

February 8 EHR Hospital Transition Questions & Answers Session Q&A

Pre-Submitted Questions

Q: We are a critical access hospital. I submitted our CQMs for 2017 on the QNet site manually for the full year of 2017. However, I noted that CQMs that were eliminated in 2017 show on the "objective Status summary" page. Why? Example CMS#100.

A: The CQM for Aspirin provided at discharge CMS 100 is still active for the 2017 reporting year. We are unclear what the questioner is asking. Please contact the QNet Help Desk at 1-866-288-8912 if you need further assistance.

Q: What if you inadvertently entered data and completed some of the eliminated clinical quality measures? I'm unable to remove the information.

A: You should be able to edit all objective and clinical quality measure fields. If you are having trouble please contact the QNet Help Desk at 1-866-288-8912 for assistance.

Q: When registration, attestation, measures, and objectives have been marked complete, is the "MU-Attestation Summary Report" the only proof of completion?

A: Yes.

Q: On the MU attestation Information page in QNet, there are three attestation statements you need to attest to. What is the difference between question 2(ONC) and 3(ONC_ACB), and why does 3 have the choice of N/A – Submission not required?

A: The QPP 2017 final rule indicated question #3 ONC ACB attestation is optional and the first two (Prevention of Information Blocking & ONC Direct Review) are required statements. Since it is optional to respond to question #3, "N/A" was made an option.

Q: How can a hospital indicate that they are in active engagement with more than one specialized registry to meet the public health objective? If I select N/A more than once, my submission is rejected.

A: This is a known issue in QNet. You are allowed to exclude all of the measures in the public health objective. Enter your answers into the measure and contact the QNet Help Desk at 1-866-288-8912 to log a ticket. We will reset the status to "completed". In addition, we will change the wording on the public health screen in the future to ensure users have a high level of confidence that they are attesting correctly the first time. We are adding "Are you claiming an exclusion for this public health measure?"

Q: To prepare for a possible audit, our vendor provides guidance on the evidence required for the objective measures to keep on file. I would like to know if you have any guidance on the documentation we should obtain to support the attestation questions within the registration part of the process. As an example, the Information Blocking statements. As I attest "yes" to all questions, what evidence is required to support my responses?

A: We stated in the MACRA final rule at 81 FR 77027 that a provider may respond "no" for circumstances which make it unduly burdensome or include requests for assistance related to a capability that has not been enabled in the health care provider's system due to cost concerns, are time consuming, not necessary for their practice, etc. Please note that if a health care provider selects "no,"

they should retain documentation for the reasons/circumstances related to this, or they may be found to have not cooperated “in good faith.” Responses of “yes” would not require evidence to support a response that would be at the discretion of the health care provider.

Q: Prior to this year, when we attested on the EHR Incentives website, there was a status of Passed once our attestation was accepted. How do we know this year on QNet that we passed MU? The status of each objective changes to completed while attesting, but there is no final submission to view a Passed status.

A: Objectives will show “COMPLETED.”

Q: How do you know if your attestation is successful?

A: Objectives will show “COMPLETED.”

Q: Do we need to wait until our eCQM data submission has been successfully completed before we can do our Meaningful Use Attestation?

A: No, they can be reported at different times before March 16.

Q: We will not have submitted our Clinical Quality Measures data prior to the date we plan to attest due to the known issues at QualityNet that are delaying our QRDA test submissions.

However, the Meaningful Use Attestation/Disclaimer includes a statement:

1. eCQM Reporting

Please choose eCQM reporting method.

-- I have submitted my Clinical Quality Measures data electronically through QRDA files

-- I will submit my Clinical Quality Measure data right now through online Attestation

How should we respond to this if we are planning to attest before we do our QRDA file submission?

A: You would reply, "I have submitted my clinical quality measures data electronically to a QRDA file."

Q: When will the hardship application be available for Calendar Year 2017?

A: Mid to late spring. We will announce via listserv when the applications are posted to the CMS.gov EHR website when published.

Q: Are Eligible Hospitals required to update the historical EHR Certification Number in the legacy CMS Registration to match the EHR Certification Number in the QualityNet Attestation portal?

