[Classical music plays]

Hello, everyone. Thank you for joining today's CMS EHR Hospital Transition Questions and Answer webinar. Today, our presenter is Nichole Davick from the Centers for Medicare & Medicaid Services division of health information technology. During the webinar, CMS will offer an overview of the transition of the Medicare EHR Incentive Program attestation process to QualityNet. CMS will also answer a selection of presubmitted questions about the transition as part of the webinar. You can submit additional questions through the question box, which CMS will address at the end of the webinar as time allows. And now I'll turn it over to Nichole Davick from CMS.

Thank you. Next slide, please. We're going to be going over the overview, and then a question-and-answer session afterwards, as you said previously. Next slide, please. Next slide, please.

So, what is changing? For the Medicare eligible hospitals and critical access hospitals, the Electronic Health Record Incentive Program attestation process has migrated from the Medicare & Medicaid EHR Incentive Program Registration and Attestation System to QualityNet Secure Portal, or QNet. As of January 2, eligible hospitals and CAHs began attesting to CMS for the EHR Incentive Program for the calendar year 2017 in 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 attestations to 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 data the way they normally would. Now, CAHs that attest to CMS for EHR Incentive Program using QNet also have the option to attest to CMS for Clinical Quality Measures, or they can electronically report through QNet. Next slide, please.

The Registration and Attestation System is still available for Medicaid eligible hospitals. Medicaid eligible hospitals should contact their state Medicaid agencies for specific information on how to attest. Additionally, providers are able to register -- Medicare and Medicaid providers are able to change their registration in the legacy system. Prior year attestations are now view only in the Registration and Attestation System for Medicare eligible hospitals and CAHs. 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 any registration information on the Medicare and Medicaid EHR Incentive Program Registration and Attestation System. If you are not a Medicare eligible hospital or CAH or dually eligible hospital or CAH, you are not required to attest to the EHR Incentive Programs through QNet. Next slide, please.

On October 1st, CMS opened the new user enrollment registration on the QNet Portal. You can take one of two actions. If you don't have an account on QNet from a previous CQM submission, 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 webpage, or if you or the person or department at your hospital who usually submits EHR data already has an account, you'll just need to update that existing account by adding that meaningful use role before attesting. If your organization's account has several users associated with the account, you may not have permission to

make the change. The designated security administrators can make the meaningful use role update. Next slide, please.

As of January 2nd, QNet opened for 2017 Medicare EHR Incentive Program Attestation. If you have an authorized surrogate 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. Measure and objective result files exported by vendors will need to be entered into QNet manually rather than imported directly. We are working towards allowing vendor attestation in the future. Next slide, please.

Here's the schematic of the key dates and milestones. I'm showing October 1st, when we opened the enrollment period; January 2nd, when we opened attestation in QNet; and the deadline is February 28, 2018 -- the attestation period ends. Next slide. This is a slide of the hospital transition resources -- the CMS.gov Eligible Hospital Information page includes the User Guide and information on the basic facts of the Meaningful Use Program. Visit the Hospital Information page for details and resources about the transition. And next slide, please. That completes my overview. I'm going to turn it over now to Ketchum to read the questions that have come in. Thank you.

We are now going to start the Q&A portion of the webinar. First, CMS will answer a series of questions submitted prior to the webinar. You can submit additional questions through the questions box, which CMS will address at the end of the webinar as time allows. Right, so our first question -- this person says that they are a critical access hospital, and they submitted their CQMs for 2017 on the QNet site manually for the full year 2017. However, they noted that CQMs that were eliminated in 2017 show on the objective status summary page. So they're asking, "Why is that so?" And they've provided an example as CMS number 100.

Thank you. The answer to that is, the CQM for aspirin provided at discharge, which is CMS 100, is still active for the 2017 reporting year. So, we're unclear what the questioner is asking. Please contact the QNet help desk if you need further assistance.

Thank you, Nichole. The next question is "What if you inadvertently entered data and completed some of the eliminated clinical quality measures?" This person says they're unable to remove the information.

