
Medicare EHR Incentive Program

Meaningful Use Objectives and Clinical Quality Measures
<table>
<thead>
<tr>
<th>Step</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Started</td>
<td></td>
</tr>
<tr>
<td>Step 1 – Under Quality Programs, Choose Hospital Quality Reporting</td>
<td>4</td>
</tr>
<tr>
<td>Step 2 – Program Selection</td>
<td>6</td>
</tr>
<tr>
<td>Step 3 – Program Year Selection</td>
<td>7</td>
</tr>
<tr>
<td>Step 4 – Objective Stage Selection</td>
<td>8</td>
</tr>
<tr>
<td>Step 5 – Provider Selection</td>
<td>9</td>
</tr>
<tr>
<td>Step 6 – Objective Status Summary Page</td>
<td>10</td>
</tr>
<tr>
<td>Step 7 – Objective 1, MU Modified Stage 2</td>
<td>13</td>
</tr>
<tr>
<td>Step 8 – Objective 2 Electronic Prescribing</td>
<td>16</td>
</tr>
<tr>
<td>Step 9 – Objective 2 with No Measure Exclusion and Numerator and Denominator Required</td>
<td>19</td>
</tr>
<tr>
<td>Step 10 – Objective 2 Successfully Saved</td>
<td>21</td>
</tr>
<tr>
<td>Step 11 – Objective 6 - Patient Electronic Access to Health Information</td>
<td>22</td>
</tr>
<tr>
<td>Step 12 – Objective 6 with No Exclusion for Second Measure</td>
<td>24</td>
</tr>
<tr>
<td>Step 13– Objective 6 with Second Measure Exclusion Results</td>
<td>25</td>
</tr>
<tr>
<td>Step 14 – Objective 6 Status Updated</td>
<td>27</td>
</tr>
<tr>
<td>Step 15 – Clinical Quality Measures (CQMs)</td>
<td>28</td>
</tr>
<tr>
<td>Step 16 – CQM Program Year Selection</td>
<td>28</td>
</tr>
<tr>
<td>Step 17 – CQM Status Summary Page</td>
<td>29</td>
</tr>
<tr>
<td>Step 18 – CQM Data Entry Examples</td>
<td>31</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Questions/Help</td>
<td>34</td>
</tr>
<tr>
<td>Acronyms</td>
<td>35</td>
</tr>
<tr>
<td>Appendix A – Links to Stage 2 and Stage 3 attestation worksheets</td>
<td>36</td>
</tr>
<tr>
<td>Appendix B – CQM measure titles and descriptions</td>
<td>37</td>
</tr>
</tbody>
</table>
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.
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).
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.


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.

Regardless of whether you are a single provider user or a multi-provider user, the status summary pages operate 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 February 28, 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 straightforward 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.

![Image of data entry page with examples](https://www.qualitynet.org/)

12 | Page Revised December 28, 2017 Vol. 1
Step 7 - Objective 1, MU Modified Stage 2

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**

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

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Protect Electronic Protected Health Information (ePHI)</th>
<th>eRx (electronic prescription)</th>
<th>Health Information Exchange</th>
<th>Patient-Specific Education</th>
<th>Medication Reconciliation</th>
<th>Patient Electronic Access to Health Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completed</td>
<td>Rejected</td>
<td>Completed</td>
<td>Incomplete</td>
<td>Rejected</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
</tr>
</tbody>
</table>

*Image of a table and diagram showing various health information exchanges and statuses.*
Step 8 - Objective 2 Electronic Prescribing

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

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

1. Exclude: 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.

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

Measures: More than 50% of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CDRH.
Step 8 – Continued,

Objective 2 with Measure Exclusion

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.

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**

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

Information:
Successfully Saved eRx (electronic prescribing) information.

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

Measures: 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 CEHR.

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

- Yes
- No

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

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.

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 CEHR.

50%
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).

![Diagram of Objective Status Summary with arrow pointing to completed status](https://www.qualitynet.org/)

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.
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.
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.

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.
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).
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.
Step 14 - Objective 6 Status Updated

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

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.

**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).

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.
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.
Step 18 – Continued, Completed CQM

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

- Quality Net Secure Portal, [https://www.qualitynet.org/](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.

