



Registration & Attestation **User Guide**
For Eligible Hospitals and Critical Access Hospitals

Medicare EHR Incentive Program

Registration Information & Disclaimer
Attestation Information & Disclaimer



CONTENTS

Step 1 – Getting Started	3
Step 2 – Quality Net Secure Portal	4
Step 3 – My Tasks Page	5
Step 4 – Meaningful Use Registration	6
Step 5 – Provider Selection Page for Admin Users	7
Step 6 – Registration Status Summary Page	8
Step 7 – Registration Information Data Entry Page	9
Step 8 – Registration Questions Answered	10
Step 9 – Registration Information Completed	12
Step 10 – Business Address & Phone Number	13
Step 11 – Registration Disclaimer	16
Step 12 – Attestation/Disclaimer Selection	17
Step 13– Attestation Information	18
Step 14 – Attestation Disclaimer	22
Questions/Help	24
Acronyms	25

Step 1 - Getting Started

This guide will assist in navigation throughout the Hospital Quality Reporting (HQR) Web-Based Data Collection Tool application. It contains the steps needed to use this application in the QualityNet Secure Portal to begin entering Meaningful Use (MU) Web-Based data, specifically, the Registration and Attestation forms. This document will not cover the data entry for Meaningful Use Objectives or Meaningful Use Clinical Quality Measures. These topics are discussed in a separate user guide.

No PHI or PII will be displayed within this document. All names are either fictitious or blurred.

Eligible hospitals and Critical Access Hospitals (CAHs) can receive incentive payments and avoid penalties through the CMS Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs by demonstrating their meaningful use of Certified Electronic Health Records Technology (CEHRT) to improve patient care.

Hospitals wanting to take part in the program will use this HQR web-based system to register and demonstrate effective and meaningful use of Certified Electronic Health Records Technology (CEHRT) by providing the following information:

- Meaningful Use Registration/Disclaimer
- Meaningful Use Attestation Information/Disclaimer
- Meaningful Use Objectives

Depending on your Attestation Information, you might also have to provide the following:

- Meaningful Use Clinical Quality Measures (CQMs)

You must complete the Registration and Attestation process before you are allowed to enter either Meaningful Use Objectives or Meaningful Use Clinical Quality Measures. Error messages will warn you if you have not completed the Registration and Attestation pre-requisites.

Registration is a onetime process. To complete it successfully, you must enter information for three pieces of information: Registration Information, Business Address & Phone Number, and Registration Disclaimer.

The Registration data submission period opens January 2, 2018, Pacific Time and does not close. Users can continue to register through the EHR Registration & Attestation website (NLR) prior to this date. Registration data can be modified at any time once it is submitted.

This guide will demonstrate how to complete the Registration and Attestation forms available through the Hospital Quality Reporting system's QualityNet Secure Portal (QNet), Web-Based Data Collection Tool application.

