

December 5 EHR Hospital Transition Overview Webinar Q&A

Clinical Quality Measures

Q: Do we need to submit CQMs through QualityNet (QNet) if we already submitted them electronically? What will that look like in QualityNet?

A: If a facility submits Quality Reporting Document Architecture (QRDA) files for eReporting for Calendar Year (CY) 2017, they should select the eReporting option in the web-based data collection tool (WBDCT) and should not need to enter clinical quality measures (CQMs) there.

Q: How many CQMs are we required to submit and attest?

A: Eligible hospitals and critical access hospitals (CAHs) must report to 16 CQMs. Visit the [eCQM Library](#) page for more information.

Q: Do eCQMs need to be submitted prior to meaningful use (MU) attestation?

A: No.

Providers on QNet

Q: When you say provider, are you referring to hospitals? Who has to use QualityNet for submission and attestation?

A: Yes. Medicare eligible hospitals and critical access hospitals (CAHs) and dually-eligible hospitals and CAHs attesting to the Centers for Medicare & Medicaid Services (CMS) for the Electronic Health Record (EHR) Incentive Program must use QualityNet.

Q: Do we have to register individual providers in QualityNet?

A: Not if you are referring to Eligible Professionals (EPs). EPs in the Medicare EHR Incentive Program transitioning to the Merit-based Incentive Payment System (MIPS) for the 2017 performance period should go to <https://qpp.cms.gov/> for more information on the advancing care information performance category.

Q: Do we enter measures by provider or by the hospital tax identification number (TIN)?

A: Measures are entered in the QualityNet Secure Portal by the hospital CMS Certification Number (CCN).

QualityNet Users and Accounts

Q: Can you have two QualityNet accounts with different people – one for clinical quality measure reporting and one for meaningful use objective measures?

A: You can have two separate accounts with different access for each account. If you have someone just doing clinical quality measures, like the Inpatient Quality Reporting (IQR) program, you can have someone else look at a separate QualityNet account for meaningful use.

Q: If someone gets access to QualityNet for submitting meaningful use information, does that person automatically get access to submitting quality measures as well or is that another area of access that needs to be added?

A: There are different roles that grant you access to different things. If a user wants to submit their CQMs electronically, the MU roles will not allow them to do that. They would need the EHR Upload Role.

Q: Can a hospital have more than one QualityNet user designated as a meaningful use user? Is there a limit to the number of employees per hospital who can be users?

A: Facilities are able to have multiple users designated to updating meaningful use.

Q: Can you see more than one CCN with one log in or do you need a separate log in for each CCN? Is there a way to link multiple CCNs to see them in one account?

A: You will need separate logins for each CCN. For example, if you work for three different hospitals, you'll have three different logins for QualityNet.

Q: Who can attest on behalf of the hospital? Are there any requirements?

A: Anyone who has a QNet account that is directly associated with the CCN can attest. A health care system cannot attest for a hospital unless they register for an account specific to that CCN.

Q: Can different people perform the attestation disclaimer and perform the data entry for meaningful use objectives or does one person have to do both of those steps?

A: Yes they can, as long as they have the MU roles. They will need to contact their Security Administrator (SA) to ensure they have the right roles.

Q: How do we know we have the access we need to complete this process?

A: You can contact their Security Administrator for confirmation or the helpdesk at qnetsupport@hcqis.org or (866) 288-8912 for confirmation.

Q: How long does it take to get registered in QualityNet?

A: You will need to fill out the registration and mail it in. The QNet team has a pretty quick turnaround time providing the registration was done correctly. Generally, it takes no longer than 2 weeks at the most from the day the registration was received.

Q: Does the request for QNet access need to be notarized?

A: No, it does not. There is a field that ask for a notary signature, but that is no longer required for either the SA or Basic user.

Q: Where do we find the hard copy forms we need to fill out to register for QualityNet?

A: You can find them here:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetBasic&cid=1138115987954>.

Certified EHR Technology (CEHRT)

Q: If you used 2014 CEHRT for a portion of the reporting period and then upgraded to 2015 CEHRT, which CEHRT should you be using?

A: In the 2018 IPPS final rule, we finalized a policy allowing eligible hospitals and CAHs the flexibility to use EHR technology certified to the 2014 Edition, 2015 Edition or a combination of the 2014 and 2015 Edition. The decision to use any of the options is solely up to the health care provider. As stated in the preamble of the 2018 final rule at 82 FR 38491, health care providers may attest to Modified Stage 2 objectives and measures with the 2014 Edition, 2015 Edition or a combination of the 2014 and 2015 Edition as long as the EHR technology they possess can support the objectives and measures to which they plan to attest. They may attest to Stage 3 using the 2015 Edition or a combination of the 2014 and 2015 Edition as long as the EHR technology they possess can support the functionalities, objectives and measures for Stage 3.