Well, you should be able to edit all your objective and clinical quality measure fields. If you're having trouble, please contact the QNet help desk for assistance.

Great. Next question -- "When registration attestation measures and objectives have been marked complete, is the MU attestation summary report the only proof of completion?"

The answer is yes. You can also see that your measures are completed in the QualityNet Secure Portal.

Thank you. Next question -- "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?"

The QPP 2017 final rule indicated question 3 ONC-ACB attestation is optional, and the first two -- prevention of information blocking and ONC direct review -- are required statements. Since it is optional to respond to question 3, N/A was made as an option.

Thank you, Nichole. The next question is "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.

Can we pass this one and come back to it at the end, please?

Of course. All right, to the next question -- "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." And they listed information blocking statements as an example. And then they ask, "As I attest yes to all questions, what evidence is required to support my responses?"

We stated in the MACRA Final Rule at 81 FR 77027 that a provider may respond for no circumstances which may 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 or time-consuming, not necessary for the practice, et cetera. Please note that if a health care provider selects "no," they should retain documentation for the reasons or 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.

Thank you, Nichole. The next question is "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."

No, the statuses won't change to "passed." They will show as "completed." It's different in QNet. And that's the same answer for number eight, that you're going to ask right now.

All right. So, that next question is "How do you know if your attestation is successful?" So, thank you for that answer, Nichole. The next question -- "Do we need to wait until our eCQM data submission has been successfully completed before we can do our meaningful use attestation?"

No. They can be reported at different times before February 28. The verbiage on the screens should be reflected, but you can do it before or after.

All right. Thank you. For this next question, this person says, "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 on eCQM reporting that says, 'Please choose the eCQM reporting method' -- either 'I have submitted my CQM data electronically through QRDA files' or 'I will submit my CQM 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?"

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

Thank you, Nichole. The next question is "When will the hardship application be available for calendar year 2017?"

We'll have the application mid- to late spring, and we're going to announce that via ListServ when the applications are posted for the CMS.gov EHR website.

Thank you, Nichole. The next question is "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?

If the hospital is dually eligible, their registration information needs to be the same in the legacy system and QNet. Certs are not required in the registration screens, but your CERT should be the same as the CERT that you're using for technology. If you have questions about that, you can visit the CMS.gov EHR website for the electronic technology -- click on that link. Thanks.

The next question -- "Will the CMS objectives in CQM User Guide for Eligible Hospitals and Critical Access Hospitals, revised December 28, 2017, volume 1, be updated to reflect recent changes that were made to the QNet Eligible Hospital MU Attestation Portal in late January 2018?

Yes, they will.

The next question is "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?

Unfortunately, no.

There is not. No.

Oh, thank you, Ivory. Thank you.

Sorry.

It's okay. Go right ahead.

All right. This next question, this person says, "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?"

You should enter the current CERT number of your EHR. Again, for more information on CERT, you can visit CMS.gov EHR website and click on the "Certified EHR Technology." But maybe Jen or Ivory can have a stab at that.

This is Jen. So, I think the question is if there's a discrepancy -- a difference in the EHR number that they're using to attest versus what may

have been submitted in a QRDA file for e-reporting, and right now, there's no system impact to that if those numbers are different, but... So, 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; I would expect then that those would align for the next year, and there wouldn't be additional discrepancies there.

Thank you, Jen.

All right. For this next question, this person says that they have submitted their QRDA-1 files to QNet and have received a confirming e-mail for the submission, but they have not received the second e-mail that contains the batch number and details. And then they're asking, "When do you expect to have this issue fixed so we know the next steps?"

This is Jen with PM3. We have been experiencing a high number of QRDA submissions and keeping a close eye on those backlogs of files submitted, so 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, I would encourage you to do so. At this time right now, we're holding on resubmitting any files that have been submitted, as they are still processing. It's just moving slow. And we're giving guidance to please let us know if you have not received your confirmatory e-mails by close of business tomorrow.