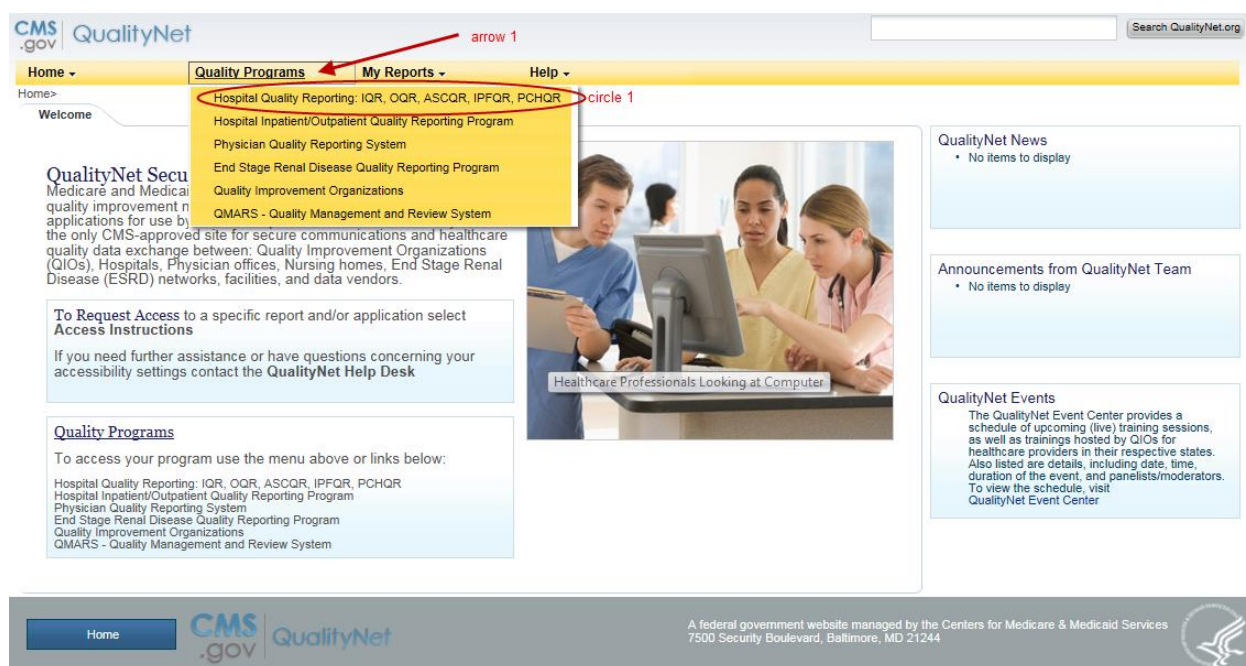
Step 2 – Quality Net Secure Portal <https://www.qualitynet.org/>

This guide begins with the screen that immediately appears after you have successfully logged in to the QualityNet Secure Portal with your appropriate credentials. <https://www.qualitynet.org/>

If you need assistance with logging into the QualityNet Secure Portal, please refer to the QualityNet Secure Portal User Guide.

After you log in to the QualityNet Secure Portal with appropriate credentials, select the **Hospital Quality Reporting IQR, OQR, ASCQR, IPFQR, PCHQR** link (circle 1) from the **Quality Programs** (arrow 1) dropdown on the QualityNet page.

After Logging In, Choose HQR



Your **My Tasks** page will appear. Depending on your assigned role(s) you may see different selection options on this page. Click the **View/Edit/Structural/Web-Based Measures/Data Acknowledgement (DACA)** link name under **Manage Measures** (circle 1).

Step 3 - My Tasks Page

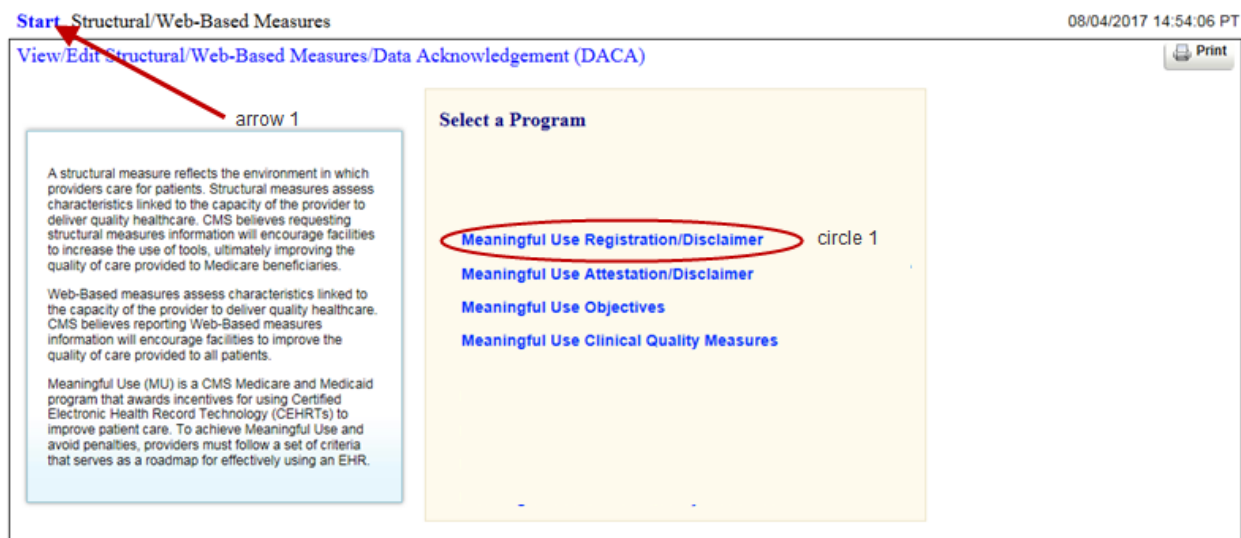
The screenshot displays the 'My Tasks' page on the QualityNet portal. At the top, there is a navigation bar with links for Home, Quality Programs, My Reports, and Help. Below this, a breadcrumb trail indicates the user's location: Home > Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR. The main heading is 'Quality Reporting System: My Tasks'.

