Hello, everyone. Thank you for joining today's CMS EHR Hospital Transition Overview webinar. Today, our presenters are Kateisha Martin and Nichole Davick from the Division of Health Information and Technology for the Centers for Medicare & Medicaid Services. During the webinar, CMS will offer an overview of the transition of the Medicare EHR Incentive Program attestation process to QualityNet. In addition, CMS will provide a detailed walkthrough on 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. To ask a question, please type it in the question box or the chat box. And now I'll turn the call over to Kateisha Martin from CMS. Please go ahead.

Thank you, Stephanie. Next slide, please. Next slide, please. And you can go on to the next slide. Hello, everyone, and thank you for joining us today. We want to get started by letting you know what is changing for the eligible hospitals and critical access hospitals in how they report for the Medicare EHR Incentive Program. The EHR Incentive Program attestation process will change from the Medicare and Medicaid EHR Incentive Program Registration and Attestation System to the QualityNet Secure Portal, also known as QNet. By transitioning to one system, CMS is streamlining data-submission methods for eligible hospitals and critical access hospitals attesting to CMS for the EHR Incentive Program. The goal is to make it easier for hospitals and to report data to CMS. Instead of reporting CQMs and EHR attestations in two separate systems, eligible hospitals and critical access hospitals will be able to report this information through one portal, QNet. Eligible hospitals and critical access hospitals do not need to do anything differently to prepare for this transition. Instead, they can continue to collect data the way they normally would. On January 2, 2018, eligible hospitals and critical access hospitals can begin to use one system to submit their 2017 attestations, their future attestations, and their CQMs. Critical access hospitals that submit their EHR Incentive Program attestations through QNet can also manually or electronically submit their CQMs using QNet.

Next slide, please. The Registration and Attestation System will still be available for Medicaid-eligible hospitals, and they should contact their state Medicaid agencies on how to attest. After December 31, 2017, attestations from previous years will be read-only for Medicaid-eligible hospitals and critical access hospitals. Dually-eligible hospitals and critical access hospitals attesting for both Medicaid and Medicare will 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 are not a medical -- I'm sorry, if you are not a Medicare-eligible hospital or critical access hospital, or dually-eligible hospital or critical-access hospital, you are not required to attest to the EHR Incentive Program through QNet.

Next slide, please. So, what do you need to do? On October 1, 2017, CMS opened the new user enrollment registration on the QNet portal. You can take one of these two actions. If you don't already have an account on QNet from previous CQM submissions, you'll need to create an account before you attest. You can review the QNet Enrollment User Guide on the CMS.gov Eligible Hospital Information web page for help with enrollment. If you or the person or your department at your hospital already have an account, you will need to update the existing account by adding the MU role before

attestation. If your organization's account has 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? You can attest beginning January 2, 2018, when QNet will be open for 2017 Medicare EHR attestation. If you have an authorized surrogate attesting for you, they will need to create their own QNet account to attest using your data. At this time, vendors will not be able to electronically attest on behalf of hospital clients. Medicare measure and objective result files exported by vendors will need to be entered into QNet manually rather than imported directly. CMS is working toward allowing vendors attestation in the future. Next slide, please. Here are key dates and milestones for you to keep in mind. October 1, 2017 is when new QNet enrollments open for eligible hospitals and critical-access hospitals. Existing QNet users can begin adding the MU role to their account. January 2, 2018 is when the attestation period begins and the QNet system opens for eligible hospitals and critical access hospitals to attest. February 28, 2018 is when the attestation period ends. Next slide, please. Visit the CMS.gov Eligible Hospital Information page for details and resources about the transition, including an Enrollment User Guide and an Overview Fact Sheet.