Great. Thank you, Jen. This next question is "What if the CERT ID that a user inputs in QNet is different from what was submitted in QRDA files?

So -- Go ahead, Jen.

Yeah, this is Jen with PM3. So, similar to last response, right now there is no impact. But we would assume that once any transitions are complete, then those numbers would align, and there wouldn't be further discrepancies, but for 2017 reporting, there'd be no impact in the difference.

Thank you, Jen. For this next question, for hospitals reporting eCQMs that have zero-denominator cases, what sections need to be completed in the new QSP interface? And then they see that for manual attestation of CQMs, but they're not certain if it's required for eCQMs.

If you have an eCQM -- if you selected e-reporting and for one of the selected measures, you wish to declare denominator declaration -- there is a separate portlet in QualityNet that you would follow for those that have selected e-reporting. It does not apply to attestation -- only if you're submitting eCQMs via QRDA.

Great. Thank you, Jen. "In QSP reports, users are instructed to run feedback reports. How do vendors access these EHR incentive program and IQR EHR columns?" And then they say, they were available last year, but now they are not seeing the progress, and hospital users are experiencing issues running from the feedback reports.

So, if we're seeing issues with any reports being run through the feedback category, please reach out to QualityNet help desk. Reports have been something I've also been watching pretty closely this year. And I've not seen any delay times or heard of any issues running those reports. So, I believe

they've been hanging on pretty good. So please reach out to the help desk if you're seeing otherwise.

Right, 'cause also -- and I'm sorry -- this is Ivory from the help desk, and also we need to make sure that by default, vendors can run those submission reports. But if they want to view additional reports or feedback reports, then the hospital has to approve that.

Great. Thank you both. This next question is "What happens if a customer manually reports a year of CQMs but uses a vendor to also report eCQMs? Will one supersede the other?"

So, this is Chris Truman. The eCQM reporting method that was elected in the attestation information screen, that's going to dictate which form of submission will be used. So, if you stated that you're submitting data electronically, it's actually going to go out and use the data from the QRDA file information that was submitted by the vendor. Conversely, though, if you selected that you're submitting through the online attestation, it's going to use the information that was manually submitted via the tool.

Great. Thank you. This next question is "Do we still use with specification manual that we use for manual attestation as a guide for the fields that we pick for electronic submission?"

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

Thank you. This next question is "If we select option 2 on the attestation disclaimer application, which is 'will submit clinical quality measures right now through online attestation,' will we be penalized?" And this person says they're somewhere between stage 2 and 3 in MU, and their IS director seems to think that they might be penalized and thinks that they need to submit via a QRDA I file.

Well, if you choose to report electronically in the attestation information screen and you don't submit your files through QRDA, your attestation will be marked incomplete after the February 2018 deadline has passed. So, if you have questions about where you are and what you're doing in reference to meeting meaningful use, you might want to open a ticket with the QNet help desk and get some guidance there.

All right. For this next question, this person says they're having trouble with their submission of measure EHDI-1a r4. The other third-party vendor, despite their data revealing 64/72, it displays a zero numerator in QNet. And they say that it seems that others are reporting on that. And so they're asking, if they submit an alt-- or they're planning to submit an alternate measure for their 2017 reporting. But is there an estimated resolution date for this issue?

Jen, do you want to respond to that?

I'm sorry. Could you repeat the question? Or which one it is?

Number 23. I can answer it, but you may have more information. I'll read what the answer is. If you're using R4, meaning the version of an eCQM, then we don't believe this is the correct version for e-reporting. If you're attesting and seeing this, we need a ticket so we can investigate the details. And again, please contact the QNet help desk for assistance.

Yes. Sorry. So, I believe that that -- if the little "r" 4 is meant to represent the version of that eCQM, and they're attempting to e-report, I don't believe that's the correct version. We'd want to confirm that. If they have confirmed that they are reporting on the correct version via eCQM QRDA files, then please submit a ticket to the help desk because we'd need to take a look at that if there's something wrong there.

Thank you, Jen.

