

December 20 EHR Hospital Transition QualityNet Demonstration Webinar Q&A

Clinical Quality Measures (CQMs)

Q: If we already submitted clinical quality measures (CQMs) elsewhere for 2017, do we have to resubmit the file to QualityNet when attesting for meaningful use?

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 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.

Q: Does electronic submission of eCQMs via QRDA files satisfy requirements for both the Inpatient Quality Reporting (IQR) and Electronic Health Records (EHR) programs?

A: Yes.

Q: If submitting CQMs during attestation, 16 must be submitted as opposed to what is required by IQR/CQM, correct?

A: That is correct.

Q: If we enter elective deliveries in eCQMs, will we have to re-enter in structural measures?

A: Yes.

Q: Where and when do we attest for eCQM submission?

A: You will attest through the Meaningful Use Attestation link under the Manage Measures box in the QualityNet Portal. Attestations must be submitted by March 16, 2018.

Q: Is there a way to see the performance for eCQMs submitted via QRDA?

A: There are submission reports that can be run within QualityNet. If you need assistance with this, please contact the QualityNet Help Desk at 1-866-288-8912 or gnetssupport@hcqis.org.

Q: How long is the CQM reporting period? Is it 90 days or a full year?

A: The CQM reporting period for new providers attesting in QNet, using the web-based collection tool, is a continuous 90 days. Returning providers attesting in QNet, using the web-based collection tool, report on a continuous 365 days. Either new or returning providers who choose to electronically report eCQMs via QRDA will report on quarter or 90 days within the 2017 calendar year.

Q: How do you submit zero denominators for clinical quality measures?

A: Please review the online help document below for information. This is from the secure side of the portal.

For Provider and Vendor Users to Access the Denominator Declaration Page:

1. Log in as a Provider or Vendor user. Click the **Denominator Declaration** link on the HITECH Portlet Page. This will take you to the **Denominator Declaration** Page. This page enables you to select a Provider and a Date Range to view and edit the currently-stored denominator declarations.
2. Select a **Provider ID (CCN)** from the drop-down list and a **Date Range** to view or edit the Denominator Declaration settings for the HQR eCQMs. The Denominator Declaration page is refreshed and lists the 16 eCQMs that are currently identified as HITECH EHR measures, along with the associated domain names, and retrieved data, if any, for the selected provider and date range. Only one of the 16 eCQMs does not qualify for the HIQR Program because it is an Outpatient measure (i.e., ED-3). It is indicated with an asterisk after the Measure ID.
3. In the **Zero Denominator** columns, check any associated boxes to indicate that the hospital has the EHR system that is certified to report data for the selected eCQMs, but the hospital has no patients for the particular measures for the selected Date Range. The Case Threshold Exemption field is disabled (greyed out) when the Zero Denominator box is checked for a given measure. This can be repeated for all other applicable eCQMs.

Data entered in the **Case Threshold Exemption** column indicates that the hospital has very few cases that would be counted in the denominator of the eCQM. Thus, because of the low number of inpatient discharges, if they so choose, the hospital can take the minimum case threshold exemption and be exempt from reporting on that particular eCQM. For a quarter date range, the threshold is 5 or fewer discharges. Enter a value between 0 and 5 in the Case Threshold Exemption field. Even if a hospital has a small number of cases and meets the case threshold exemption criteria, they can still choose to submit QRDA files for those eCQMs and receive credit. When eCQM data will be submitted via EHR submissions for a measure, do not enter anything, just leave the field blank.

The selections for denominator declarations and case threshold exemptions can be changed repeating this process at any time prior to the submission deadline.

4. Select/deselect the denominator declarations on this page and click **Submit** to save the changes to the database. A confirmation page is displayed showing the eCQMs for which Zero Denominator or Case Threshold Exemption fields have been set for the selected Provider and Date Range combination.
5. Click **Accept** to save the data or **Do Not Accept** to cancel.
6. A confirmation page indicating the Denominator Declaration submission was successful is displayed after the **Accept** button is selected. Click **OK**.

If you are a Provider user, you will be taken back to the **My Tasks** page. If you are a Vendor user, you will be taken to the page where you can select another Provider for which to perform the Denominator Declaration task.

Q: Do eCQMs and the objective measures both have to be from the same reporting period?

A: No. The 90-day reporting periods can be different.

Q: Are we required to report Stage 3 measures in 2018 or can we still report Stage 2 Modified measures?

A: You may still report on modified Stage 2.