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


Stage 3

## Appendix B - CQM measure titles and descriptions

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Measure Title</th>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS32</td>
<td>Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.</td>
</tr>
<tr>
<td>CMS102</td>
<td>Assessed for Rehabilitation</td>
<td>Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.</td>
</tr>
<tr>
<td>CMS9</td>
<td>Exclusive Breast Milk Feeding</td>
<td>Exclusive breast milk feeding during the newborn's entire hospitalization.</td>
</tr>
<tr>
<td>CMS30</td>
<td>Statin Prescribed at Discharge</td>
<td>Acute myocardial infarction (AMI) patients who are prescribed a statin medication at hospital discharge.</td>
</tr>
<tr>
<td>CMS31</td>
<td>Hearing Screening Prior To Hospital Discharge</td>
<td>This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.</td>
</tr>
<tr>
<td>CMS53</td>
<td>Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>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.</td>
</tr>
<tr>
<td>CMS60</td>
<td>Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</td>
<td>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.</td>
</tr>
<tr>
<td>CMS71</td>
<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
<td>Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.</td>
</tr>
<tr>
<td>CMS72</td>
<td>Antithrombotic Therapy by End of Hospital Day 2</td>
<td>Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.</td>
</tr>
<tr>
<td>CMS73</td>
<td>Venous Thromboembolism Patients with Anticoagulation Overlap Therapy</td>
<td>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.</td>
</tr>
<tr>
<td>CMS91</td>
<td>Thrombolytic Therapy</td>
<td>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...</td>
</tr>
<tr>
<td>CMS</td>
<td>Measure</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CMS100</td>
<td>Aspirin Prescribed at Discharge</td>
<td>Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge.</td>
</tr>
<tr>
<td>CMS104</td>
<td>Discharged on Antithrombotic Therapy</td>
<td>Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.</td>
</tr>
<tr>
<td>CMS105</td>
<td>Discharged on Statin Medication</td>
<td>Ischemic stroke patients who are prescribed statin medication at hospital discharge.</td>
</tr>
<tr>
<td>CMS109</td>
<td>Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram</td>
<td>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.</td>
</tr>
<tr>
<td>CMS113</td>
<td>Elective Delivery</td>
<td>Patients with elective vaginal deliveries or elective cesarean births at &gt;= 37 and &lt; 39 weeks of gestation completed</td>
</tr>
<tr>
<td>CMS172</td>
<td>Prophylactic Antibiotic Selection for Surgical Patients</td>
<td>Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).</td>
</tr>
<tr>
<td>CMS188</td>
<td>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients</td>
<td>(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</td>
</tr>
<tr>
<td>CMS26</td>
<td>Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver</td>
<td>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.</td>
</tr>
<tr>
<td>CMS55</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients</td>
<td>Median time from emergency department admission to time of discharge from the emergency room for patients admitted to the facility from the emergency department.</td>
</tr>
<tr>
<td>CMS107</td>
<td>Stroke Education</td>
<td>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.</td>
</tr>
<tr>
<td>CMS110</td>
<td>Venous Thromboembolism Discharge Instructions</td>
<td>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.</td>
</tr>
<tr>
<td>CMS111</td>
<td>Median Admit Decision Time to ED Departure Time for Admitted Patients</td>
<td>Median time (in minutes) from admit decision time to time of discharge from the emergency department for emergency department patients admitted to inpatient status.</td>
</tr>
<tr>
<td>CMS108</td>
<td>Venous Thromboembolism Prophylaxis</td>
<td>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.</td>
</tr>
<tr>
<td>CMS114</td>
<td>Incidence of Potentially Preventable Venous Thromboembolism</td>
<td>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.</td>
</tr>
<tr>
<td>CMS171</td>
<td>Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</td>
<td>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.</td>
</tr>
<tr>
<td>CMS178</td>
<td>Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero</td>
<td>Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.</td>
</tr>
<tr>
<td>CMS185</td>
<td>Healthy Term Newborn</td>
<td>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.</td>
</tr>
<tr>
<td>CMS190</td>
<td>Intensive Care Unit Venous Thromboembolism Prophylaxis</td>
<td>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).</td>
</tr>
</tbody>
</table>