Thank you. This next question is "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?"

Well, if you cannot meet all the objectives and are unable to choose exclusions, you will not be able to 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. And again, that will be published in the mid- to late spring time frame.

Thank you. This next question is "We plan to submit a hardship exception application for the 2017 reporting period. What is the deadline for that application?"

We anticipate the same deadlines as the 2016 reporting period. Eligible hospitals -- it will be July 2018, and CAHs will be November 2018. Again, we'll announce the dates via ListServ and post the dates on the CMS.gov EHR website when we have that published.

Great. So, this next question, this person says, "For the four objective measures, each hospital is required to participate in three out of the four; however, the state of Oklahoma only participates in two of the measures, which are immunization and ELR lab reporting." This person says, "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 submit data to a specialized registry. So, for one of the measures, I have to check no." And the other, they have to answer the second question. So they're asking, would they do an exemption for... They're saying they're going to do an exemption for one of the measures, and they want to double-check to make sure this is correct way for their hospital in Oklahoma to submit three out of the four.

Okay. So, for eligible hospitals and CAHs, an exclusion for public health reporting measure doesn't account towards the total of three measures. Instead, in order to meet this objective, an eligible hospital or a CAH would need to meet three of the total number of the measures available to them. Available measures include one 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 EH 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 they can exclude from all measures except for specialized registry reporting, the hospital or CAH should report to three

specialized registry measures if they are able to in order to meet the objectives. If they're not able to report to a total of three registries, they should report to the number of specialized registries they're able to and exclude from the remaining. If no measures remain available, they can meet the objective by claiming applicable exclusions for all measures. But there's a note here -- there's a system limitation, which prohibits the providers from excluding all measures. If you're excluding all measures for this objective, please contact the QNet help desk and log a ticket. We're going to override the rejected status and mark the objective complete. It's important to enter the data into the objective and have it reject before calling the help desk to have them override the status. Long answer, but that's my answer. [Chuckles]

Thank you, Nichole. The next question is "How will the transition to QNet affect eligible hospitals 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?

Go ahead, Jen.

So, the onetime reporting via QRDA file for both programs is not being impacted. Keep in mind, though, that each program, IQR and meaningful use, both have requirements outside of e-reporting that need to be met. But the QRDA files submitted for ECQM do still apply to both programs. There's no change there.

Thank you, Jen. Our next question is "Would you be able to clarify exactly which part of MIPS is on QualityNet and which part of MIPS is on QPP?

QualityNet is the system for hospitals reporting to the EHR Incentive Program for meaningful use. Eligible professionals, or EPs, are transitioning to MIPS in the Quality Payment Program, QPP, away from the EHR Incentive Program. So, for more information on QPP, visit the QPP.CMS.gov website for information. QNet is only for hospitals. Thank you.

Thank you, and for this next question, I think we'll go back to the question that we skipped earlier. So I'll just read that question again. It says, "How can a hospital indicate that they are in active engagement with more than one specialized registry to meet the public health objectives?" And this person says if they select N/A more than once, their submission is rejected.

And again, this is a known issue. You're allowed to exclude all of the measures in the public health objective into your answers, into the measure, and contact the QNet help desk to log a ticket, and we will reset the status to completed. And we apologize for the error in the system. Thank you.

Thank you, Nichole. Now we'll move into some of our chat questions. So, our first question is "If, when reviewing the MU summary report, you discover an error in one of the objectives, wrong exclusion or typo on the numerator or denominator value, can you go back in and correct that information?

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.

Thank you, Chris. This next question -- how do we add the meaningful use role in the QualityNet site?

You would need an active security administrator to add those roles to your account. If you're the only security administrator, you would need to call the help desk and log a ticket, and we can get those roles added for you.

Thank you. This next question is "Can we change our denominator declaration once we have submitted and approved the selection for eCQM?"

So, any denominator declarations that have been entered for e-reporting can be updated up until the end of the submission period on February 28.