Q: If we're using 2015 CEHRT, do we attest to Modified Stage 2 or Stage 3?

A: The eligible hospital may attest to either Modified Stage 2 or Stage 3 with the 2015 Edition CEHRT.

Q: Is the CEHRT number the same as the Certified Health IT Product List (CHPL) number? Where do you find the CEHRT number?

A: Health care providers use the CHPL to identify the certified health IT they possess and generate a matching CMS EHR Certification ID as part of the meaningful use attestation process. For more information on using the CHPL to generate a CMS EHR Certification ID, please visit the step-by-step instruction available on the Health IT website. Additional information on CMS EHR Certification IDs can be found on the Office of the National Coordinator's website at: <https://www.healthit.gov/policy-researchers-implementers/certification-and-ehr-incentives>

Q: If we use both 2014 and 2015 CEHRT within the 90-day attestation period, will we use a hybrid CEHRT number?

A: You will use the CEHRT ID associated with the Edition of CEHRT you have, even if you use a hybrid CEHRT.

Data and Registration Transfer to QualityNet

Q: Will our registration data from the old registration and attestation system populate QualityNet and we will just need to check that it is correct, or will we need to add the data back?

A: The data will automatically populate into QualityNet from the old Medicare and Medicaid EHR Incentive Program Registration and Attestation System.

Q: If we were already registered in the old EHR Incentive Program Registration and Attestation system, do we have to register for QualityNet?

A: No, you do not.

Q: On the previous attestation website, do users need to document or notate that they will be submitting CY 2017 data through QualityNet? Do we need to do anything in the old attestation system?

A: No, you do not have to document that.

QualityNet Timeline

Q: When do we get access to QualityNet?

A: You can currently enroll in QualityNet and register for the meaningful use program. You can attest after January 2, 2018.

Q: Will we be able to retrieve previous incentive data? Will we still have access to the old system after January 2, 2018?

A: After December 31, 2017, previous attestation years' data will be available in view-only mode on the [Medicare & Medicaid EHR Incentive Program Registration and Attestation System](#) for eligible hospitals and critical access hospitals (CAHs) that previously attested to CMS.

Resources

Q: Where can I find more information on this process?

A: For more information, visit the [Eligible Hospital Page](#) on the CMS website, and review the [QualityNet Secure Portal Enrollment and Login User Guide](#) and the [EHR Hospital Transition Overview Fact Sheet](#).

Q: Is there a document that includes these steps? Where can I find it?

A: The [QualityNet Secure Portal Enrollment and Login User Guide](#), [QualityNet Role Management User Guide](#), [QualityNet Hospital Registration and Attestation User Guide](#), and [QualityNet Hospital Objectives and Clinical Quality Measures User Guide](#) outline the steps for QualityNet enrollment, registration, and attestation. Additional information is available on the [Eligible Hospital Page](#).

Q: Who should we contact for troubleshooting questions during attestation?

A: Please contact the [QualityNet help desk](#) for questions at qnet-support@hcqis.org or (866) 288-8912.

Dual Reporting

Q: Will dual eligible hospitals have to attest through QualityNet or will we have to keep attesting the same way we did previously?

A: Dually-eligible hospitals will register and attest for Medicare on QualityNet. Processing of Medicaid EHR incentive payments will be based upon "active" registration status in the [Medicare & Medicaid EHR Incentive Program Registration and Attestation System](#).

Q: For dual reporting, do we need to go into the old site before the end of the year and verify/update information?

A: Yes, you do. You need to make sure that the registration information is the same as what you're going to be entering into QualityNet. If your information is already in the system, we are transmitting all that

information for registration from the old system to the new system. So it's the same. It will sync up, but just to confirm, you should check both systems to make sure they're the same.

MU Role

Q: How do we add the meaningful use role to our QualityNet account?

A: The Security Administrator can add it to a user's account. Please see the [The QNet User Role Management Guide](#) for instructions. If they need assistance, they can contact the helpdesk at gnetsupport@hcqis.org or (866) 288-8912.

Q: How do we confirm that we are listed as an MU role? What if we don't see it?

A: The Security Administrator can confirm what roles are on a user's account. If they need assistance, they can contact the helpdesk at gnetsupport@hcqis.org or (866) 288-8912.