Next slide, please. We will now begin a step-by-step walkthrough of the registration and attestation process on QNet. After you login to the QualityNet Secure Portal with appropriate credentials, select the "Hospital Quality Reporting IQR" link from the Quality Programs dropdown on the QualityNet page. Next slide, please. Your MyTasks page will appear. Depending on your assigned role or roles, you may see more or fewer selection options on this page. Click the "View/Edit/Structural/Web-Based Measures/Data Acknowledgement link under "Manage Measures." Next slide, please. The program-selection page will appear. Again, depending on your assigned role or roles, you may see more or fewer selection options. Click the desired program link name. In this case, we're going to select the "Meaningful Use Registration Disclaimer." Anytime you need to return to this page to select another link-name option, click the "Start" tab in the upper-left corner of the screen. It is always available. Next slide, please. If you are a user with administrative privileges, you have access to multiple providers and will be presented with a "Provider Selection" page after clicking "Meaningful Use Registration Disclaimer." You must identify the providers you want to work with by selecting one or more from the dropdown. Providers may be selected in any order, or you can select the "all" option and work with every one of them. If you need a return to the program-selection page, click the "Back" button. After you have selected the providers you want, the "Continue" button takes you to the Registration Status Summary page. Next slide, please. This Registration Status Summary page example is a result of multiple provider selection. A single provider user will see only a single status row. Nevertheless, the Status Summary page operates the same way for all users. MU registration disclaimer link names are across the top. The provider ID on the left is a CMS Certification Number, or CCN. Statuses are under the link names and across from the Provider ID. Prior to January 2018, these statuses will be marked "Not Available" and registration should continue to be done using the Registration & Attestation site. Beginning January 2, 2018, the HQR system MU Registration Disclaimer statuses will be either "Incomplete" or "Completed." Both incomplete and completed entries can always be viewed. Incomplete and completed statuses are seen only after the data-submission period has opened. Incomplete is a default status when the submission period

opens. It remains until the data is successfully submitted. Registration and attestation data are accessed by clicking the link name in the top row. Next slide, please. This is an example of the single provider's Registration Status Summary page. All statuses in this example are marked "incomplete." Although information can be completed in any order, we will proceed left to right, starting with registration information. Next slide, please. Data-entry pages appear after you click a link name. The provider is identified at the top, above the questions. Please note that multiple-provider users can stay with one data field and move to another provider using the "previous provider" or "next provider" links at the bottom of the data-entry page. Registration information is a question hierarchy. This means that an additional required question may appear depending on how you answer the questions initially displayed. You cannot determine whether there is a question hierarchy by looking at a data-entry page. You will only know this when you start answering questions. However, if you want to know in advance, you can find each question documented in the Online Help, Appendix B, along with the conditions under which the question is required. Next slide, please. In the case of registration information, there is only one additional question that can appear. If you answer yes to the last question, "Do you have a certified EHR number?" you will be asked to answer a certain number. The other questions, "Please select the incentive program," and "Please select Medicare hospital type," provide selectable options for answering the question. You can select only one answer to each question. Answer all required questions, then click the "submit" button to save your information. If there are no errors, a "successfully saved" message will appear above the name. This will be considered completed, and you will see the status on the "Registration Status Summary" page after you click the "Back" button. The "Print" button does not print what is on your screen. It prints only saved, submitted information. If you click "Print" before any information has been submitted, you will see all the questions, regardless of hierarchy, without answers, including in this case the CEHRT question. Next slide, please. Let's say you have a CEHRT number. Click the "Yes" answer to the question, "Do you the a certified EHR Number?" and answer your number. CEHRT numbers require the entry of 15 alphanumeric characters. Users whose CEHRT numbers contain characters 14E, 15E, or 15HIN character positions 3, 4, or 5 will later be allowed to enter information for meaningful use objectives If you do not have your CEHRT, you may select no and enter it later in the "Attestation" section of QNet. In our registration information example here, the information was successfully saved. Next slide, please. Please note the following about data-entry pages. Outside of clicking the "Print" button, if you leave a data-entry page prior to clicking "Submit" and saving the information, any data you have entered will be lost. To prevent this, regardless of whether any changes were made, there will always be an information or warning message to which you must respond "Okay" in order to leave a page. Next slide, please. To return to the Registration Status Summary page, click the "Back" button, then "Okay" button. Registration information is marked "Completed." Next slide, please. Click the "Business Address & Phone Number" link name. The data entry page appears. The questions are not hierarchical. The address and city questions are free text fields. Select your state from the dropdown. Your phone number must be formatted with hyphens after both the area code and the first three digits of the phone number. Your e-mail address must be correctly formatted and confirmed. Information is required in all fields except "Enter address" line and the zip code extension field associated with "Enter zip" plus four. After all the required fields have been entered, click "Submit" to save your data. Next slide, please. The application displays a message that the questions have been successfully saved. Note the placement of hyphens in the