The tasks are organized into a grid of cards:

- Hospital Reporting Inpatient / Outpatient**: View / Edit Population and Sampling
- Manage Measures** (circled in red with 'circle 1' label): View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)
- Manage Security**: My Account, Manage Multifactor Credentials
- Manage Notice of Participation**: View/Edit Notice of Participation, Contacts, Campuses
- Report Authorization**: View/Request/Approve Access
- Patient Satisfaction Data Entry**: Online Survey Entry
- Vendor Authorization**: Authorize Vendors to Submit Data
- Hospital Reporting Inpatient**: View / Edit Measure Designation
- EHR Incentive Program Hospital eCQM Reporting**: eCQM Intention/Denominator Declaration/QRDA File Deletion
- Hospital Reporting External Files**: External Files Online Tool

The **Program Selection** page will appear. Again, Depending on your assigned role(s), you may see more or fewer selection options. Click the desired program link name, in this case, **Meaningful Use Registration/Disclaimer (circle 1)**. You may return to this page to select another different option at any time, by clicking the **Start** option (arrow 1) in the upper left corner of the screen. This option is always available.

Step 4 – Meaningful Use Registration



When you are logged in as a Provider user, you have access only to your organization's data. After you click **Meaningful Use Registration/Disclaimer** the **Registration Status Summary** page will appear.

When you are logged in 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 (**circle 1**) from the drop-down. Providers may be selected in any order, or you can select the **All** option (**arrow 1**) and work with every one of them.

Should you need to return to the **Program Selection** page, click the **Back** button (**arrow 2**).

After you have selected the providers you want, click **Continue** (**arrow 3**)

Step 6 - Registration Status Summary Page

Multi -Provider Registration Status Summary

Start Structural/Web-Based Measures 08/04/2017 15:02:17PT

Meaningful Use Registration/Disclaimer

Print

Meaningful Use

arrow 1

Provider ID	Registration Information	Business Address & Phone Number	DISCLAIMER
	Completed	Completed	Completed
	Incomplete	Incomplete	Incomplete
	Completed	Completed	Completed

circle 3

circle 2

Back

Below is an example of the single provider's **Registration Status Summary** page. All statuses in this example are marked "Incomplete" (circle 1).

Though information can be completed in any order, we will proceed left to right starting by clicking on **Registration Information** (arrow 1).

Single Provider Registration Status Summary

Start Structural/Web-Based Measures 08/10/2017 13:31:42PT

Meaningful Use Registration/Disclaimer

Print

Meaningful Use

arrow 1

Provider ID	Registration Information	Business Address & Phone Number	DISCLAIMER
	Incomplete	Incomplete	Incomplete

circle 1

Back

Data entry pages appear after you click a link name. The provider is identified at the top of the page (circle 1), above the questions.

Please note the additional functionality, for multiple provider users, within the data entry pages. Multiple provider users can stay with one data field and move to another provider using the **Previous Provider** or **Next Provider** links (circle 2) at the bottom of the data entry page.

These links, however, are available only when there is a previous or next provider to move to. When you start a section, only the **Next Provider** link is available. When you reach the last provider, only the **Previous Provider** link is available.

Step 7 - Registration Information Data Entry Page

Registration Information has a question hierarchy. This means that additional required questions may appear depending on how you answer the initial questions.