QualityNet Users and Accounts

Q: When setting up the QualityNet accounts for hospitals, it asks questions for credential verification which goes through Experian. Will this affect our personal credit when they check our credentials?

A: No, it does not affect personal credit.

Q: We mailed QualityNet registration forms for several hospitals, but some are missing. How can we correct this so that all the hospitals are registered?

A: Please call the Help Desk at 1-866-288-8912, and we can look by CCN to see what is missing and assist with getting all hospitals registered.

Q: How do you know if you are an administrator in QualityNet with proper access?

A: You can call the QualityNet Help Desk at 1-866-288-8912, and we can verify that you're a security administrator. You can also look at the roles in your own account to determine whether or not you're a security administrator.

Q: I'm having trouble with my login information. How can I fix this?

A: Please contact the QualityNet Help Desk at 1-866-288-8912 or gnetssupport@hcqis.org.

Q: One of the boxes asked "position," and you selected "administrator." Are there other choices?

A: That field is not required to be an administrator. There are no validations on what you place there.

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 CMS Certification Number (CCN) can attest. A health care system cannot attest for a hospital unless they register for an account specific to that CCN.

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 log ins for each CCN. For example, if you work for three different hospitals, you'll have three different log ins for QualityNet.

Q: How do you obtain your security login credentials? We currently have an account through the Medicare site.

A: The QualityNet account is going to be separate from any other account, so they'll have to fill out the registration form. Once the QualityNet Help Desk gets those forms, we will e-mail credentials, user ID, password, and then they'll have to obtain a VIP access code, which the link for that is on the QualityNet website as well. If you need assistance with that, you can call the Help Desk at 1-866-288-8912, and we'd be glad to walk you through that.

Q: I have a QNet login for PQRS. Do I have to apply for a new login for Hospital Attestation, or can our Security Administrator (SA) give me the access I need?

A: Logins for QNet and PQRS are separate. You will need to apply for a QNet account on its own. Please call the Help Desk at 1-866-288-8912 for assistance.

Q: Do the QNet access forms need to be notarized for new access?

A: No, they do not. There is a field that asks for a notary signature, but that is no longer required for either the SA or basic user.

Q: Is the QualityNet log in different than the enterprise portal? Are there two different log ins?

A: Yes. Also, if the EIDM and QNet User IDs are the same, you will not be able to log in to QNet. If this happens, please contact the Help Desk at 1-866-288-8912.

QualityNet Timeline

Q: Can you clarify the deadline for meaningful use submission?

A: The deadline is March 16, 2018.

Q: Do we need to complete everything in one day?

A: No. You have until March 16, 2018, to register and attest and can take as long as you'd like before then.

Q: Are hospitals currently able to attest to 2017 meaningful use through the existing portal or do they have to use QualityNet?

A: No, they may not. We had an option for brand-new hospitals to attest for 2017 in the Registration & Attestation System, but that deadline has passed. All reporting will be done in QNet starting January 2nd.

Q: Will payments after December 31, 2017 show in the current EHR Incentive Program Registration and Attestation System? How do we track payments after that date?

A: You may contact the QNet Help Desk to track your payment status. For assistance, contact the Help Desk at qnet support@hcqis.org or 1-866-288-8912.

MU Role

Q: How can I tell if I currently have the MU role in QNet?

A: The Security Administrator can confirm what roles are on a user's account. If they need assistance, they can contact the Help Desk at qnet support@hcqis.org or 1-866-288-8912.

Q: How do we add the MU role in QNet?

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 Help Desk at qnet support@hcqis.org or 1-866-288-8912.

Q: I don't have all the MU options on the "Select a Program" section under "Structural/Web Based Measures." Is this because I am not an administrator and can only the administrator do this?

A: Anyone can see the links as long as they have all of the required meaningful use roles. You may want to call in to the Help Desk at qnet support@hcqis.org or 1-866-288-8912 to check what roles you have.

Q: If we don't know who our QNet administrator is, what phone number can we call to confirm role access?

A: You can contact the QualityNet Help Desk at 1-866-288-8912 or qnet support@hcqis.org.

Vendors

Q: Will a vendor do any of this for us or does a specific hospital representative have to enter this information on QualityNet?

A: If the vendor has an account within QualityNet, they can attest for the hospital. The vendor will need to have a separate account from the hospital. Vendors cannot attest for a facility. A surrogate will need to register for a QNet account that is directly associated with the facility CCN. Please call the Help Desk at 1-866-288-8912 for assistance with this.