phone number. Next slide, please. Next, return to the Registration Status Summary page. Notice that the "Business Address & Phone Number" field is now marked "Completed." Now let's select and complete the disclaimer. Next slide, please. Read the disclaimer form, click the "Yes, I Acknowledge" button, and enter a description of your position. Click "Submit." Once the disclaimer is successfully saved, you will see the "Successfully saved" message near the top of this page. Note you cannot deselect "Yes, I Acknowledge" once the data is saved. Only the position information can be changed and resubmitted or saved if needed. If you click the back button, you will see the "Registration Status Summary" page that the disclaimer is marked "Completed." You now need to return to the program-selection page to enter attestation data. Click the "Start" tab in the upper-left corner. Remember, you can click the "Start" tab in the upper-left corner of any screen you are on to return to the "Program Selection" page. Next slide, please. On the "Program Selection" page, click the "Meaningful Use Attestation Disclaimer" link. Next slide, please. The "Program Year Selection" page will appear. Next slide. Unlike registration, attestation requires the selection of a program year. Click the dropdown and select 2017. It is currently the only year available. You will be allowed to enter attestation data for program year 2017 only during the data-submission period, January 1, 2018, through February 28, 2018, Pacific Time. Other years will be added in the future. And then click "Continue." Next slide. As with registration, singer-provider users will immediately see an "Attestation Status Summary" page, while multi-provider users will have to choose providers from the dropdown list. For single- and multi-provider users, the "Attestation Status Summary" page operates like a data and registration. Providers are identified on the left. Attestation information and disclaimer are across the top, and statuses are below. Data submission and reporting periods are identified near the top. There are two additional statuses, as well -- "Not available" and "Rejected." "Not available" is displayed under both "Attestation Information" and "Disclaimer" when the current data is prior to the submission-period start date. "Rejected" displays only under "Attestation Information." Note that the submission-period data range displayed here at arrow 2 is not available in production. This submission period was extended back in 2017 to allow us to test the software and to complete this training video. The submission period available in production for any given program year is January 1 through the end of February. Next slide, please. On the "Attestation Information" data-entry page, the provider is identified at the top, along with the submission period and reporting period. There is no question hierarchy here, but you must answer all eight questions. Either they can be answered in any order. You will again enter your 15 alphanumeric character CEHRT number. The EHR reporting period date must span a minimum of 90 consecutive days within the reporting period of January 1, 2017, through December 31, 2017. Next slide, please. If the EHR reporting period start and end dates do not span a period of at least 90 consecutive days within the reporting period window, an error message will appear after you click the "Submit" button. Your information will not be saved. Next slide, please. If one or more answers to a question under "Attestation Statement" is no, the attestation information will be saved when you click "Submit," but it will be rejected. Next slide. The "Attestation Status Summary" page will reflect this, and you will not be allowed to enter meaningful use objectives or clinical quality measures data. Next slide. The attestation disclaimer function is the same as the registration disclaimer form. After you read it, click the "Yes, I Acknowledge" and enter a description of your position. The information is saved when you click "Submit." Next slide, please. When you bring up a previously completed disclaimer, information at the bottom identifies when

the disclaimer was completed and by whom. If you need to change the position description information, click the "Update Acknowledgement" button. However, you will not be allowed to deselect the acknowledgement. Next slide, please. I now turn it over to Nichole Davick to walk through QualityNet objectives and measures submission.