You are unable to determine the question hierarchy by simply looking at a data entry page. You could determine the hierarchy once 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.

Once you answer all required questions (**circle 1**), you may then click the **Submit** button (**arrow 3**) to save your information. If there are no errors, a successfully saved message (**arrow 1**) will appear above the name. This will be considered “Completed” and you will see this status on the **Registration Status Summary** page after you click the **Back** button (**arrow 2**).

The **Print** button (**arrow 4**) does not print what is on your screen. It prints only saved or 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.

Pages printed from saved/submitted information are generated in a separate window and you must use your browser's print option to send it to your printer. When you are done, close the **Print**-button generated window.

Step 8: Registration Questions Answered

Registration Questions Answered -No CEHRT entered

Meaningful Use Registration/Disclaimer

Provider: [REDACTED] CCN: [REDACTED]

Meaningful Use * Required field

Information
Successfully Saved Registration Information

Registration Information

Incentive Program Questionnaire

- * Please select the Incentive Program.
 - ☒ Medicare
 - ☐ Both Medicare & Medicaid
 - ☐ Medicare Advantage - Medicare
 - ☐ Medicare Advantage - Both Medicare & Medicaid
- * Please select Medicare Hospital Type.
 - ☐ Critical Access Hospital
 - ☒ Subsection(d) Hospital
- * Do you have a certified EHR Number?
 - ☐ Yes
 - ☒ No

Back Submit Print

In the next screen, you will see what the page looks like if you answer that you do have a CEHRT number. You can see that “**Yes**” was answered (arrow 1) to the question “Do you have a certified EHR Number?” and, so the user has been prompted to enter their CEHRT number (arrow 2).

CEHRT numbers require the entry of 15 alpha-numeric characters. Users whose CEHRT numbers contain characters 14E, 15E, or 15H in character positions three, four, and five will later be allowed to enter information for Meaningful Use Objectives. See the Meaningful Use Objectives and Clinical Quality Measures (CQMs) training video.

In our **Registration Information** example here, the information was successfully saved (arrow 3).

Step 8 Continued:

Registration Questions Answered, with CEHRT

Meaningful Use Registration/Disclaimer

Provider: **HELEN WELLES HOSPITAL** CCN: **0700010**

Meaningful Use * Required field

Information
Successfully Saved Registration Information

Registration Information

Incentive Program Questionnaire

* Please select the Incentive Program.

☒ Medicare
☐ Both Medicare & Medicaid
☐ Medicare Advantage - Medicare
☐ Medicare Advantage - Both Medicare & Medicaid

* Please select Medicare Hospital Type.

☐ Critical Access Hospital
☒ Subsection(d) Hospital

* Do you have a certified EHR Number?

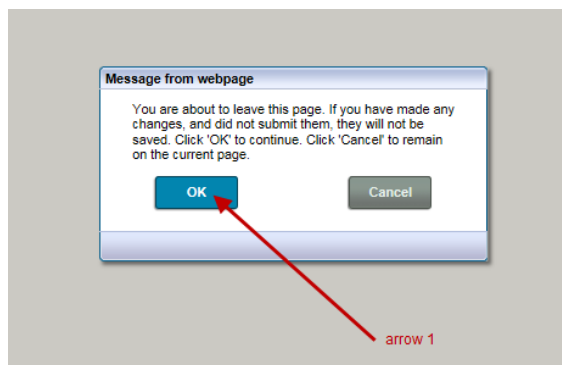
☒ Yes
☐ No

* Enter EHR Certification Number.

Back Submit Print


arrow 3 points to the Information section header.
 arrow 1 points to the 'Yes' radio button for 'Do you have a certified EHR Number?'.
 arrow 2 points to the 'Enter EHR Certification Number' text input field.
 arrow 3 points to the 'Information' section header.

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 informational warning message to which you must respond **OK (arrow 1)** in order to leave a page.