A: If the hospital is dually eligible their registration information needs to be the same in the legacy system and QNet. Note: CHERTs are not required in the registration screens.

Q: Will the CMS Objectives and Clinical Quality Measures User Guide for Eligible Hospitals and Critical Access Hospitals Revised December 28, 2017 Vol. 1 be updated to reflect recent changes that were made to the QualityNet Eligible Hospital (EH) Meaningful Use (MU) Attestation portal in late January 2018?

A: Yes.

Q: When attesting in QualityNet, our QNet security administrator will access and facilitate, but our hospital administrator will attest. Is there a way to assign accountability to the hospital administrator within the attestation site?

A: There is not.

Q: On the QNet Registration page, the Certified EHR number is different than the number we are using for our eCQM file uploads. Which number should be entered for the Meaningful Use EHR Incentive Program?

A: You should enter the current CEHRT number of your EHR. For more information on CEHRTs visit the CMS.gov EHR website and click on 'certified EHR technology'. If there's a discrepancy, a difference in the EHR number that you are using to attest versus what may have been submitted in a QRDA file for e-reporting, then there's no system impact to that if those numbers are different right now. Therefore, you would want to report appropriately. If you attested information in one CERT, then you could enter that CERT in the attestation system. If your security e-files have already been submitted with a different CERT, there's no impact.

Q: We have submitted our QRDA I files to QNet and received a confirming email for the submission, but have not received the second email that contains the batch number and details. We have logged a ticket, but were not given an ETA. When do you expect to have this issue fixed so we know next steps?

A: We're monitoring QRDA submissions closely and communication is being sent to submitters who have batches in the submission queue to keep them apprised that we have been experiencing a high number of QRDA submissions. We believe that that queue will be clearing very soon. We have some server updates going out. If you have not opened a QualityNet help desk ticket, you are encouraged to do so by contacting the QNet Help Desk at 1-866-288-8912 for assistance. At this time, we're holding on resubmitting any files that have been submitted, as they are still processing.

Q: What if the CEHRT ID that a user inputs in the QualityNet screens is different from what was submitted in QRDA files?

A: There is no impact, however to clarify, CEHRT is required in QRDA but is not being validated for 2017 discharge submissions. We would assume that once any transitions are complete, then those numbers would align, and there wouldn't be further discrepancies. For 2017 reporting, there'd be no impact in the difference.

Q: For hospitals reporting eCQMs that have 0 denominator cases, what sections need to be completed in the new QSP interface? (I see it for manual attestation of CQMs, but not certain if require for eCQMs)

A: They will need to go to the EHR Incentive Program Hospital eCQM Reporting-Denominator Declaration link in the QSP. This is on the 'My Tasks' Screen in QNet. If you have an eCQM that you have selected to e-report and declare denominator declaration, there is a separate portlet in QualityNet.

Q: In QSP reports, users are instructed to run Feedback reports for this. How do vendors access these EHR Incentive Program and IQR-EHR columns? They were available to us last year, but now we cannot see this progress and hospital users are still experiencing issues running from Feedback reports.

A: By default, vendors can only run submission reports for the submissions they upload data for (and are authorized for). If a vendor wishes to view additional reports they will need to request access to the reports through the Secure Portal. Health Care Systems use the same process to gain access to these reports. If you're seeing issues with any reports being run through the feedback category, please contact the QNet Help Desk at 1-866-288-8912 for assistance.

help with interpreting report outcomes.
10. Confirm eCQM requirements have been met. Select Report Category [EHR Hospital Reporting – Feedback Reports] and Run the eCQM Submission Status Report. Successful submission of eCQM reporting is met when "Yes" is displayed in the following fields: Program Year Successful eCQM Data Submission: [EHR Incentive Program] and [IQR-EHR]. NOTE: This report is a "snapshot." As file(s) are deleted and/or resubmitted, rerun this report to re-verify requirements have been met.

Q: What happens if a customer manually reports a year of CQMs, but uses a vendor to also report eCQMs? Will one supercede?

A: The eCQM reporting method that you elected, in the attestation information screen, will dictate which form of submission will be used. If you have stated that you are submitting data electronically, it will use the QRDA file information that was submitted by the Vendor. If you have stated that you are submitting through online attestation, it will use the information that was manually submitted via the tool.