Thank you, Kateisha. We're gonna now walk through the QualityNet objectives and measures submission. Next slide, please. After you login, like you did with registration and attestation, you're gonna select the "Hospital Quality Reporting" link from the "Quality Programs" dropdown on the QualityNet page. Next slide, please. Your MyTask page appears, and depending on your...role or roles, you may see more or fewer selection options on this page. Under "Manage Measures," click the "View/Edit/Structural/Web-Based Measures/Data Acknowledgement," or what we call DACA, link name. The program-selection page will then appear. Next slide, please. And, again, depending on your role or roles, you may see other selection options, including choices in addition to the "Meaningful Use" link. But in this case, choose "Meaningful Use." Next slide, please. If you have not successfully completed both the registration and attestation steps, there will be a warning message in circle 1 to this effect at the top of the "Program Your Selection" page. You will not be able to proceed further. However, if you did your registration and attestation steps, you would click the desired link name -- in this case, "Meaningful Use Objectives" -- and the "Program Your Selection" page will appear. Next slide, please. CMS and the Office of National Coordinator for Health Information Technology established a standard that hospitals must meet in order to qualify for the CMS Medicare and Medicaid Electronic Health Records Incentive Program. Your certified EHR technology is certified either to the 2014 edition, the 2015 edition, or a combination of the two. Your CEHRT has a 15-character alphanumeric value, which Kateisha brought up before, and that will document the standard against what your EHR technology was certified. This documentation is located in character positions three, four, and five in your CEHRT. If you have a character 14E, it indicates that the certification against the 2014 edition. Characters 15E and 15H -- 15E is for the 2015 edition, 15H is certification against the hybrid 2014 and '15 edition. Next slide, please. Select "Program Year 2017" to enter or view the data and click "Continue." Again, if you're a single provider who attested to a CEHRT having values with either 15E or H, an "Objective Stage Selection" will appear. If you attested to a CEHRT having value 14E, you'll be allowed to only access Modified Stage 2 Objectives. Next slide, please. And this page, you are gonna click the dropdown and select the stage to access and click "Continue." If you're a single-provider user, clicking "Continue" brings up the "Objective Status Summary," as I stated before. If you're a multi-provider user, clicking "Continue" brings up a "Provider Selection" page. One note here -- if you choose a stage that does not match your CEHRT number, the one that you entered in the attestation section or registration section, you will not see your CCN in subsequent pages. Next slide, please. Here you're going to identify the providers you want to work with by selecting one or more from the dropdown. Providers may be selected in any order, or you can select the "All" option. The "Clear" button, arrow 2, deselects your choices. Clicking "Back" returns you to the previous page. If you select providers who did not complete their registration or attestation prerequisites, a pop-up window will appear after you click "Continue," and it will list the providers. You must acknowledge this pop-up block box by clicking "Okay." The listed providers are then deselected from your list, and you'll return to the "Provider Selection" page. Next slide, please. The data-submission period for the selected program year is near the top of the page, along with the reporting period for which the data was

