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Welcome. Hello, everyone. Thank you for joining today's CMS EHR Hospital Transition QualityNet Demonstration Webinar. Today our presenters are Nichole Davick from the Centers for Medicare and Medicaid Services, Division of Health Information Technology, and Chris Truman from the Healthcare Quality Information Systems. During the webinar, CMS will offer an overview of the transition of Medicare EHR Incentive Program Attestation process to QualityNet. In addition, CMS will provide a detailed demonstration of how eligible hospitals and critical access hospitals can register, attest, and submit objectives and measures on QNet. CMS will address questions at the end of the webinar as time allows. And now I'll turn it over to Nichole Davick from CMS. Nichole.

Thank you. Next slide, please. As she spoke of, this is our agenda. Next slide, please. Next slide, please. So what is changing? For Medicare eligible hospitals and critical access hospitals, the EHR Incentive Program attestation process has migrated from the Medicare and Medicaid EHR Incentive Program Registration and Attestation System to QualityNet Secure Portal, or QNet. By transitioning to one system, CMS is streamlining data submission methods for eligible hospitals and CAHs, attesting to CMS for the EHR Incentive Program. The goal is to make it easier for hospitals to report data to CMS instead of reporting CQMs and meaningful use attestation in two separate systems. Eligible hospitals and CAHs will be able to report this information through one portal, QNet. Eligible hospitals and CAHs do not need to do anything differently to prepare for this transition. Instead, they can continue to collect the data the way they normally would. As of January 2nd, we opened the attestation for eligible hospitals and CAHs attesting to CMS for the EHR Program, and they must submit their calendar year attestation through QNet. CAHs that attest to CMS for the EHR Incentive Program using QNet also have the option to attest to CMS for Clinical Quality Measures, CQMs, or electronically report CQMs using QNet.

Next slide, please. The Registration and Attestation System will still be available for Medicaid eligible hospitals. Medicaid only hospitals should contact their state Medicaid agencies for specific information on how to attest. Prior year attestations are now view only in the Registration and Attestation System for Medicare eligible hospitals and CAHs. And hospitals and CAHs attesting for both Medicare and Medicaid, as dually eligible, must register and attest for Medicare on the QNet portal and update and submit registration information in the Medicare and Medicaid EHR Incentive Program Registration and Attestation System. If you're not a Medicare eligible hospital or CAH or dually eligible hospital or CAH, you are not required to attest to the EHR Incentive Program through QNet.

Next slide, please. On October 1st, we opened the new enrollment registration on the QNet portal. You can take one of two actions. If you don't have an account on QNet already from previous CQM submissions, you'll need to create a new one before you attest. For help with enrollment and registration, review the QNet User Guide on the CMS.gov Eligible Hospital Information page, or, number two, if you or the person or department at your hospital who usually submits EHR data already has an account, you'll need to update that existing account by adding the MU role before attesting. If your organization's account had several users associated with the account, you may not have permission to make the change. The designated security administrator can make the meaningful use role update.

Next slide, please. When can you attest? As of January 2nd, QNet opened for 2017 Medicare EHR Incentive Program Attestation. If you have authorized a surrogate user to attest for you, they need to create their own QNet account to attest using your data. At this time, vendors are not able to electronically attest on behalf of hospital clients. We are working towards that to allow vendor attestation in the future.

Next slide, please. Here are the key dates and milestones. October 1st, we allowed enrollment into QNet. January 2nd, we opened the attestation for hospitals and CAHs, and we have until February 28, 2018 when the attestation period ends.

Next slide, please. Here are the hospital transition resources -- the CMS.gov Eligible Hospital Information page. Links to the Enrollment User Guide. The Transition Overview Fact Sheet. And we have User Role Management Guide, in addition to the two new guides for Registration and Attestation and Hospital Objectives and Clinical Quality Measures. Eligible Hospital Information page for details is the CMS.gov Eligible Hospital link, and the three user guides are there, as well.

Next slide, please. So we'll now begin a step-by-step walk-through of the Registration and Attestation Process of QualityNet, and I'll turn it over to you, Chris.

Thank you, Nichole, and thank you, all, for taking the time to join us today. I'm going to walk us through the online application that's going to be utilized to enter meaningful use data through the QualityNet Secure Portal. In order to get access to the secure side of this portal, you're going to need a user name, a password, and a Symantec V.I.P. security code. That coincides with the two-factor authentication requirements needed for the secure side. Once you have access to the secure side of the portal, your security admin will provide you with the roles that are needed to navigate to the web-based data-collection tool and another role that actually provides you the access to submit meaningful use data within it.