Q: Do we still use with Specification Manual that we use for manual attestation as a guide for the fields we pick for electronic submission?

A: The eCQM reporting method that you elected, in the attestation information screen, will dictate which form of submission will be used. If you have stated that you are submitting data electronically, it will use the QRDA file information that was submitted by the Vendor. If you have stated that you are submitting through online attestation, it will use the information that was manually submitted via the tool.

Q: If we select option 2 on the attestation disclaimer application (will submit clinical quality measures data right now through online attestation) will we be penalized? We are somewhere between stage 2-3 in MU, our IS director seems to think so, and thinks that we need to submit via QRDA 1 file.

A: If you choose to report electronically in the attestation information screen and do not submit your files to QRDA, your attestation will be marked "incomplete" after the 3/16/18 deadline has passed.

Q: We are having trouble with our submission of Measure EHDI-1a r4 via our third party vendor, Persivia. Despite our Data revealing 64/72, it displays a zero numerator in QNet. It seems that others are reporting this as well in our listserv. We are submitting an alternate measure for our 2017 reporting, but is there an estimated resolution date?

A: If you are using "r4" meaning the version of an eCQM, then we don't believe this is the correct version for eReporting. If you are attesting and seeing this, we need a ticket so we can investigate details. Please contact the QNet Help Desk at 1-866-288-8912 for assistance.

Q: If we know beforehand that one of the seven meaningful use objectives will not be met, should we go ahead and attest to the other six?

A: If you cannot meet all objectives and are unable to choose exclusions you will not meet meaningful use. If that is the case, you will have an opportunity to submit a hardship application to be removed from the 2019 payment adjustments.

Q: We plan to submit a Hardship Exception application for the 2017 reporting period. What is the deadline for that application?

A: We anticipate the same deadlines as the 2016 reporting period. Eligible hospitals – July 2018 and CAHs – November 2018. We will announce the dates via listserv and post the dates on the CMS.gov EHR website.

Q: For the 4 objective measures, each hospital is required to participate in 3 out of 4 of the objective measures. However, the State of Oklahoma only participates in 2 of the measures. Oklahoma participates in Immunization and ELR-lab reporting. QualityNet will not allow me to do an exemption for both of the other measures. I can only do an exemption for syndromic surveillance data OR for submit data to a specialized registry. So, for one of the measures I have to check NO, and then answer the second question. I can do an exemption for ONE of the measures. I just want to double check and make sure this is correct and accurate and the correct way for our hospital in Oklahoma to submit their 3 out of 4 objective measures.

A: For eligible hospitals/CAHs, an exclusion for a Public Health Reporting measure does not count toward the total of three measures. Instead, in order to meet this objective, an eligible hospital or CAH would need to meet three of the total number of measures available to them. (Available measures include ones for which the eligible hospital or CAH does not qualify for an exclusion.) If the eligible hospital or CAH qualifies for multiple exclusions and the total number of remaining measures available to the eligible hospital or CAH is less than three, they can meet the objective by meeting all of the remaining measures available to them and claiming the applicable exclusions. For example, if the eligible hospital/CAH can exclude from all measures except for Specialized Registry Reporting, the hospital/CAH should report to three specialized registry measures if they are able to, in order to meet the objective. If they are not able to report to a total of three registries, they should report to the number of specialized registries that they are able to and exclude from the remaining.

If no measures remain available, they can meet the objective by claiming applicable exclusions for all measures. Please note: there is a system limitation which prohibits the providers from excluding all measures. If you are excluding all measures for this objective, please contact the QNet help desk at 1-866-288-8912 and log a ticket. We will override the 'rejected' status and mark the objective complete. It is important to enter the data into the objective and has it reject before calling the help desk to override the status.

Q: How will the transition to QNet affect EHs and CAHs that want to submit one eCQM data to cover both the IQR and MU programs (i.e. one time reporting for both programs)?

A: When an EH chooses to submit eCQM's via QRDA in their MU attestation, it covers their HQR IQR and their MU submissions. (Critical access hospitals (CAHs) are encouraged, but not required, to participate in the Hospital IQR Program.) The one time reporting via QRDA file for both programs is not being

impacted. Each program (IQR and Meaningful Use) both have requirements outside of e-reporting that need to be met. The QRDA files submitted for ECQM do still apply to both programs.

