second measure has a question hierarchy.

Start Structural/Web-Based Measures 08/10/2017 09:08:13PT

Meaningful Use Objectives

Provider	CCN	Submission Period	With Respect to Reporting Period
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	01/01/2017 - 10/30/2017	01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

Patient Electronic Access to Health Information:

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge. circle 1

Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information. circle 1

- Numerator:** The number of patients in the denominator who have access to view online, download and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.
- Denominator:** Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period. circle 2

- Exclusion:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
 Yes
 No

arrow 3

Step 11 – Continued, Objective 6 - Patient Electronic Access to Health Information

Objective 6 with Exclusion Met for Second Measure Answering **Yes (arrow 1)** to the **Exclusion** question in the second measure does not result in the need for additional information.

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.

• **Exclusion:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Yes **arrow 1**
 No

Back Submit Print

Step 12 - Objective 6 with No Exclusion for Second Measure

Selecting **No (arrow 1)** requires additional information. **No** introduces another set (**circle 1**) of **Numerator** and **Denominator** questions that will require answers.

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.

• **Exclusion:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Yes
 No **arrow 1**

Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

circle 1

• **Denominator:** Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

Back Calculate Submit Print

Step 13 – Objective 6 with Second Measure Exclusion Results

The next two screens display results for both, the **Yes** and **No** answers, to the **Exclusion** question. The different answers affect what is displayed in the **Result** section.

In the first scenario, entering the **Numerator** and **Denominator** values for the first measure (**circle 1**), selecting the **Yes** radio button (**arrow 3**) for the second, and clicking **Calculate** produces a **Result** section (**arrow 2**) with a rounded percentage value (**arrow 4**) belonging to the first measure. The Objective was submitted and successfully saved (**arrow 1**).

Information
Successfully Saved Patient Electronic Access to Health Information Information. ← arrow 1

Modified Stage 2:
Patient Electronic Access to Health Information:
Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.
Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.

- Numerator:** The number of patients in the denominator who have access to view online, download and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.
100 ← circle 1
- Denominator:** Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
200 ← circle 1

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.

- Exclusion:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
 Yes ← arrow 3
 No

Results: ← arrow 2

Percentage of Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.
50% ← arrow 4

Step 13 – Continued, Objective 6 with Second Measure Exclusion Results

Objective 6 with Two Measure Results In the second scenario related to this Objective, the first measure’s **Numerator** and **Denominator** have been answered. The answer to the **Exclusion** question for the second measure is changed from **Yes** to **No (arrow 3)**. An additional set of **Numerator** and **Denominator** questions (**circle 1**) now appear and require answers.

The answers in this example and the **Calculate** button were clicked. Notice that the **Results** section now displays percentage values for both, the first (**arrow 1**) and second (**arrow 2**), measures. Clicking **Submit** saves the information.

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.

Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Yes
 No ← arrow 3

Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

← circle 1

Denominator: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

← arrow 1

Results:

Percentage of Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.
50% ← arrow 1

Percentage of Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.
50% ← arrow 2

Back Edit Submit Print

Step 14 - Objective 6 Status Updated

Once you navigate back to the **Objective Status Summary** page, the Objective's status shows "Completed" (**arrow 1**).

Start Structural/Web-Based Measures 08/10/2017 09:28:33PT

Meaningful Use Objectives Print

Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017

Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting of Comparison Data
	Completed	Completed	Completed	Completed	Completed	Completed	Completed
	Completed	Completed	Incomplete	Incomplete	Incomplete	Completed	Incomplete
	Completed	Rejected	Rejected	Rejected	Rejected	Completed	Completed