This walk-through is actually going to begin at the point of where you're logged into the secure side of QualityNet. A couple things I want to remind everybody on the phone first is that my screen is actually going to be of a test environment. So there's going to be some submission dates in here that you may see that are not going to look accurate, but that's set to allow us to walk through this demonstration today and show you any data-entry points of this application. So once you log in, you're actually going to come to this landing page that I'm displaying right now. At the top of the screen, you're actually going to see some drop-down fields, one of these being the Quality Programs, and if you select that, you're going to see Hospital Quality Reporting.

Once you go to the Hospital Quality Reporting, that takes you to a My Tasks page, and it's going to give you a bunch of different applications or portlets. Your My Tasks page may look different than what I'm displaying on the screen right now as these are different applications that will show up under your profile based upon roles that are assigned to your account. Once your security admin gives you roles to the meaningful use submission, you're actually going to see the portlet that's called Managed Measures, and you're going to click on the link that states View, Edit, Structural/Web-Based Measures and Data Acknowledgement. This is the application in which we're going to be able to enter our meaningful use data. On this screen, you may

also see some different program links here. You're going to see that I have access to Inpatient, Outpatient, as well as Meaningful Use. We're going to disregard the first three links on this page, and we're going to navigate through the bottom four options in how to submit your meaningful use information. First thing you need to do is, we need to make sure that you have an active registration or disclaimer on file. That's needed before you can attest or submit any objectives, Clinical Quality Measures into this portal.

I'm going to demonstrate how you go through this and submit your registration. If you actually have already submitted registration for previous years, that data should have come over, and you should already see that information in clicking in this screen. The first thing that I'm going to do is try to navigate into the other options, so Attestation or Objectives, without submitting any registration information and show you the prompt that you're going to get upon trying to do that. If I click on Attestation, and I select my payment year or my program year being 2017, I click "Continue," I should see "Edit" at the top of the screen that will tell me that I can't come into Attestation prior to submitting my registration information. So you'll see the Error at the top of the screen. Any time there's any errors that need to be fixed before you can submit or navigate through the system, you're going to see the Error messages at the top of the screen just as I'm showing right here. So we're going to go through the assumption that we have not yet submitted any registration information, and I'll show you what that screen looks like. Once you click on that link, you're going to be brought to a summary page. The summary page is going to show you the three different pieces of information that need to be submitted in order to complete your registration. There's Registration Information, there's Business Address and Phone, and then there's also a disclaimer that needs to be completed. You'll see that all of these show that they're in an incomplete status currently, showing that I have not yet submitted this information. You can get to submitting this information by simply clicking on these. These are hyperlinks. They'll take you to the information that you need to have submitted. We're going to go into the registration information, and that's going to bring you to this page where it shows you the questionnaire. Some of these pages have dynamic questions that are asked, and what that means is if I select different options, I'm going to see different questions on this screen. Another thing that I want to note is that you're going to see all of the ones that are required data elements. In order to submit your information, you're going to see as identified with a red asterisk. So this top one being a required question, you can see that the default questions that are asked, but if I select different options -- so if I state Medicare and Medicaid, I'm going to get questions about Medicaid, as well.

What I'm going to do for the purpose of this call is to actually just go through Medicare, and I'm going to click on "Select the Medicare Hospital Type," and then asking if I have an EHR Certification Number. At this point in time, I do not need to enter in an EHR Certification Number, but we will be asked to do that again in the Attestation Information. If I do click "Yes," you're going to see another question populate, but you can also click "No," and it's not going to hold you back from being able to successfully register. I'll click "Submit," and then at the top of the screen, you're going to see that the information was successfully saved, and so now if I go back -- While this came up, I'll explain what this screen is saying. So this is just a warning that any time you navigate away from a screen, it's going to tell you that unless you've actually submitted the information, it's not