Q: Would you be able to clarify exactly which part of MIPS is on QualityNet, and which part of MIPS is on QPP?

A: QualityNet is the system for hospitals reporting to the EHR Incentive Program. Eligible Professionals (EPs) are transitioning to MIPS in the Quality Payment Program (QPP) from the EHR Incentive Program. For more information on QPP visit the qpp.cms.gov/website.

Q: Can CMS clarify when the 2-midnight benchmark begins for a claim selected for medical review, and how it incorporates outpatient time prior to admission in determining the general appropriateness of the inpatient admission?

A: For purposes of determining whether the 2-midnight benchmark was met and, therefore, whether inpatient admission was generally appropriate, the review contractor will consider time the beneficiary spent receiving outpatient services within the hospital. This will include services such as observation services, treatments in the emergency department, and procedures provided in the operating room or other treatment area. From the medical review perspective, while the time the beneficiary spent as a hospital outpatient before the beneficiary was formally admitted as an inpatient pursuant to the physician order will not be considered inpatient time, it will be considered during the medical review process for purposes of determining whether the 2- midnight benchmark was met and, therefore, whether payment for the admission is generally appropriate under Medicare Part A. Whether the beneficiary receives services in the emergency department (ED) as an outpatient prior to inpatient admission (for example, receives observation services in the emergency room) or is formally admitted as an inpatient upon arrival at the hospital (for example, inpatient admission order written prior to an elective inpatient procedure or a beneficiary who was an inpatient at another hospital and is transferred), the starting point for the two midnight timeframe for medical review purposes will be when the beneficiary starts receiving services following arrival at the hospital ([Reference](#)).

Attestation

Q: When is the deadline for attestation?

A: The deadline for attestation is March 16, 2018.

Q: Is there a possibility that the deadline will be extended?

A: Yes. The deadline has been changed from Wednesday, February 28, 2018, to Friday, March 16, 2018, at 11:59 p.m. Pacific Time. This extension is being granted to provide hospitals time to submit attestation data and eCQM data.

Q: The reporting period for hospitals for 2017 attestations is a 90-day period, correct?

A: Correct.

Q: After populating the data is there a final submit button?

A: No. In individual sections within the application on QualityNet, once each is complete and you verify that they all have a final status of “complete” or “rejected,” there's no additional "submit" button.

Q: Where do I find the menus to get started with meaningful use (MU) attestation? Where is the MU role on QualityNet?

A: User guides walking through the attestation process, as well as recordings of recent demonstration webinars, are available at the bottom of the [Eligible Hospital Information page](#). The Help Desk can assist you in adding and finding the MU role. You can contact the Help Desk at 1-866-288-8912.

Q: If you find an error in your submission when reviewing the MU Summary Report, can you go back in and correct that information?

A: Yes, you would be able to log back in to the system and modify any numerator, denominator, or any information in regards to your meaningful use submission as long as you're doing it before the submission deadline.

Q: Can we submit two different quarters worth of data for eCQM and objective measures? For example, can we submit Q2 data for eCQMs and Q3 for objective measures?

A: Yes, you may enter different reporting periods. The objective measures reporting period is any consecutive 90 day period in CY 2017.

Q: Whose names should be entered for QNet attestation? We will have our QNet administrator logged in but sitting with our IT administrator during attestation.

A: Please enter the name and position of the QualityNet user logged into QualityNet under the Attestation.

Q: If a hospital can attest to all questions except one objective measure, should they not attest? Or should they attest to all the measures they can and mark 0 compliance for the one measure?

A: If your hospital cannot successfully attest to all measures or claim appropriate exclusions, your attestation will remain in a ‘rejected’ status, and you will not meet meaningful use.

Q: We submitted data for Program Year 2017. The MU Summary Report says the payment year is N/A. Is that correct or do we need to fill something else out?

A: Only Puerto Rico hospitals are eligible for payment in 2017. If your hospital is in Puerto Rico contact the Quality Net help desk for assistance. Otherwise, the payment year should read “N/A.”

eCQMs

Q: Do we need to submit eCQMs before beginning attestation for objectives?