arrow 1

Back Program Year Selection

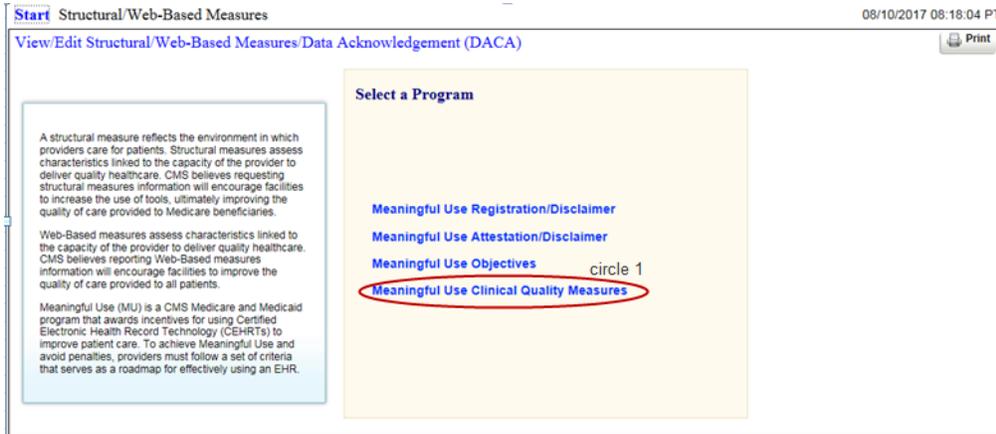
The examples are typical of the measure and question associations you will encounter among the Modified Stage 2 and Stage 3 Objectives.

TIP:

- See Appendix A for a complete list of the Objectives and Measures for Stage 2 and Stage 3, page 36 of this guide.

Step 15 – Clinical Quality Measures (CQMs)

On the **Program Selection** page, click the **Meaningful Use Clinical Quality Measures** link (circle 1). The **Program Year Selection** page will appear.

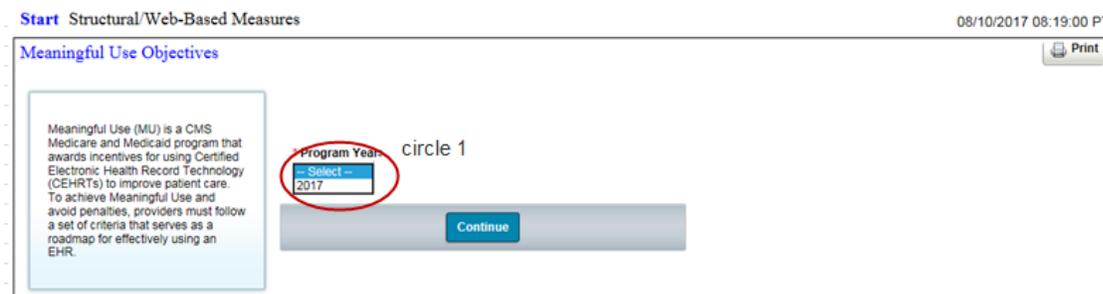


You may access the CQMs if you have successfully completed the registration and the attestation steps, and if you chose to submit your Clinical Quality Measure through online Attestation.

If you have not completed the registration & attestation you will receive an error message at the top of the **Program Year Selection** page and you won't be able to proceed further.

Assuming you are allowed to access CQMs, select 2017 from the **Program Year** drop down (circle 1). If you are a single provider user, the **CQM Status Summary** page will appear.

Step 16 - CQM Program Year Selection



Note: When you are a multi-provider user, you must first select the providers you want to work with from a **Provider Selection** page. The **CQM Status Summary** page will appear after you have clicked **Continue**.

Step 17 - CQM Status Summary Page

CQM link names are different from those of the Objectives. CQMs are identified by alphanumeric identifiers rather than text titles (**circle 1**). There are 29 CQMs. You must complete at least 16 of the 29 CQMs to meet meaningful use. Due to the number of measures, you will have to scroll to the right to see all available CQMs.

Start Structural/Web-Based Measures 08/25/2017 14:35:58PT

Meaningful Use Clinical Quality Measures Print

Submission Period: 01/01/2017 - 02/28/2018 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

arrow 1

Meaningful Use | PY 2017

Select a minimum of 16 out of 29 Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), performance rates(s), and exclusion(s) or exception(s), if applicable, for all selected Clinical Quality Measures on subsequent pages.

Provider ID	CMS32/NQF0496	CMS102/NQF0441	CMS9/NQF0480	CMS30/NQF0639	CMS31/NQF1354	CMS53/NQF0163	CMS60/NQF0164	CMS71/NQF0436	CMS72/N
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incom

circle 1

Back Program Year Selection

TIPS:

- Refer to Appendix B, pages 37-39 of this guide to connect these identifiers with specific measure descriptions.
- If you hover over the measure identifier on this screen the measure short title will appear in a text box.