going to save. So what this is, is this is a reminder edit to make sure that if I were to click back before I submitted this information, that it's telling me that that information is not going to be saved unless I have submitted it. Knowing that I did submit it, and I got the confirmation that it has been submitted, I'm going to click "Okay," and it's going to take me back to the Summary Page, where it's now going to show that registration information as completed. The next thing that I'll complete is the business address and phone number. So once I click on that, I can put my information in these fields, as well. On some of these fields, you're going to have different labels in them, and meaning that you have to submit something the proper way. So the phone number being one, if I click -- If I just enter data in here without a proper formatting and try to save, we're going to see an edit that's going to populate. You're going to see this show up as a red-text font, and it will actually tell you how that needs to be entered. It needs to be entered with a format of "X-X-X" with hyphens in it. So once I correct that, you're going to see that go away, and it's no longer an edit at the top of the screen, nor around the field that I'm trying to enter. Once I enter that, I can then also hit "Submit." I'm going to see my confirmation at the top saying that it has successfully saved my business address and phone number. So I can click back. I can now click back now to navigate back to the Summary screen. On the disclaimer, I'm going to select that one, and the Registration Disclaimer is going to come up. This is an attestation page, or just a one-click attestation, so make sure that you read over the general notice and if you accept and agree at the bottom. You will say yes, that you acknowledge, you'll enter your position, and then you will click "Submit." On doing so, you're also going to see that your information is successfully saved, and navigating back to the Summary page, you're going to see that we now have everything that we need completed for our registration information. If I click back there, it's going to bring me back to that same landing page where I can now go into my attestation and disclaimer, and now we should not receive that same edit that we had before, where it's actually going to take us into another summary page just like we did for registration information.

What we're going to do is we're going to come into the Attestation Information. I'll open that screen up. And then you're going to see the same type of questions that we saw with registration, where you're going to be asked information, and you can put in your data elements. Your first one on here is your EHR Certification Number. The EHR Certification Number is going to be a field that needs to be populated, and there's going to be -- the CEHRT numbers actually have certain positions, and positions three through five, that translate to the technology of your EHR system. That's going to drive what type of objectives that you're going to be able to submit later on. What we're going to do is I'm going to just enter a certification number with a 14E in it, which means that -- or a 15E, which means that I'm going to have the option to select either Modified Stage 2 or Stage 3 as my objective. I'll answer these next questions, and then we'll see a reporting period for MU objectives and a reporting period for Clinical Quality Measures. For the purpose of these meaningful use objectives, this needs to be a consecutive 90 days. What I'm going to do just to meet this threshold is I'm going to put the entire year.

And for Clinical Quality Measures, if this is your first time attesting to meaningful use, this is also a role in 90 days. However, if you are a returning provider, it is also the full year, as well. So I'm going to enter mine as the whole calendar year. These fields do provide edits that if you are outside of the thresholds that need to be met, you will receive some

edits, just like we did on the previous screen. This next question down here is choosing whether you are going to submit your Clinical Quality Measures through this application by indicating this box, or you can state that you are going to electronically submit your Clinical Quality Measures via QRDA file. So if -- There's an enhancement that we're bringing in where we're actually bringing this question up top, and you will actually, if you select this as your answer, you're no longer going to have to put in your reporting period for your Clinical Quality Measures because it's going to be done through QRDA files, and so, therefore, you don't need to submit any Clinical Quality Measure reporting period in there.

At the bottom of the screen, you're also going to see three attestation statements. These three attestation statements, as you can see, are required, so whether you attest to these attestations or not, you will read these and select the appropriate answers. I'm just going to select "Yes" on all three of these and then hit "Submit." Once I hit "Submit," I can come to the top of the screen and show that that information has been successfully saved, and so then I can navigate back to my Summary page to make sure that this shows that it's now in a completed status. In my disclaimer, I can come out here.

This is another disclaimer. This one is specific to attestation, so this is another one that you will need to read through, acknowledge, and put your position. Once you do that, you're actually going to be taken back to this screen, where you're going to show this information is now completed. Now that I've done that, I can actually go back to the "Start" option, and I can now, since I've done my attestation which drives -- that certification number driving my objectives, I can now submit my objectives. So the objectives, once I click on this, I'm going to select my year, and based upon the certification number I entered, I should get the option to either select "Entering Modified Stage 2 Objectives" or "Stage 3 Objectives."

To demonstrate how this would be any different, I'll go back to the Attestation screen, and I'm going to modify this certification number to a 14E. I'm going to submit that information, and then that's going to tell the system that I have a different technology year, and so those of you with the positions three through five of your certification number, when you come to your Objectives screen, you won't have the option of selecting Modified Stage 2 or Stage 3. It will automatically bring you into Stage 2. As you can see, it's going to give you all of the objectives that need to be completed. Just as before, your Summary Status screen shows you which ones you've completed and which ones you have not. For purposes of time, we're not going to go through all of these, but I will select a couple to demonstrate.