collected. The link names across the top are the objective's short names. To access a data-entry page, click the link name. The providers are listed in ascending CCN order in the Provider ID column on the left. Again, the objective statuses are similar to the registration and attestation -- "Incomplete," "Completed," or "Rejected." The status "Not Available" is sometimes seen, but it's not shown on this screen right here. Answers are required for all displayed questions. Next slide, please. When the "Calculate" or "Submit" button is clicked, measures are evaluated against a threshold limit applicable to that measure's required questions. If a measure fails to meet this limit condition, the associated objectives can still be submitted and successfully saved, but, again, it will be saved in a "Rejected" status. Under "Modified Stage 2," if you enter more than one of the four exclusion questions with "Not Applicable -- Submission not required," the objective will be saved with a "Rejected" status and when "Submit" is clicked. Under Stage 3, if you answer more than three of the six exclusion questions with that same answer, the objectives will be saved with a "Rejected" status when "Submit" is clicked. Next slide, please. When the "Submit" button is clicked, a "Successfully Saved" informational message appears regardless of whether the question is answered yes or no. In this example, we've answered no. I'm sorry. I'm on the wrong slide. I beg your pardon. The first-measure example is a straightforward objective, having a single measure with yes/no questions. There's three different types of measure examples. This one's "Protected Health Information," ePHI. After clicking the link name, the data page will appear. Data-entry pages identify the provider, the data-submission period, and the reporting period. There is a stage identifier, and immediately below is the chosen objective's short title. The measures and their associated questions appear below the objective description. Multi-provider users can move back and forth through their selected providers by clicking either "Previous Provider" or "Next Provider" at the bottom of the page. Next slide, please. When the "Submit" is clicked, a successfully saved informational message appears, regardless of whether the question is answered yes or no. Next slide. Returning to the "Objective Status Summary" page, the objective's status has changed to "Completed." This is just a shot of what it will look like. Next slide, please. The second example also contains one measure, but the question is an exclusion question. The electronic prescribing -- eRx -- objective has a measure question hierarchy. The eRx data-entry question under the measure description starts with the word "Exclusion," indicating the measure has a question hierarchy. The appearance of additional questions depends on the response of the exclusion question. Next slide, please. If you answer "Yes," there'll be no additional questions on the measure, and you can continue on to the next measure. Next slide. However, selecting "No" does -- so, "No" brings up numerator and denominator questions that require answers. Note, too, that any time your cursor is over a data-entry field, the question is repeated in a text box attached to that field of the arrow 3. Every time a numerator and denominator question appear on a data-entry page, there'll be a "Calculate" button next to the "Submit" button. The "Calculate" button will be active. The "Submit" button will be inactive. You must always click "Calculate" before clicking "Submit." Clicking "Calculate" determines the percentage associated with the measure. If a data-entry error prevents a successful calculation, an error message will be displayed at the top of the page. I'd like to make a note here, too. The way that these pages are, they get long at times with the exclusions. So you're gonna need to scroll up to see your error message or your successful message. Next slide, please. If the data-entry error results -- I beg your pardon. If data entry prevents a successful calculation, an error message will display near the top of the page. If there's no data-entry error, results selection appears at the

bottom of the page, the measure description is repeated, and the calculated percentage will appear below it. The "Calculate" button is replaced by an "Edit" button, and the "Submit" button is now active. Next slide, please. If you need to change a value before submitting the information, click the "Edit" button. Click "Submit" after you're satisfied that you have the correct data. Next slide, please. Click "Edit" to revert back to "Calculate," and then click "Submit" to deactivate. The data-entry fields are now editable again, and a successfully saved message has appeared near the top. Next slide, please. Returning to the Objective Status Summary page, the objective's status has changed to completed. Again, this is a screen shot of what it would look like. Next slide, please. The third example of an objective with two measures -- the first will require numerator and denominator values. The second will be hierarchical and start with an exclusion question. Patient electronic access to health information has two measures. The first measure requires a numerator and denominator value. The second measure has an exclusion question. Next slide, please. Select "Yes" to the exclusion question in the second measure, and there'll be no additional questions. Next slide, please. If you select "No," to introduce another set of numerator and denominator questions that will require answers. This is similar to what we saw in the CMS Registration and Attestation System. Next slide, please. Enter the numerator and denominator values for the first measure, then select yes for the second measure. Click "Calculate" to produce a results section with a rounded percentage value belonging to the first measure. Next slide, please. Change the answer to the exclusion question for the second measure from "Yes" to "No" for an additional set of numerator and denominator questions requiring answers. The results section now displays percentage values for both the first and second measures. And click "Submit" to save the information. Next slide, please. The Objective Status Summary page displays the objective's "Completed" status. Next slide, please. The examples you have just seen are typical of measure and question associations that you'll encounter among the Modified Stage 2 and Stage 3 objectives. I've shown how to access the objectives, and I want to do the same for CQMs. For clinical quality measures submission, return to the program-selection page and click "Meaningful Use Clinical Quality Measures" link. The program-selection page will appear. You'll be allowed to access the CQMs if you successfully completed the registration and attestation steps. And if you answered "I will submit my clinical quality measure data right now through online attestation." Next slide, please. So, assuming you are allowed to access CQMs, you're gonna select 2017 from "Program Year" dropdown. If you're a single-provider user, the "CQM Status Summary" page will appear. If you're a multi-provider user, you must first select providers you want to work with from a "Provider Selection" page, just as it did when you were working with objectives. The "CQM Status Summary" page will appear after you click "Continue." Next slide, please. The CQM link names are a little different from those of the objectives. CQMs are identified by alphanumeric identifiers rather than text titles. There are 29 of them, and to qualify, you must choose 16 out of the 29. If you're a single-provider user, the "CQM Status Summary" page will appear. Again, if you're a multi-provider user, you must first select the providers you want to work from on the "Provider Selection" page. Oh, pardon me. CQMs are identified by alphanumeric identifiers. If you hover above the identifier, a short title of the CQM will appear. We're going to post the identifier short title crosswalk table on the QNet website for reference going forward so you don't have to hover over each one. We're gonna change this in a future release, but right now, this is what it is. So that would be helpful to have that crosswalk. You'll have to scroll all the way to the right to see the CQM identifiers. That's the way the Web-based collection