Step 9 - Registration Information Completed

Start Structural/Web-Based Measures 08/04/2017 15:13:33PT

Meaningful Use Registration/Disclaimer 

Meaningful Use

Provider ID	Registration Information	Business Address & Phone Number	DISCLAIMER
	Completed	Incomplete	Incomplete

arrow 2 points to Business Address & Phone Number link

arrow 1 points to Completed status

Back

To return to the **Registration Status Summary** page, click the **Back** button then the **OK** button. Notice that Registration Information is now marked “Completed” (arrow 1).

Once you click the Business Address & Phone Number (arrow 2) link name, the data entry page appears. These questions are not hierarchical.

The address and city questions (circle 1) are free-text fields. Select your state from the dropdown (arrow 4). Your phone number (arrow 5) must be formatted with hyphens after both the area code and the first three digits of the phone number. Your email address must be correctly formatted and confirmed (arrow 6).

Information is required in all fields except “Enter Address Line 2” (arrow 1) and the ZIP Code extension field associated with “Enter Zip+4” (arrow 2), as is seen by those questions not having a red asterisk.

After all the required fields have been entered, click Submit to save your data.

Step 10 - Business Address & Phone Number

Start Structural/Web-Based Measures

08/04/2017 15:14:42PT

Meaningful Use Registration/Disclaimer

Provider CCN

Meaningful Use * Required field

Business Address & Phone Number

circle 1

Enter Address Line 1.

Enter Address Line 2.

* Enter City.

* Enter State.

* Enter Zip+4. -

* Enter Phone Number.

* Enter E-Mail Address.

* Confirm E-Mail Address.

arrow 1

arrow 2

arrow 4

arrow 5

arrow 6

Back Submit Print

The application displays a message that the questions have been successfully saved (arrow 1). Note the placement of hyphens in the phone number (arrow 2).

Step 10 - Continued

Start Structural/Web-Based Measures 08/04/2017 15:19:03PT

Meaningful Use Registration/Disclaimer

Provider CCN

Meaningful Use * Required field

Information
Successfully Saved Business Address & Phone Number Information.

Business Address & Phone Number

* Enter Address Line 1.
1234 Any St.

Enter Address Line 2.

* Enter City.
Everywhere

* Enter State.
AL

* Enter Zip+4.
12345 -

* Enter Phone Number.
123-123-1234

* Enter E-Mail Address.
xyz@qwe.com

* Confirm E-Mail Address.
xyz@qwe.com

Back Submit Print

arrow 1


arrow 2

Once we return to the **Registration Status Summary** page, you will notice that the Business Address & Phone Number field is now marked “Completed” (arrow 2). Now let’s select (arrow 1) and complete the Disclaimer.

Step 10 – Continued

Business Address & Phone Number Completed

Start Structural/Web-Based Measures 08/04/2017 15:21:12PT

Meaningful Use Registration/Disclaimer 

Meaningful Use

Provider ID	Registration Information	Business Address & Phone Number	DISCLAIMER
010018	Completed	Completed	Incomplete

< >

Back

arrow 2 points to 'Completed' under Registration Information

arrow 1 points to 'DISCLAIMER' header

Step 11 - Registration Disclaimer

Start Structural/Web-Based Measures 08/04/2017 15:22:52 PT

Meaningful Use Registration/Disclaimer

Provider CCN

Registration Disclaimer * Required field

Registration Disclaimer

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Accept, Agree and Submit

I certify that foregoing information is true, accurate and complete. I understand that Medicare/Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this registration I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare/Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare/Medicaid EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare/Medicaid EHR Incentive Program payment may be paid unless this registration form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare/Medicaid EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare/Medicaid EHR Incentive Program.

DISCLOSURES: This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of Medicare/Medicaid EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare/Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

Enter your Position and click 'Submit'.

* ☐ Yes, I Acknowledge

* Position

Back Submit Print

Read the Disclaimer form, click the “Yes, I Acknowledge” button (**arrow 1**), 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 re-submitted/saved if needed.

You now need to return to the **Program Selection** page to enter Attestation data. Click the **Start** option in the upper left corner (**arrow 2**). Remember, you can click the **Start** option in the upper left corner of any screen you are on to return to the **Program Selection** page.