One of these is going to be a patient-specific education. The reason I want to show this one is because there is a 10% threshold for this one. So what I'm going to do is I'm going to enter a numerator of one and a denominator of 20. And when I go to calculate, I'm going to see my percentage is 5%. It's going to allow me to keep that. As a result, I can even submit this, and you're going to see that you have on here that your required threshold of over 10% is not met, but you do see that it's successfully saved. The reason I wanted to show this is if you go back to this screen, your Summary screen, you're now going to see this in a rejected status, meaning that the data that you put in there does not meet the threshold that needed to be met with that specific objective. I can, since I'm still in the Summary, since I'm still in the Submission Period, can come back out here, and I can fix this. Maybe that was actually supposed to be a 10 rather than a 1, so I can

come out and save that. I could recalculate, and then you will see the result updated, and once I submit this again, I can go back to my Summary page, and you'll see that that has now been updated to a completed status. The other measure that I'm going to show on here is a Public Health Reporting Measure. So once I open this one up, there's going to be some text at the top of the screen that tells you that you need to choose three of the four Public Health Measures and attest to at least three of them from this objective. So if I come out here and I put N.A. for two of the measures, and I put "Yes" for the other two, and I hit "Submit," you're going to see the same thing, that you cannot select more than one out of four as not applicable, and so I won't be able to save that. So I actually need to come back and click one of these to a "Yes" or a "No." If you do click, this is another page where there's dynamic, and if I select "Yes," I'm not going to see any more questions, but if I do select "No," you're going to see more questions that you may need to answer. Once I submit that, I've corrected that, so we'll now see that it's successfully saved. I can go back to my Summary Status screen, where it now shows that in a completed status. The last piece that we have on here is the Meaningful Use Clinical Quality Measures. So I'm going to select that link, go into the same program here -- again, 2017. And the reason -- So, you'll recall when I went in through Attestation, I stated that I was going to enter my Clinical Quality Measures through QRDA files. So, because of that, I tried selecting this to go to the Summary Status screen to get to my Clinical Quality Measures, and you're going to see the Error prompt, telling me that I cannot go in. So if I go back to my Attestation, since now I've changed my mind, and I've decided that I do want to submit my Clinical Quality Measures through this application, I can come in here, I can correct this to say that I am going to select this through online Attestation. I'm going to hit "Submit." You're going to see that it's successfully saved. My Summary Status screen is still going to show it's in a completed status, but now I should be able to navigate to my Clinical Quality Measures. Out here in your Clinical Quality Measures, you're going to see all of the different measures that are out here. One thing to note, because of the number of measures that are out here, you will see that these just have the CMS numbers. However, if you hover over those, they're going to tell you exactly which Clinical Quality Measure that is in reference to. So selecting one of these will take you into the pages just like we have for the objectives, where you're going to see information out here. You're going to see an exemption. This exemption question is going to ask you if you have five or fewer discharges. If you say yes, it's going to ask you what your threshold is. So it could be four or three -- any number less than five. If you click "No," it's actually going to bring up the numerator-and-denominator question for you. Please note here, also, when going into the Clinical Quality Measures, you'll notice on the objectives where you actually did a calculation. Here it's asking you for your numerator or your denominator and your performance rate. So you would just put in your performance rate of 50. This is 5 out of 10. Any exclusions that you might have that would exclude somebody from the numerator statement would be listed in this exclusion count. Once I click "Submit," you're going to see that it has successfully saved this measure. Navigating back to the screen, you're now going to show that measure is now in a completed status. Another one that I'll bring up is 172, and the reason I want to bring this one up is because there's multiple strata within this one. So if I click "No" for an exemption, you're going to see different strata, and what I mean by different strata is the different populations. So for the different surgeries or procedures that take place, this question is going to ask you for a numerator, a denominator, performance rate, and exclusion for each one of those. So it's another one of those where the

dynamic based upon both the selection that you place on there, but it also asks you for all of the different strata that's in there. Other than that, what I will do is I will now pass the control back over to Nichole and the rest of the gang to take us back to the Question and Answer.

Thank you, Truman. Before we get into the Q&A, there are a few items that I'd like to bring up of known issues that we're aware of. I've seen in the chat box several of you are experiencing this particular issue, which prevents a returning provider from choosing a 90-day reporting period for the Clinical Quality Measures. The system is requiring a 365-day reporting period. Now, we are actively working on a system fix to allow for the 90 days and hope to have it corrected soon. The estimated delivery date is January 30th.