Vendors

Q: Vendors can't attest electronically, but you mentioned that surrogates can manually. Can an EHR vendor manually attest through surrogate access on behalf of a hospital?

A: If they have the correct role, have the QualityNet account, and they're associated with that facility, then yes, they would be able to do that for them.

Q: If our CEHRT vendor submits does this still apply to us?

A: Vendors are not allowed to submit attestation data at this time. Vendors can submit eQMs electronically. We are working on allowing them to attest for providers. But if they are given a user role with the facility, they can attest for the provider.

Q: How do you become an authorized surrogate to submit attestation?

A: They will need to fill out a registration packet and register with that specific CCN. Health care systems cannot attest on behalf of a hospital with their health care system account.

Q: When will vendors be able to attest for hospitals?

A: CMS is working to implement this functionality for vendors and will announce when it is available.

Batch Attestation

Q: Will bulk upload still be a viable submission option for larger organization? If so, when will the format be available?

A: For this reporting period, it is not available for larger organizations. We will make that file format available for the 2018 reporting year.

Editing in QualityNet

Q: If there is a change in information or if we make a mistake when entering data into QualityNet, is there a way to edit the information?

A: This depends on what information and if there is a deadline, etc. If it is business contact information, address, phone number etc., then yes, it can be changed. If it is a mistake in the data, you can edit until the deadline, if there is one.

Changes

Q: If we have changed TINs over the year, do we need to re-register the hospitals?

A: Yes, we recommend re-registering. If your hospital is dually eligible, then confirm the registration is the same in QualityNet and the CMS Registration & Attestation System.

Q: Can you attest with dual EHR submission within QualityNet? We have changed vendors during the middle of our 90 day attestation period.

A: If an eligible hospital or CAH switches from one certified EHR vendor to another during the program year, the data collected for the selected objectives and quality measures should be combined from both of the EHR systems for attestation. The count of unique patients does not need to be reconciled when combining from the two EHR systems.

Other

Q: Does this pertain to Medicaid incentive program for ambulatory or only Medicare?

A: QualityNet applies to Medicare-eligible hospitals, critical access hospitals (CAHs), and dually-eligible hospitals.

Q: Where will registration information be housed, accessed, and updated for eligible hospitals moving forward?

A: That will be in QualityNet <https://www.qualitynet.org/>. For dually eligible hospitals, registration should be reviewed and updated in the [Medicare & Medicaid EHR Incentive Program Registration and Attestation System](#) if any changes were made to registration in QualityNet.

Q: Will the QualityNet attestation follow the CMS attestation worksheet data entry workflow or will the process be different? If so, is there a recommended worksheet that aligns with the data entry process?

A: We have an attestation worksheet posted on the CMS website for providers to use to capture their measure data. The worksheet does not follow the process step-by-step in QualityNet. We'll take that information and possibly change the worksheets going forward.

Q: Is QNet the same as the QualityNet Secure Portal?

A: Yes.

Q: Can you provide any guidance for Advancing Care Information (ACI) and Improvement Activity (IA) attestation into QualityNet?

A: ACI and IA attestation will not be held in QualityNet. That is with QPP and for eligible clinicians. QualityNet is available for eligible hospitals and CAHs only. Visit <https://qpp.cms.gov/> for more information.

Q: Does the attestation count for Merit-Based Incentive Payment System (MIPS)?

A: No. This is just for eligible hospitals. MIPS is for eligible clinicians.

Q: Do we need to do this attestation if we are not participating in meaningful use?

A: No.

Q: When submitting the threshold percentage, will you be able to submit only full numbers or could you use decimals?

A: Only whole numbers are allowed in the QNet Portal.

Q: Are there specific items that Medicare Advantage organizations should be aware of?

A: We have a known issue for MA hospitals. The system is requiring them to attest for CQMs. We are working on a system correction for Medicare Advantage hospitals to allow them to attest without reporting clinical quality measures as current policy dictates.

Q: Can we have separate 90 day reporting for Inpatient Quality Reporting (IQR) and objective measures or do they have to be the same 90 day period?

A: The 90 day reporting period can be different.

Q: Is QualityNet attestation for manual or electronic submission?

A: QualityNet houses both attestation and electronic submission.

Q: Will Medicaid attestation be through QualityNet or our state system?

A: Medicaid-only eligible hospitals and critical access hospitals (CAHs) update their registration through the [Medicare & Medicaid EHR Incentive Program Registration and Attestation System](#). These hospitals should contact their respective [State Medicaid agencies](#) for information about how to attest.

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