tool is built. Select the first link name to look at some of the differences between the objectives and CQM data pages, the way page operates. Next slide, please. I am having technical difficulties. All CQM questions are hierarchical, whether the answer selected is "Yes" or "No." Can you go to slide 66, please? Next slide, please. Answering "Yes" produces a particular set of additional questions. On slide 66. On slide 67 -- Next slide, please. Answering "No" produces another, but different set of additional questions. Notice on that slide that there is no "Calculate" button at the bottom of the CQM page. Once you've entered the required values, click "Submit." Next slide, please. Next slide, please. A "Successfully saved" message appears on slide 68. Next slide, please. The CQM marked "Completed" on the "CQM Summary Table," a "Successfully Saved" message appears. Next slide, please. This completes the attestation submission for the measures, objectives, and clinical quality measures. An attestation status report will be available in QNet beginning January 2018. If all of the objectives and measures and CQMs have been entered with the status of "Completed," your attestation is complete. And now I'll turn it over to Tim for questions. Thank you.

Thank you, Nichole. We're now going to start the Q&A portion of the webinar. To ask a question, type it in to the chat box. Please note that slides and recordings from this presentation will be posted to the Eligible Hospital Information page on the CMS website. So, the first question is from Julie Bashir. "On the previous attestation website, do users need to document or notate they will be submitting calendar year 2017 data through QNet?"

No, they do not have to document that.

Thank you. Next question is from Valerie Neal. "If when entering the information on QNet for registration for 2017 EHR or IQR attestation a mistake is made or there is a change in information prior to entering data, is there a way to edit the information? For example, if you made a mistake in entering the EHR certification number and want to correct it, the 'Submit' button is highlighted, but it does not appear there is a way to edit the information. It is grayed out."

Briana, can you address that? It would be a QNet function. Or should we take this question and answer it at a later time?

...take this question and answer it at a later time?

I would say since it's not live for us yet, I don't want to say for certain. But yeah, we can take the question.

Okay. We'll address this one in the Q&A section once we post it. Next question is from Osman Sezer. He says, "Can you have two QNet accounts with two different people, one for clinical quality reporting and another one for just meaningful-use objective measures?"

Briana, do you know that answer?

You are able to have two separate accounts with different access for each account, so if you have somebody just doing clinical quality measures, like the IQR program, you are able to have somebody else look at a separate QNet account that only will deal with the meaningful use stuff.

Next question is from Amanda Fein. "Where will the registration information be housed, accessed, or updated for eligible hospitals moving forward?"

That will be in QNet. And the legacy of information for previous years is still going to be in the CMS Registration and Attestation System.

Next question is from Kathleen Sheehan. "Will the QNet 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?"