Additionally, we have an Attestation Information screen that displays on the last attestation statement, "Yes," "No," and "N.A." for the ONC-ACB statement. We are instructing providers to answer "Yes" or "N.A." If you choose "No," the provider cannot continue to the Objectives and Clinical Quality Measures, and, again, we're in the process of correcting the display error.

And finally, we are working on a system correction for the Medicare Advantage hospitals to allow them to attest without reporting Clinical Quality Measures, and we are currently working on the fix for that, and I don't have a date for that. So now I will turn it over to Katherine for the Q&A. Thank you.

Thank you, Nichole. So we will now take questions from attendees. To ask a question, please type it into the chat box.

And so we have a few questions here regarding that 90-day reporting error on QualityNet. So the first question, it looks like someone says they put in that 90-day reporting period for the MU objective, and it took it and shows that their data is complete.

So I don't know -- You need to complete the CQMs, as well. So I'm not sure how that worked, but if you could open a ticket with the QNet Helpdesk, we could take a look at that to make sure that your attestation is successful. Thank you.

Okay. And then the next question, "Would the attestation be accepted despite the error message on the 90-day reporting period, or should we wait until that's been resolved?"

You should wait until it's been resolved, and, again, I apologize for the error.

Okay. And then, "In terms of that 90-day reporting period, does October 1, 2017 through December 31, 2017 qualify as 90 days, or do we count and make it October 1, 2017 through December 29, 2017?"

It just needs to be a continuous 90-day period within the 2017 calendar year. I haven't calculated that out, but you need at least minimum of 90 days. You can do over 90 days.

Okay. "And has CMS considered extending the deadline given that we are unable to submit for a 90-day period, and if there are issues with the

process of attestation, we will not have the benefit of the full reporting period?"

At this time, there is not an extension.

All right. Next question, "QualityNet states dually eligible hospitals are to register or update the registration with both QNet and the Medicare and Medicaid EHR Incentive Program Registration and Attestation System?"

Dually eligible hospitals should update their registration in the legacy Registration and Attestation System. That information was transferred to QualityNet, so if it's the same, you don't need to do anything. We're just recommending that you make sure that your data in that system and the QualityNet Secure Portal is the same because we want the state to get the right information.

All right. Thank you, Nichole. And just a reminder to attendees, if you would like to ask a question, please type it in the Q&A box. Thank you. So next question, "We have contracted with our EMR vendor, Cerner, for eCQM submission. How will we attest as they have the data?"

So I'm assuming that they submitted the CQM through QRDA, and if they did, you can select in the Attestation Information page that I have submitted my eCQM, and you could continue on. Once the fix has been put back into the system, you'll be able to go forward.

All right. Next question, "Do we have to do the electronic CQM submission before we do the attestation disclaimer, or can we check the 'I have submitted' box prior to actually doing so?"

I'll agree. I believe it's either way. It doesn't matter.

Right, right. They can either submit QRDA prior to or after attesting.

Thank you.

All right. Next question, "When I go to the public reporting section, three are required. What option do I take for the specialized registry if I don't want to use that? Do I choose 'No exclusion' and then put zero in the box, or do I put 'N.A.'? I am reporting on the other three."

Can we get back to you on that? I had someone else that I asked to answer the question. Obviously, they're not connected. Sorry.

All right. Next question, "Can we add a second administrator to the QualityNet login?"

Yes, you can. You can have multiple administrators.

Okay. And then this person says they have an employee that has always submitted their P.I. through QualityNet. So can they attest through her login?

As long as it's their own account and they have the proper role to do so, then yes.

All right. Next question, "Is there a hardship application currently available for hospitals?"

No, at this time there is not a hardship for the 2019 payment adjustment. That will be available sometime in late spring, midyear.

All right. Next question, "We have registered with CMS in the past as dual-eligible hospital. Do we still need to register at both QNet and the CMS Registration and Attestation site?"

I think I answered this before, but I'll say it again. I would just recommend that the registration information in QualityNet is the same as it is in the CMS Registration and Attestation System. Again, that information was transferred from the legacy system to QualityNet, so it should be the same if you've made no changes.

Okay. And then a related question. "For dual eligible hospitals that have completed all of their Medicaid Attestation years, do they still choose both Medicare and Medicaid Incentive Programs?"