The **CQM Status Summary** page operates like the Objective Summary Status page. Examples of the differences between the way Objective and CQM data entry pages are in the next series of screen shots. Example 1 (**arrow 1**).

Step 18 - CMS32/NQF0496 - Median Time from ED Arrival to ED Departure for Discharged ED Patients (example 1)

All CQM questions are hierarchical, whether the answer selected is **Yes** or **No (circle 1)**.

Start Structural/Web-Based Measures

08/25/2017 14:54:07PT

Meaningful Use Clinical Quality Measures

Provider: [REDACTED] CCN: [REDACTED] Submission Period: 01/01/2017 - 02/28/2018 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Measure: CMS32/NQF0496

Versions: CMS32v2/CMS32v3/CMS32v4/CMS32v5

Title: Median Time from ED Arrival to ED Departure for Discharged ED Patients

Description: Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.

Exemption

Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

Yes
 No

circle 1

Back Submit Print

Measure: CMS32/NQF0496

Versions: CMS32v2/CMS32v3/CMS32v4/CMS32v5

Title: Median Time from ED Arrival to ED Departure for Discharged ED Patients

Description: Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.

Exemption

Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

Yes
 No

arrow 1

Case Threshold Exemption

Enter Case Threshold Exemption.

circle 1

Answering **Yes (arrow 1)** produces one particular set **(circle 1)** of additional questions.

Step 18 – Continued, Median Time from ED Arrival to ED Departure for Discharged ED Patients (example 1)

Answering **No (arrow 1)** produces another but different set (**circle 1**) of additional questions. Notice, too, that there is no **Calculate** button at the bottom of the CQM page (**circle 2**). Once you have entered the required values, click **Submit**.

Measure: CMS32/NQF0496
Versions: CMS32v2/CMS32v3/CMS32v4/CMS32v5
Title: Median Time from ED Arrival to ED Departure for Discharged ED Patients
Description: Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.

Exemption
Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

Yes
 No ← arrow 1

Stratum 1 - All patients with principal diagnosis consistent with mental health disorders.

* Enter Measure Population. [text box]
* Enter Measure Observation. circle 1 [text box]
* Enter Exclusion. [text box]

Stratum 2 - All patients transferred to another acute care hospital.

* Enter Measure Population. [text box]
* Enter Measure Observation. [text box]
* Enter Exclusion. [text box]

Stratum 3 - All patients other than those included in strata 1 and 2.

* Enter Measure Population. [text box]
* Enter Measure Observation. [text box]
* Enter Exclusion. [text box]

Total Score

* Enter Measure Population. [text box]
* Enter Measure Population. [text box]
* Enter Exclusion. [text box]

circle 2

Back Submit Print

Step 18 – Continued

A successfully-saved message appears at the top of the screen (**arrow 1**) upon clicking ‘Submit’ once all relevant questions have been answered.

Information
Successfully Saved Median Time from ED Arrival to ED Departure for Discharged ED Patients.

Measure: CMS32/NQF0496

Versions: CMS32v2/CMS32v3/CMS32v4/CMS32v5

Title: Median Time from ED Arrival to ED Departure for Discharged ED Patients

Description: Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.

Exemption

Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

Yes
 No

Startum 1 - All patients with principal diagnosis consistent with mental health disorders.

* Enter Measure Population.

* Enter Measure Observation.

* Enter Exclusion.

Startum 2 - All patients transferred to another acute care hospital.

Step 18 – Continued, Completed CQM

The CQM is marked completed in the CQM Status Summary table (arrow 1).

Start Structural/Web-Based Measures 08/25/2017 15:36:40PT

Meaningful Use Clinical Quality Measures Print

Submission Period: 01/01/2017 - 02/28/2018 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017
Select a minimum of 16 out of 29 Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), performance rates(s), and exclusion(s) or exception(s), if applicable, for all selected Clinical Quality Measures on subsequent pages.