A: No. The order in which they're submitted does not matter as long as they're all done before the submission deadline.

Q: Where can I go for help in uploading eCQM data to CMS from QualityNet?

A: Please call the QNet Help Desk at 1-866-288-8912.

Q: What are the options for attesting CQMs vs. electronically reporting eCQMs? Does submitting the four eCQMs through QRDA files meet the 2017 MU requirements?

A: Yes, electronic submission through the QRDA files will meet the requirements. If you prefer, you may also attest for CQMs in the web-based-data-collection tool in QNet.

Q: Do we submit eCQMs as QRDA I or QRDA III?

A: HQR will only accept Cat I QRDA files.

Q: Once the QRDA file is submitted and accepted, is there anything else that we need to do?

A: Both Meaningful Use and IQR reporting programs have criteria and requirements outside of e-reporting that do need to be met for overall successful program submissions and status.

Q: If we are able to meet the four eCQMs via case threshold exemption and zero denominator, is there anything else we need to do once we attest for those?

A: You still have to meet reporting requirements outside of e-reporting. So, if you select four eCQMs and then declare a denominator declaration for those four eCQMs, for meaningful use you still need to do your attestation objectives. For IQR, there are still program requirements that need to be met outside of e-reporting as well.

Q: If some files/accounts were rejected on the feedback report after submitting a QRDA for the submission, how can we see what was wrong with the files to cause them to be rejected? What happens if we don't get this resolved before the attestation deadline?

A: In the QualityNet Portal, run the eCQM submission detail report, and that report will help identify the causes for rejections.

Q: Can we change our Denominator Declaration once we have submitted and approve the selection for eCQM?

A: Any denominator declarations that have been entered for e-reporting can be updated up until the end of the submission period on March 16.

Q: Are CAHs that want to report eCQMs eligible to use the Case Threshold exemption or the Zero denominator declaration if they have low/no denominator for a given measure? If they report electronically, do they have to pick eCQMs that have denominators as one of the four they choose?

A: You still have to meet reporting requirements outside of e-reporting. So, if you select four eCQMs and then declare a denominator declaration of some sort for those four eCQMs, for meaningful use you still need to do your attestation objectives. For IQR, there are still program requirements that need to be met outside of e-reporting as well.

[QNet 90 Days Issue](#)

Q: Has the ability to attest for a single quarter rather than the entire year been implemented?

A: Yes.

Q: For those who entered a full calendar year of data before the issue was fixed on QNet, is there any need to go back in and edit the attestation?

A: Yes, you may edit your attestation information page and choose; 'I have submitted my clinical quality measures data electronically through the QRDA files', by the deadline of March 16th.

Q: I entered a 90 day period on the attestation/disclaimer page, but subsequent pages say "with respect to reporting period 1/1/17-12/31/17." Why is this? Is it correctly letting me report on a 90 day period?

A: That's correct. The reporting period is representative of the entire calendar year. Those days that you record are appropriate.

CEHRT

Q: Which EHR certification number should we use if we were on 2014 CEHRT for the objective measure period selected but transitioned to 2015 CEHRT for the quarter that we'll use for eCQM reporting? What if we switched CEHRT in the middle of the reporting period?

A: You will use the CEHRT ID associated with the Edition of CEHRT that you have now, even if you use a combination of the two CEHRTS.

Q: Does the CHPL number on the legacy site need to match the CHPL number in QNet?

A: If you are a dually eligible hospital, your registration information, including your CEHRT, should match what is in QNet as it is sent to the state for validation.

Q: Where do we find our MU certification number?

A: To obtain your Certified EHR Technology number (CEHRT) visit the website of the Office of the National Coordinator for Health Information Technology (ONC): <https://chpl.healthit.gov/#/search>.

Q: If we've completed our attestation years with Medicaid, do we need to update the CEHRT number in the CMS registration and attestation system?

A: If you are a Medicaid only hospital, you do not need to update your CEHRT number in the registration & attestation system if you have received all Medicaid incentives. If you are dually eligible, we recommend updating your CEHRT in the legacy system to match what is entered in QNet for the Medicare registration and attestation.