You can choose Medicare only. You'll be attesting for Medicare to avoid payment adjustments if you've already received your Medicaid money.

All right. Next question, "Do critical access hospitals reporting Advancing Care Information under MIPS APM as participants in an MSSP ACO need to also report under the EHR Incentive Program, or will their attestation and reporting for MIPS APM be acceptable for both programs?"

The CAH II eligible professional would be handled under the QPP or MIPS, but the CAH hospital itself would attest in QualityNet as the facility. I think that if you could open a ticket again with the QualityNet Helpdesk and have that sent through channels for confirmation. I just want to make sure that the policy is correct. Thank you.

All right. This next question is about information blocking. This person says their organization is concerned about supporting documentation. "Do we need to have a policy that addresses three questions specifically?"

Again, I don't have the person that was going to answer that question, but I can say that we do have an information blocking document that is on the CMS.gov EHR Incentive Programs website, which is on the Resources page, and it gives a lot of information about information blocking. Again, if that does not answer your question, please open a ticket with the QualityNet Helpdesk, and it will be sent to the right department for an answer. Thanks.

All right. "And for dual eligible hospitals, what is the timeline that CMS will submit/spend the eCQM and MU functional reporting information to the state Medicaid office?"

We have an interface file that goes to the state. I'm not sure of the timeline. I know that they are getting it routinely like they did before with the legacy system.

All right. Next question, "Is there a way to get a health system account in QualityNet versus a separate account for each facility?"

No, there is not. Health care systems will need to register for a quality account that is directly associated with the facility's CCN.

All right. This next question, "Do CAHs reporting for EPs using MIPS APM report meaningful use measures via QualityNet?"

Again, the EPs would attest through QPP under MIPS, and the hospital itself would attest in QualityNet -- two different provider types.

All right. Next question, "If we're not attesting CQMs for the CAHs, how many eCQMs are required for 2017 submissions?"

The reporting eCQMs is going to be four patient-level QRDA files, so four. However, CAHs are not required to report CQMs.

All right. Next question, "For the position box under the disclaimer section, do we always put provider there, or do we put our personal position at the hospital?"

I believe -- Ivory, you can correct me. I believe that you put the position that you have as an employee in the hospital.

Right. You are correct.

Thank you.

Okay. Next question, "I am a QNet Administrator, and when I click on 'Managed Measures,' I don't have the MU disclaimer option as was shown. How do I add those?"

They would have to have the meaningful use roles added to their account. You can call the Helpdesk for assistance with that.

All right. Let's see. Next question, "Can you provide insight regarding the new answer option for the Public Health Measures -- N.A., submission not required? When would this choice be more appropriate versus choosing yes to the exclusion?"

We will have to take that and get back to you. Thank you.

All right. Next question, "Can more than one person at the facility complete the registration?"

As long as they have the proper role, anybody can complete the registration. If they start and have to stop, then someone else can go in and complete it.

All right. Next question, "Do we have to report one full year for CQMs for Modified Stage 2?"

No, you do not. If you're a returning provider, you may report 90 days. Again, that's the issue that we brought up in the beginning of the Question and Answer period. If you're entering the CQMs into the attestation system into QualityNet, it would be a full year for a returning provider, but many returning providers have already entered their 90 days in QRDA. New providers would enter a 90-day reporting period for CQM if they're entering it into the QNet system.

All right. Next question, "If the hospital name changed since last year, does the hospital need to be re-registered under the new name? What would the correct process be?"

Yes, you would have to re-register. I would go into the CMS Registration and Attestation System if you're dually eligible and enter your registration there and make sure that the registration data is the same in QualityNet. It would have to be changed if you changed your name.

All right. In this next question, this person says they are at a critical access hospital with an inpatient hospital, as well as several clinics, including primary care, women's health, and surgery. They say they're using a vendor to submit MIPS for 2017 and 2018. Do they need to go through this process?

The hospital would have to attest through QualityNet, but the provider groups would attest through MIPS although I can't speak to MIPS. Please check with the QPP website to make sure that is okay for QPP.

Okay. Next question, "For Puerto Rico, we received a notification that will allow the hospitals and CAHs to report 14 days instead of the 90-day period due to Hurricane Maria. Is this currently enabled?"

Yes, it is. It was put into the system yesterday. So it is enabled, yes.

All right. This person says they've completed the Registration and Attestation disclaimers, and to confirm, they can attest with the known eCQM date-range bug -- for example, submit all data and then go back and edit after February 20th?