Provider ID	CMS32/NQF0496	CMS102/NQF0441	CMS9/NQF0480	CMS30/NQF0639	CMS31/NQF1354	CMS53/NQF0163	CMS60/NQF0164	CMS71/NQF0436	CMS72/NQF0437
351313	Completed	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

arrow 1

Back Program Year Selection

Resources:

- Quality Net Secure Portal, <https://www.qualitynet.org/>
- Questions about the Web-Based Data Collection Tool application and help with technical issues:
- QualityNet Help Desk at qnetsupport@hcqis.org
- 1 (866) 288-8912.
- The QualityNet Help Desk is available by selecting the Help Desk link at the bottom of any page throughout this application.

The screenshot displays the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a login prompt for the QualityNet Secure Portal (formerly MyQualityNet), and a search box. Below this is a main navigation menu with tabs for Home, My QualityNet, and Help. A secondary menu lists various facility types: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and Quality Improvement. The main content area features a prominent yellow banner announcing a QualityNet Secure Portal downtime scheduled for December 15-18. To the left, there is a 'QualityNet Registration' section with links for Inpatient, Outpatient, Physician Offices, ASCs, Cancer Hospitals, ESRD Facilities, and Inpatient Psychiatric. To the right, there is a 'Log in to QualityNet Secure Portal' section with a login button and a note about downloading Symantec ID. Below the banner, there is a 'QualityNet News' section with a 'More News >' link. The footer contains a 'QualityNet Help Desk' link and other legal notices like Accessibility Statements, Privacy Policy, and Terms of Use.

For more information on the EHR Incentive Program, visit the CMS EHR Incentive Programs website, <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>

Acronyms

Centers for Medicare and Medicaid (CMS)
Critical Access Hospital (CAH)
CMS Certification Number (CCN)
Certified EHR Technology (CEHRT)
Electronic Health Record (EHR)
Hospital Quality Reporting (HQR)
Inpatient Prospective Payment System (IPPS)
Inpatient Psychiatric Prospective Payment System (IPF PPS)
Meaningful Use Quality Reporting (MU)
Office of the National Coordinator (ONC)
Center for Clinical Standards and Quality (CCSQ)
Outpatient Prospective Payment System (OPPS)
Payment File Development Contractor (PFDC)
Quality Management Value and Incentives Group (QMVIG)
QualityNet Secure Portal (QNet)

Appendix A

Stage 2 and Stage 3 Specification Sheets

Stage 2

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EH_Medicaid_ModifiedStage2.pdf

Stage 3

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EH_Medicare_Stage3.pdf

Appendix B - CQM measure titles and descriptions

Measure Number	Measure Title	Measure Description
CMS32	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.
CMS102	Assessed for Rehabilitation	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.
CMS9	Exclusive Breast Milk Feeding	Exclusive breast milk feeding during the newborn's entire hospitalization.
CMS30	Statin Prescribed at Discharge	Acute myocardial infarction (AMI) patients who are prescribed a statin medication at hospital discharge.
CMS31	Hearing Screening Prior To Hospital Discharge	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.
CMS53	Primary PCI Received Within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.
CMS60	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less
CMS71	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
CMS72	Antithrombotic Therapy by End of Hospital Day 2	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.
CMS73	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy.
CMS91	Thrombolytic Therapy	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom t-PA was initiated at

		this hospital within 3 hours of time last known well.
CMS100	Aspirin Prescribed at Discharge	Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge.
CMS104	Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
CMS105	Discharged on Statin Medication	Ischemic stroke patients who are prescribed statin medication at hospital discharge.
CMS109	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages and had their platelet counts monitored using defined parameters such as a nomogram or protocol.
CMS113	Elective Delivery	Patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed
CMS172	Prophylactic Antibiotic Selection for Surgical Patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).
CMS188	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	(PN-6) Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines (Population 1) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines (Population 2) Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines
CMS26	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.
CMS55	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Median time from emergency department admission to time of discharge from the emergency room for patients admitted to the facility from the emergency department.
CMS107	Stroke Education	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.

CMS110	Venous Thromboembolism Discharge Instructions	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.
CMS111	Median Admit Decision Time to ED Departure Time for Admitted Patients	Median time (in minutes) from admit decision time to time of discharge from the emergency department for emergency department patients admitted to inpatient status.
CMS108	Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.
CMS114	Incidence of Potentially-Preventable Venous Thromboembolism	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.
CMS171	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.
CMS178	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.
CMS185	Healthy Term Newborn	Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care.
CMS190	Intensive Care Unit Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).