I know we have an attestation worksheet that we have posted to our Web. I don't believe that it follows the process step by step that's in QNet. I think that has changed. Also, it changed in previous year for the CMS Registration and Attestation System. But we'll take that information and possibly change it going forward.

Next question is from Nancy Berglin. "Can a hospital have more than one QNet user designated as a meaningful user user?"

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

Next question is from Kim Bodine. "Will bulk uploads still be a viable submission option for larger organizations? If so, when will the file format be available?"

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

Next question is from Ellen Spruell. "Can you provide any guidance for ACI and IA attestation into QNet? There has not been any guidance provided on how this will occur to date."

Can you repeat the question, Tim?

Sure. "Can you provide any guidance for ACI and IA attestation into QNet?"

Yeah. ACI and IA attestation will not be held in QNet. That is actually with QPP. And that is for eligible clinicians. QNet is available for eligible hospitals.

Next question is from Robert Bell. "Can I access these screens today, or do I need to wait until January 2?" This is referring to the screen we showed today on the presentation.

Yes. Everything will be available on January 2.

Next question is from Kingsley Aigbogun. "Does this apply to Medicaid EHR Incentive Program for ambulatory or only to Medicare?"

This QNet applies to Medicare-eligible hospitals and CAHs and dually-eligible hospitals.

I want to go back to the previous question. If you need to register on QNet, you can go ahead and register now. You cannot attest until January 2.

You can enroll in QNet, but you cannot register for the meaningful use program yet. Yes, you are right, Kateisha.

Okay. Next question is from Janelle Rakman. "If we are a dual-eligible hospital, do we have this through QNet, or do we have to keep attesting through the same way we did in 2017 for 2016 data?"

You would attest through QualityNet as a dually-eligible hospital.

Next question is from Jennifer Michaels. "Vendors can't attest electronically. However, you mentioned that surrogates can manually. Can an EHR vendor manually attest through surrogate access on behalf of a hospital?"

Yes, I believe so. If they are set up and have a QNet enrollment username, user role, I believe they can. I defer, though, to Briana or someone there from QNet Help Desk, but I believe that is the case.

You're right. If they have the correct role, and they have a QNet account, and they're associated with that facility, they would be able to do that for them, yes.

Next question is from Linda Hiyam. "Can you see more than one CCN with one log on, or do you need a separate log on for each CCN?"

They are gonna be separate logins for each CCN, so if you have -- you know, if you work for three different hospitals, you'll have three different logins for QualityNet.

Next question is from Libby Ossler. "To clarify, for dual reporting, we need to go into the old site before the end of the year and verify/update our information?"

No, you do not need to. Oh, dually-eligible, dually-reported. 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. Now, that said, 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, I would check both systems to make sure they're the same.

Next question is from Linda Hiyam. "Does the request for QNet access need to be notarized?"

No, it does not.

Next question is from Bobby Ann McKellan. "Do we need to re-register to CCN if they were already registered on the EHR incentive portal old site?"

No, you do not.

Next question is from Dawn Tunno. "If we have changed PINs over the year, do we need to re-register the hospital?"

I believe so. I would. I'd like to take that as a follow-up question, just to confirm, but I'm pretty sure you do.

Next question is from Valerie Neal. "Can you edit the information if you submitted registration information, i.e. data entry, attestation entering the CEHRT number?"

I think we took that as a follow-up question previously.

Next question is from Carol Coates. "Will our registration data from the old Registration and Attestation System populate QNet, and we just need to check it is correct, or will we need to add the data back 'cause it's being demonstrated?"

It will populate into QNet from the old Registration and Attestation System.

All right. Last question. "If our CEHRT vendor submits, does it still apply to us?"

Well, as we spoke before, vendors are not allowed to submit attestation data at this time. We are working on allowing them to attest for providers. But if they are given a user role with the facility, as was said before, they can attest for the provider. I hope that answers the question.

Mm-hmm. We've reached the end of the webinar. Any additional questions will be addressed in a Q&A document posted to the Eligible Hospital Information page on the CMS website after the call. Thank you for joining today's webinar.

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