Dual Reporting

Q: Is there anything additional that dual eligible hospitals have to do besides submitting data through QualityNet? Do hospitals have to attest in the legacy site for Medicaid?

A: Dual eligible hospitals attest in the QualityNet Secure Portal and all attestation data is sent to the state. You do not need to re-attest at the state level. We recommend checking with your state for assistance.

Q: How will attestation data be transferred from QNet to Medicaid? Does QNet send state Medicaid objective data as CMS did previously? Will the hospital have to attest with the state's Medicaid?

A: Yes, the data is transferred from QNet to the state. You do not need to re-attest at the state level. We recommend checking with your state for assistance.

Q: We've received all Medicaid incentives. Does that make us a Medicare only hospital when we submit data this year or should we still select Medicare and Medicaid in QNet?

A: You may choose Medicare only or Medicare/Medicaid in QNet. Your Medicare attestation of meaningful use will exclude you from the payment adjustments.

Q: How do we determine if the QualityNet registration information matches the state's Medicaid registration information?

A: Review the registration data entered in QNet and log into the EHR Incentive Program Registration & Attestation system and check your registration status tab.

Q: Which information (tax ID, NPI, etc.) in QualityNet and the registration and attestation system should we confirm matches?

A: All registration data must match.

MIPS

Q: Is this a different submission than MIPS?

A: Yes. This is for the hospitals. If you need more information on MIPS/MACRA, please visit QPP.CMS.gov for more information.

Public Health QNet Issue

Q: Can you please explain more about the exceptions section for Public Health Attestation? Is there an explanation for each of the options?

A: This can be a lengthy explanation, so please open a ticket with QNet Help Desk at 1-866-288-8912.

Q: QualityNet will not allow the entry of two Special Registries for the Public Health objective. The Help Desk has not been able to resolve the problem. What should we do if this is not resolved by the end of the attestation period?

A: This is a known issue in QNet and can be resolved by contacting the QNet help desk at 1-866-288-8912.

Vendors

Q: Why can't we use a vendor to submit the QRDA file now?

A: Vendors may submit eQMs in QRDA. Vendors cannot submit objectives and measures in the web-based-data-collection tool in QNet. We will have that capability in the next reporting period.

Q: Will QualityNet include a surrogate role in 2019 for the 2018 attestations?

A: This is something we intend to pursue. On the HQR side, it would be related to vendor authorization with regards to Meaningful Use submissions. We're looking to potentially have that available again for 2018 data in 2019.

Q: Can vendors submit eCQMs on behalf of a hospital, or are vendors not able to submit objective measures and eCQMs?

A: Vendors may submit eCQMs in QRDA. Vendors cannot submit objectives and measures in the web-based-data-collection tool in QNet. We will have that capability in the next reporting period.

Data and Registration Transfer

Q: In the QualityNet registration section, an old EHR CEHRT number came over from the legacy system. Do we need to update the new CEHRT for 2017 in the registration section to match what we're using for attestation?

A: If you are dually eligible, we recommend updating your CEHRT in the legacy system to match what is entered in QNet for the Medicare registration and attestation.

Q: What is the difference between a subsection (d) vs. critical care hospital?

A: The Medicare reimbursement methodology is different between a CAH and sub(d), with the CAH method generally viewed as more favorable.

A CAH gets reimbursed at 101% of their costs, where a sub(d) gets reimbursed via prospective payment system (PPS) in which each procedure has a pre-determined reimbursement value, and the sub(d) would get this payment from Medicare regardless of cost.

CAHs are generally in rural areas, and in order to qualify as a CAH (and get reimbursed via costs), a hospital must not have another hospital within 35 miles, and must not have more than 25 Inpatient beds. Since they are in this under-served population, they can apply to get certified as a CAH and receive the cost reimbursement payment.

For EHR purposes, CAHs get paid back based upon the cost of the EHR assets they purchased, whereas the sub(d) gets paid on the formula calculation without any regard to the cost of the assets they have purchased.

To the general public, there really is no difference. They look the same. It's just how they get paid by CMS.

Q: The HIE MU objective system will not accept a percentage of less than 10.4 even though it is a passing percentage. Will this be corrected before the submission deadline?

A: This is a known issue in QNet. Please contact the QNet Help Desk to reset the status from rejected to completed.