Step 12 - Attestation/Disclaimer Selection

Start Structural/Web-Based Measures 08/15/2017 09:10:11 PT

View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA) Print

A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

Meaningful Use (MU) is a CMS Medicare and Medicaid program that awards incentives for using Certified Electronic Health Record Technology (CEHRTs) to improve patient care. To achieve Meaningful Use and avoid penalties, providers must follow a set of criteria that serves as a roadmap for effectively using an EHR.

Select a Program

Meaningful Use Registration/Disclaimer

Meaningful Use Attestation/Disclaimer circle 1

Meaningful Use Objectives

Meaningful Use Clinical Quality Measures

On the **Program Selection** page click the **Meaningful Use Attestation/Disclaimer** link (**circle 1**). Once you select this Program, the **Program Year Selection** page will appear.

Program Year Selection Page

Start Structural/Web-Based Measures 08/15/2017 09:15:57 PT

Meaningful Use Attestation/Disclaimer Print

Meaningful Use (MU) is a CMS Medicare and Medicaid program that awards incentives for using Certified Electronic Health Record Technology (CEHRTs) to improve patient care. To achieve Meaningful Use and avoid penalties, providers must follow a set of criteria that serves as a roadmap for effectively using an EHR.

* Program Year: -- Select -- arrow 1

Continue

Unlike Registration, Attestation requires the selection of a Program Year (**arrow 1**). Click the dropdown and select 2017 (**arrow 1**). It is currently the only year available.

Start Structural/Web-Based Measures 08/15/2017 09:15:57 PT

Meaningful Use Attestation/Disclaimer Print

Meaningful Use (MU) is a CMS Medicare and Medicaid program that awards incentives for using Certified Electronic Health Record Technology (CEHRTs) to improve patient care. To achieve Meaningful Use and avoid penalties, providers must follow a set of criteria that serves as a roadmap for effectively using an EHR.

* Program Year: Please select a Program Year

2017 arrow 1

Continue arrow 2

You will be allowed to enter Attestation data for Program Year 2017 only during the data submission period January 1, 2018, through March 16, 2018, Pacific Time. Other years will be added in the future.

Click **Continue** (**arrow 2**).

Step 13 - Attestation Information

As with Registration, single provider users will immediately see an **Attestation Status Summary** page, while multi-provider users will have to choose providers from a dropdown list.

For single and multi-provider users, the **Attestation Status Summary** page operates like it did in Registration. Providers are identified on the left of the summary grid (**arrow 1**), measure links are displayed across the top of the summary grid (**circle 2**), and statuses are within the grid itself. There are important differences, too.

Data submission and reporting periods (**circle 1**) 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 date is prior to the submission period start date. “Rejected” is a status that can only display only under Attestation Information.

Note that the Submission Period date range displayed here (**arrow 2**) is not available in production. This Submission Period was extended back into 2017 to allow us to test the software and to complete this training video. The Submission Period available for any given Program Year is January 1 through the end of February.

Once you select the Attestation Information link, you will see the data entry page. The Provider is identified at the top (**circle 1**) along with the Submission Period and Reporting Period (**circle 2**). All eight questions must be answered (**circle 3**), but they can be answered in any order.

Step 13 – Continued Attestation Information Data Entry Page

Circle 1

Provider: CCN: Submission Period: 01/01/2017 - 02/28/2018 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Circle 2

Attestation Information

Circle 3

EHR Certification Number

* Please provide your EHR Certification Number.

Emergency Department Admissions

* An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Objectives. Please select the method that will be used for ALL Meaningful Use Objectives.

☐ Observation Service Method

☒ All ED Visits Method

Reporting Period for MU Objectives

* Please provide the EHR reporting period start date associated with the MU Objectives.

01/01/2017

* Please provide the EHR reporting period end date associated with the MU Objectives.

12/31/2017

Reporting Period for MU CQMs

* Please provide the EHR reporting period start date associated with the MU Clinical Quality Measures.

01/01/2017

* Please provide the EHR reporting period end date associated with the MU Clinical Quality Measures.

12/31/2017

eCQM Reporting

* Please choose eCQM reporting method.

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

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

Attestation Statements

* I attest that I:

(1) Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.