Q: Can the Security Administrator from the hospital set up the account for a vendor or will the vendor need to set up the account on their own?

A: A vendor will need to set up their own QNet account. Once that is set up, the facility will need to authorize the vendor to submit their data. If assistance is needed with this, please call the Help Desk at 1-866-288-8912.

Q: Our eQIM vendor already submitted our eQIMs for 2017. We need to do a case threshold exclusion for one measure. Would we do that with our objective attestation? Would the eQIMs that our vendor submitted show up in QualityNet?

A: CMS is working to implement this functionality to allow vendors to submit meaningful use data and will announce when it is available. Vendors can currently submit eQIMs electronically.

Q: Can vendors send in our 4 eQIMs?

A: Vendors can submit Clinical Quality Measures on behalf of hospitals. However, it will require a separate QualityNet account.

Q: If a vendor sends our eQIMs electronically instead of a hospital manually, do they need to report on 4 instead of 16?

A: Yes.

Q: Does CMS expect to support vendor attestation on behalf of clients before the attestation period ends on March 16, 2018?

A: CMS is working to implement this functionality to allow vendors to submit meaningful use data and will announce when it is available. Vendors can currently submit eQIMs electronically.

Data and Registration Transfer

Q: Will the registration information for hospitals that had submitted attestation in the past be copied over to the new QNet system?

A: Attestation information remains in the existing portal – EHR Registration & Attestation system, <https://ehrincentives.cms.gov/hitech/login.action>. Previous attestation reports will be available in QNet.

Q: If the registration was done previously for our organization but was under a different user than the current QualityNet user, will it still carry over?

A: It should still carry over.



Q: If all the information gets copied over from the old EHR Registration & Attestation System, do we use the same login and password or do we have to get new ones?

A: You will need to setup new user login information for QNet. Please see the [The QNet User Role Management Guide](#) for instructions. If you need assistance, you can contact the Help Desk at qnetsupport@hcqis.org or 1-866-288-8912.

Q: Will business and address information as currently displayed on the EHR Registration and Attestation System need to be manually re-entered on QualityNet for every CCN in a multi-hospital system? Will it transfer from the old system?

A: Information transferred from the EHR Registration and Attestation System to QualityNet for each CCN in November. If you are a dually eligible hospital, we recommend checking that the information on the EHR Registration & Attestation system and QNet is correct and in sync.

Q: Should the CAH update the CMS EHR Certification ID on the CMS Registration and Attestation System or just update the information in QNet?

A: Currently, if you have your Certified Health IT Product List (CHPL) number in the registration and attestation system now, all of that data transferred to QNet in November, but we highly recommend making sure that the QNet registration is exactly the same as what is in the EHR Registration & Attestation system. You can contact QualityNet for more information at 1-866-288-8912.

CEHRT

Q: Is the Certified EHR Technology (CEHRT) number entered for a hospital verified at the time of attestation?

A: Yes, we verify the CEHRT number is valid.

Q: If you used 2014 CEHRT for the reporting period but generated the report for attestation using 2015 CEHRT, which version is entered for the CEHRT? What if you changed CEHRT during the year?

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.

Q: Are hospitals required to submit a CEHRT ID to complete meaningful use attestation?

A: Yes.

Q: Is the CEHRT ID required to complete eCQM submission?

A: CEHRT is required to be in the QRDA files submitted with eCQM data.

Q: How do you find your EHR CEHRT number?

A: You can get your CEHRT number from the [Certified Health IT Product List \(CHPL\)](#) on the Office of the National Coordinator (ONC) website.

Q: How do we know which EHR Incentive Program we are involved in?

A: Eligible hospitals for the Medicare EHR Incentive Program are subsection (d) hospitals in the 50 States, D.C., or Puerto Rico that are paid under the hospital inpatient prospective payment system, critical access hospitals or Medicare Advantage affiliated hospitals. Make sure that you have registered in QNet and have your EHR Certification Number. Also, it is important to have a successful and live registration status in QNet. Hospitals eligible for the Medicaid EHR Incentive Program should reach out to their [state contact](#).

Q: Our clinic went to an EHR in September and have never previously submitted. Will they need to submit for the last 90 days of 2017?

A: Yes. They can attest for the last quarter of 2017, for the continuous 90 days.

Q: Is the EHR Certification Number the same as the CHPL number we have historically used?

A: Yes. You can get your CEHRT number from the [Certified Health IT Product List \(CHPL\)](#) on the Office of the National Coordinator (ONC) website.