I don't exactly understand the question. If you have entered 365 days to bypass the bug and entered your data, and if that's not correct data, once the system is fixed, you could go back and correct your reporting period for your CQMs. Attestation is editable before the end of the reporting deadline.

All right. Next question, "When attempting to submit data, we are seeing numbers round down to the nearest percentage. If that percentage is the actual threshold, it results in being considered a failure since the score must be above it. Have you heard of other reports of this?"

Yes, we have, and we're looking into it.

All right. Next question -- Someone asks if you can repeat the answer about having the QNet Administrator for IPPS or OPSS complete the MU submission.

They just need to have the Inpatient Structural Measure Read and Update Role and the Meaningful Use Role added to their account. That will give them access to be able to complete the attestation.

All right. Next question -- Someone's asking about is the provider number showing the actual TIN of the hospital?

It's actually the CMS Certification Number, the CCN, not the tax I.D.

All right. Thank you. Next question, "If we are a new provider attesting for 2017, do we have to register through CMS first or just through QNet?"

Just through QNet. But unless you are a dually eligible hospital, then you want to make sure that your registration is in the Medicare and Medicaid Registration and Attestation System, because that is what the state will get from Medicaid.

Okay. Next question, "If we have the necessary data, can we report for the entire year?"

Certainly.

All right. "And does the QRDA 90-day timeframe need to be the same 90 days used for MU objectives?"

No, it does not.

Okay. Next question, "If you don't complete attestation and go back into QualityNet to complete it, does the program pick up where you left off?"

If you haven't saved any of your information, then you'll have to start over. If you've saved it, then yes.

Okay. And next question, "If we are considering a hardship exemption due to an EMR conversion, do we still need to come here to attest to each measure individually?"

No, you do not. If you're going to submit a hardship application, and it's approved, then you will be exempt from the payment adjustment, but, again, hardship-exemption applications will not be available until probably spring or midyear.

Okay. Next question, "Are we still able to send a text QRDA file using PSVA Tool in QualityNet?"

Yes, the PSVA Tool still allows you to submit test files, as well as files to production.

Okay. Next question, "Will the QNet Administrator who has the MU requirements, and they have someone else who adds this information, as well -- will they be able to see that attestation completed or will the incomplete show? Will they be able to see that changed from incomplete to complete?"

They'll be able to see the change.

Okay. Next question, "If we only need to submit objectives, not CQMs, is it okay to proceed with attesting?"

If you're a returning provider, unfortunately, no, because it won't let you bypass the dates for CQM. That's the issue that we've been talking about that will be fixed on the 30th.

Okay. Next question, "Is there a final 'Submit' button when all your data has been entered?"

A final "Submit" button?

No.

They show as completed as you go along for each measure individually. So once they're all completed, then you're good to go.

Okay. Next question, "Can you edit your answers until February 2018?"

Yes. As long as you're within the submission period, you can still go back and edit the answers that you've previously provided.

Okay. Next question -- It looks like this person has given their meaningful use person the access for all EHR and MU submissions, but they say that it doesn't show that they have the accesses themselves. They're asking, "Do I need to give them to myself, or is it acceptable to just have that one person with access?"

A security administrator cannot give themselves access to anything, so another security administrator would have to add those permissions, but it is okay for only one person to be able to access and submit.

Okay. Next question, "Is there a known file size limit for secure file transfer or PSVA? Is there a benefit to using one over the other for submission?"

There is a file limit. I'm not exactly sure off the top of my head what it is. I know it's very large. The difference between the two is that a hospital community asked for a separate tool, and that's where the PSVA came from. Any time you submit anything through the PSVA, you're able to view it in the secure file transfer. So there really isn't a benefit from choosing one or the other. They both work the same way. They just look a little different.

All right. And I think we have time for one more question. So the last question, "I cannot figure out how to complete the disclaimer. Can you quickly explain that again?"

You mean the Attestation disclaimer? Is that the question?

They did not say.

Okay. So, whether it's the Registration or the Attestation disclaimer, there's just simply a box that you acknowledge the attestation, and then you just place your position, and then you can submit it.

All right.

Once the error has been fixed after January 30th.

All right. So we have reached the end of the webinar. Any additional questions will be addressed in a Q&A document posted to the website after the call. Thank you all for joining today.

Thank you.

This concludes today's conference. You may now disconnect. Speakers, please hold the line.