Thank you. This next question is "A hospital that finished the data entry for the four meaningful use data entry groups -- when and by what way confirmation that the MU application is completed is available?"

I believe they would be able to then go to the reports in the QualityNet Secure Portal and run the meaningful use attestation summary report.

All right. Thank you. This next question -- "Is this process of data submission only for eligible hospitals? It does not apply to MIPS-eligible clinicians, is that correct?"

That is correct.

All right. This next question -- "Are critical access hospitals who want to report electronically their eCQMs for the EHR Incentive Program eligible to use the case threshold exemption?

Yes, for e-reporting, case threshold exemptions are available.

And then the next question, "When entering your EHR certification number, what number should we use if we were on 2014 CERT for the objective measure period selected but were transitioned to 2015 CERT for the quarter that will be reported for eCQMs?"

So, at this time, it would be appropriate to put the correct number, obviously, in for both of those situations. So, if you attested for one quarter, and that CERT number applies, you should enter that into the Portal. If you were e-reporting for a different quarter and a different CERT number applies, that would be the number you would include in your QRDA files.

Thank you. This next question relates to dual reporting. So, "As a dual-eligible hospital, do I have to do any other data entry in QNet for Medicaid?"

We do attest for meaningful use in the QNet Portal. The data will transmit to the state for Medicaid. I do want to remind you, though, that make sure that your registration information in QualityNet is the same as it is in the registration and attestation system, the legacy system, because that information goes to the state. Thank you.

This next question relates to vendor submissions. So, in terms of vendors' not being able to submit on behalf of a hospital, is that also for eCQMs, or only for objective measures?

At this time, this is only for objectives and measures. Vendors are still able to be authorized to submit QRDA files for e-reporting.

Thank you. This next question -- "Will the MU attestation for a dually eligible hospital be automatically transmitted to Medicaid, as it has been in the past, or will the dually eligible hospital have to attest on QNet for Medicare MU and also have to separately attest with the state's Medicaid?"

No, it'll be automatically transmitted to Medicaid.

Great. Thank you. This next question is "For 2017 hospital submission, is any 90-day continuous reporting period -- is that correct for the time frame?"

That is correct for calendar year 2017, and that's for your objectives and measures. If you are attesting for clinical quality measures, in attestation, in QNet, and not electronically reporting, and you're a returning provider, you would have to enter 365 days or a full year.

Thank you. This next question is "Is this a different submission other than MIPS/MACRA?"

Yes. This is for the hospitals. Again, if you need more information on MIPS/MACRA, please visit that QPP.CMS.gov website for more information.

Great. Next question -- "Do eCQMs have to be submitted before beginning attestation for objectives?"

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

Great, and this next question, this person wants the deadline for attestation to be clarified -- is it February 28, 2018?

Yes, it is.

Thank you. This next person wants clarification on the option to attest to CMS for CQMs or electronically report CQMs.

Well, the option within the attestation information screen is the option to submit your clinical quality measures through the system or if you're going to submit your clinical quality measures via QRDA file or electronically.

Thank you. This next question is... This person says, "We had a vendor submit eCQMs for in-patient quality reporting for the first quarter of calendar year 2017. Will these also count for the meaningful use program? How do we verify?"

Yes, they will count for both programs, given the criteria were met. And for the e-reporting portion, that confirmation can be reviewed on the EHR report called the eCQM submission status report. There is a field on that report that indicates for both programs, IQR and meaningful use, if the e-reporting requirements have been met for the quarter.

Great. Thank you. This next question is, "If we are able to meet the four eCQMs via case threshold exemption and zero denominator. After we attest to those, is there anything else we need to do? Do we have to send any files?"

I don't know the answer. Truman? Jen?

So, I think 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, that data in the Portal. And then for IQR, there are still program requirements that need to be met outside of e-reporting as well. So, you still need to meet all program requirements.

Thank you. The next question is "Has the ability to attest for a single quarter rather than the entire year been implemented?"

The attestation reporting period is a continuous 90 days for reporting and new providers for objectives and measures.