Dual Reporting

Q: If the hospital was dually eligible but has finished/received all years of incentive for Medicaid already, should the hospital pick Medicare only for registration or Medicare and Medicaid?

A: You may register for Medicare only as you are attesting to avoid Medicare payment penalties.

Q: If two of our hospitals were registered as Medicaid only, can we select Medicare and attest to avoid facing penalties?

A: Yes.

Editing in QualityNet

Q: How do I edit the attestation information?

A: You should log in to QNet and select the Meaningful Use Attestation/Disclaimer link within the Web-Based Measures application. Users will be able to update data any time prior to the attestation deadline.

Q: Is it possible to edit and resubmit attestation information after it's been submitted?

A: Attestation information can be edited until the submission deadline of March 16, 2018.

ACI

Q: Do CAHs participating in Medicare Shared Savings Program (MSSP) Track 1 Accountable Care Organizations (ACOs) need to attest under both the EHR Incentive Program and Merit-Based Incentive Program (MIPS) Alternative Payment Model (APM) Advancing Care Information (ACI) category?

A: You'll want to review the 2017 and 2018 Measure Information Forms for ACO-11, in the Quality Reporting Section of [this link](#). This will help shed light on what we include in our SSP measure calculation.

Changes

Q: If an organization has a Tax Identification Number (TIN) change, does it need to re-register for the EHR Incentive Program?

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

Batch Attestation

Q: Can QRDA I files be uploaded in a zipped file? What are the requirements for uploading them?

A: Yes. QRDA files may be zipped for submission. Up to 15,000 files may be sent in 1 zip file. Be sure your zip tool does not create an index file - if so, you need to limit actual QRDA files to 14,999.

Other

Q: Will attestation in QNet require a specific file format or will it be a manual attestation as it was in the past?

A: Attestation is manually input into QNet. You may submit your eCQMs electronically in QRDA.

Q: Can you explain how exclusions work, particularly for the public health menu?

A: For the public health reporting objective, an exclusion for a measure does not count toward the total of three measures. Instead, in order to meet this objective, an eligible hospital or CAH would need to meet three of the total number of measures available to them. If the eligible hospital or CAH qualifies for multiple exclusions and the total number of remaining measures available to the eligible hospital or CAH is less than three, the eligible hospital or CAH can meet the objective by meeting all the remaining measures available to them and claiming the applicable exclusions. If no remaining measures are available, the eligible hospital or CAH can meet the objective by claiming applicable exclusions for all measures.

Q: Is there a document that lists all requirements for each section?

A: CMS has posted a [user guide](#) that includes worksheets showing each of the measures and what is required for each measure to meet Meaningful Use. Visit the [CMS Eligible Hospital Information Page](#) for more information and resources.

Q: Can we run prior submission reports or view them in QNet? Is there a summary page to review entries? What reports do you recommend hospitals save for their records?

A: Reports are still available in the EHR Incentive Program system for prior submissions. Previous years' reports can be available upon special request. Attestation and Objective data for the current year and forward may be reviewed within the Web-Based application. The Attestation Summary Report will provide registration, attestation, and CQM information. For facilities who have opted for the eReporting option, the eCQM Submission Status Report will provide the user their status for QRDA submissions.

Q: Are there any exclusions or extensions that would apply for Puerto Rico hospitals?

A: Puerto Rican hospitals were granted a reduced 14 day continuous reporting period.

Q: If another department in my organization submits IQR and I submit for functional measures, can I submit my portion before the other department submits IQR or do we need to complete attestations at the same time?

A: You may submit them separately. The reporting deadline is March 16, 2018.

Q: Is there a final submission button or is the attestation complete once every item is marked as complete?

A: Once everything shows complete, you are done. There is no final submission button.

Q: Are the physician offices to attest in QualityNet for this year as well?

A: Physician offices would need to contact the Quality Payment Program Service Center to find out any reporting requirements.

Q: For threshold measures that require >10%, will a score of exactly 10% be rejected?

A: Yes, 10% will be rejected. You need more than 10% to successfully meet the measure.

Q: Are those reporting under Modified Stage 2 allowed to submit for only 90 days of reporting?

A: Yes. All providers may attest for a continuous 90-day period for their objectives and measures for stage 2 or stage 3.

Q: If you have more than one hospital in your system, do you have to attest for all the hospitals?

A: Yes.

Q: When taking an exemption, a hospital would select "NA" in that case?

A: Selecting 'Yes' when posed with an exclusion question will exclude the provider from the objective or measure.

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