So, I think this is about the issue where it was asking for the full year when e-reporting was selected.

Oh.

And yes, that has been resolved in production now.

Thank you. For this next question, this person is asking for a bit more explanation about the exceptions section on the public health attestation. And they're asking, "Is there an explanation for each of the options?"

And yes, and that would be lengthy to go over here. I would recommend opening a ticket with that QNet help desk, and we can get the information for you in writing.

Great. This next question is "Is attestation still required if you have complied with the eCQM IQR requirements?"

Yes, to meet your meaningful use, you would still need to come in, complete attestation information, submit objectives, but also when you're doing your attestation information, if you've already submitted your measures through QRDA files, you should be selecting that as the option in which you're going to be reporting your eCQMs.

Thank you. For this next question, the person is asking, "After populating the data, is there a final 'submit' button?"

There's not a final "submit" -- Go ahead.

No, there's not. So in individual sections within the application on QualityNet, once each of those is complete, And you just verify that they all have a final status of complete or rejected. There's no additional "submit" button.

Thank you. And this next question relates to that former QualityNet issue. So, this person says, "For those customers that entered the date range of a full calendar year before that was changed in QualityNet and they completed their attestation, is there any need to go back in and edit the attestation?"

No. As long as the screens were accepted and show you as completed, there's no reason to go back and have to update the reporting period dates that you've previously entered because you can't enter any dates above and beyond 90 consecutive days.

Okay. Thank you. And this next person says, "I entered a 90-day period on the attestation disclaimer page, but the display on subsequent pages show with respect to reporting period January 1, 2017, through December 31, 2018, a full year. Why is this? Is it correctly letting me report on a 90-day period?

That's correct. So, the reporting period is representative of the entire calendar year. And of course, individuals that apply or that meet the 90-day reporting requirements -- it's more of a general... This is the reporting period for the program. Those days that you record are appropriate.

Thank you. This next question relates to dual reporting. So, this person says they participate in both Medicare and Medicaid meaningful use programs for their hospital. They have received all of the incentives available for Medicaid. So, when they enter their data into QualityNet, do they still select Medicare and Medicaid?

You can select either Medicare and Medicaid or Medicare only because you will be attesting to avoid the payment adjustments for Medicare.

All right. For this next question, this person says, "If I am not reporting for a special reporting for one of the public health reporting, should I mark N/A? What should I mark if I have an exemption?" And they say, if they mark N/A for special reporting and are exempt, it is rejected.

Right, and that is the issue, the system issue that we spoke of earlier. If you enter your data and it comes out rejected, and you've asked for exemptions, please open a ticket with the QualityNet help desk, and we will have the status reversed so you will be successfully attesting.

Okay. This next question -- "For dual-service hospitals, do we need to submit on the MU Attestation website to meet Medicaid requirements?"

No, you do not. If you're dually eligible, you do not. If you are a Medicaid-only hospital, you need to contact your state for attestation information.

Great, and this next person is asking, are there any steps that they are not required to do once QRDA I is submitted and accepted?

So again, just to reiterate, 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.

Thank you. This next question is "Where do I go to file for hardship exemption?"

We will be publishing that information mid to late spring with the e-mail address where to submit your hardship exemption. We will publish that via ListServ, so you should see that in the coming months.

All right, and for this next question, it looks like some people want clarification on how they will know that their data submission is complete.

There's a couple different ways that you can... Go ahead, Jen.

Nope, I was telling you, "You take this one."

Okay. So, there's a couple of different ways you can tell if your data has been submitted completed. You can go into the online application and navigate through and make sure that all of your objectives are completed and your attestation is also complete. There's also a summary report that can be viewed by going out to the reports module out within the secure site of QualityNet as well and running that and making sure that all of the information has been completed.

Thank you. This next question is "Where do I get the summary submission report from?"

So, there's a reports module out on the secure site of the QualityNet Portal.

All right. This person says, "If a hospital is switching EHRs in September of 2018, how will they attest then in 2019? Or will this qualify as a hardship?"

So, the hardship would be a program question, but I would say that if they're not switching until September and we anticipate that any of the quarters are available for reporting, that they could potentially report for a different quarter.

Thank you. This next question is "If one file out of eight uploaded into QNet contains an error for eCQM, can the file be removed and the remaining files be submitted for attestation?"

So, it's kind of two different things going on there. So, attestation is separate. If you're e-reporting and you've submitted QRDA files that contain errors, you should take all measures you can to resolve those errors so that your submissions accurately reflect your patient population.

Thank you. This next question -- this person is asking for clarification on dual-eligible reporting, so are they only required to attest on QNet for Medicare, and do they have to attest on the legacy site for Medicaid?

No, dually eligible hospitals will attest for Medicare and Medicaid in the QNet site, and all of that data will be transmitted to the states. You do not need to go into the legacy system. But again, please make sure your registration information is the same in the legacy system as it is in QualityNet.

Thank you. This next question is "Do we submit eCQMs as QRDA I or QRDA III?

HQR will only accept Cat I QRDA files.

The next question is "In QNet in the registration section, an old EHR CERT number came over from the legacy system. Do we need to update to the new CERT for 2017 in the registration section? Do they have to be in sync?"

They don't have to be in sync, for the attestation because attestation isn't in the legacy system anymore. I would recommend making it in sync in registration, although the CERT number is not required in registration. But to be safe, I would make sure it's updated.

Thank you. This next question is "Will QualityNet be including a surrogate role in 2019 for the 2018 attestation?"

So, that is something that we intend to pursue. Basically, on the HQR side, it would be related to vender authorization with regards to meaningful use submissions. We're looking to potentially have that available againfor 2018 data in 2019.

Thank you. This next question is "If we submit our eCQM data via QRDA files but manually input our meaningful use data, should one be done first?" And are there any issues that they should be aware of?

Again, it's not a timing of when they're both done, as long as they're all done before the deadline of February 28. There's no issues to be aware of, but one thing to make sure is that when you're completing your attestation information that you're selecting that you're submitting your eCQMs via QRDA file.

Thank you. This next question is "If when reviewing the meaningful use summary report you discover an error in one of the objectives, a wrong exclusion, or a typo in the numerator or denominator value, can you go back in and correct that information?"

Yes, there's the ability to go back into the system and make those modifications as long as it is done before the submission deadline.

Okay. This next question is "If we have completed our MU attestation in the QualityNet Secure Portal, but if we need to send new eCQM QRDA files, can that be done after the attestation has been completed?"

Yes, it can.

All right. This next person says that they have the meaningful use role on QNet but the only thing they see under that role on the "My Tasks" page is the denominator declaration. And they're asking, "Where is the MU attestation on QualityNet?"

They also need to make sure that they have the in-patient structural measure read and update role added to their account as well. They can call the help desk if they need assistance with that. After those roles are added, they do have to wait 24 hours to be able to see that meaningful use link in the Portal.

Thank you. This next question -- "If a certain number of files or accounts were rejected on the feedback report after submitting a QRDA for CMS submission, is there a way to see what was wrong with the files that failed and why they were rejected?"

Yes. This is Jen. So, you can, in the QualityNet Portal, run the eCQM submission detail report, and that report will help you identify the causes for rejections.

This next question is "Can we submit a different quarter for eCQMs than meaningful use objective measures?"

Yes. They do not have to be the same quarter.

Thank you, and looks like we have time for one last question. So, this person says, "We have submitted eCQMs for IQR via third-party vendor using quarter 2

data. Can I select in QNet previously sent QRDA file and attest to objective measures for Q3 in QNet?"

So, if you have submitted QRDA data for your eCQM reporting, and you select e-reporting as part of the attestation, you shouldn't need to resubmit anything. Just complete your objectives and measures within that portlet.

Thank you. We have reached the end of the webinar. Any additional questions will be addressed in a Q&A document posted in the coming weeks to the CMS website. Thank you all for joining today's webinar.

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