(2) Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times:

(i) Connected in accordance with applicable law;

(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;

(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; and

(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate certified EHR technology and vendors.

(3) Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.

(4) Reporting clinical quality information. Successfully report the clinical quality measures selected by CMS to CMS or the States, as applicable, in the form and manner specified by CMS or the States, as applicable.

☒ Yes

☐ No

I attest that I:

(1) Acknowledges the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and

(2) If requested, cooperated in good faith with ONC direct review of its health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

☒ Yes

☐ No

* I attest that I:

(1) Acknowledges the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and

(2) If requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

☒ Yes

☐ No

☐ N/A - Submission not required

You will again enter your 15 alpha-numeric character CEHRT number (**arrow 1**). The Reporting Period for MU Objectives dates (**arrow 2**) must span a minimum of 90 consecutive days within the associated Reporting. The Reporting Period for MU CQMs dates (**arrow 3**) must span a minimum of 90 consecutive days with the associated reporting period for first time Meaningful Use providers. The Reporting Period for MU CQMs dates would need to span the entire reporting year for returning providers.

When the EHR Reporting Period start and end dates (**circle 1**) do not meet the minimum requirements within the Reporting Period window, an error message (**arrow 1**) will appear after you click the **Submit** button. Your information will not be saved until you correct the date ranges.

Step 13 – Continued

Completed Attestation Status, Rejected

The screenshot displays a web form titled "Error" with a red star icon. The error message states: "Required: The EHR Reporting Period must be minimum of 90 consecutive days within the Reporting Period." A red arrow labeled "arrow 1" points from the error message to the "EHR Certification Number" field. Below this is the "Attestation Information" section, which includes the "EHR Certification Number" field with a value of "2123456789012345". The "Emergency Department Admissions" section has a radio button selected for "Observation Service Method". The "Reporting Period for MU Objectives" section is circled in red and labeled "Circle 1". It contains two date fields: "01/01/2017" for the start date and "02/12/2017" for the end date. Below this is the "Reporting Period for MU CQMs" section, which contains two date fields: "01/01/2017" for the start date and "12/31/2017" for the end date.

When one or more answers to a question under Attestation Statements (**arrow 1**) is "No" (**arrow 2**), the Attestation Information will be saved when you click **Submit**, but the status will be reflected on the summary page as rejected.

Step 13 – Continued

Attestation Statement with No as Answer

Attestation Statements ← arrow 1

* I attest that I:

(1) Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.

(2) Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times:

(i) Connected in accordance with applicable law;

(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;

(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; and

(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate certified EHR technology and vendors.

(3) Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj (3)), and other persons, regardless of the requestor's affiliation or technology vendor.

(ii) Reporting clinical quality information. Successfully report the clinical quality measures selected by CMS to CMS or the States, as applicable, in the form and manner specified by CMS or the States, as applicable.

☐ Yes

☒ No ← arrow 2

* I attest that I:

(1) Acknowledges the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and

(2) If requested, cooperated in good faith with ONC direct review of its health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

☒ Yes

☐ No

* I attest that I:

(1) Acknowledges the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and

(2) If requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

☒ Yes

☐ No

☐ N/A - Submission not required

The **Attestation Status Summary** page will reflect this (arrow 1) and you will not be allowed to enter Meaningful Use Objectives or Clinical Quality Measures data.

Attestation Information, Rejected

[Start](#) Structural/Web-Based Measures

08/16/2017 07:28:44PT

[Meaningful Use Attestation/Disclaimer](#)



Submission Period
01/01/2017 - 02/28/2018

With Respect to Reporting Period
01/01/2017 - 12/31/2017

[Meaningful Use | PY 2017](#)

Provider ID	Attestation Information	DISCLAIMER
	Rejected ← arrow 1	Incomplete

[Back](#)

[Program Year Selection](#)

Step 14 - Attestation Disclaimer

The Attestation Disclaimer functions the same as the Registration Disclaimer form. After you read it, click the “Yes, I Acknowledge” (**arrow 1**) and enter a description of your position. Your information is saved when you click **Submit (arrow 2)**.

[Start](#) Structural/Web-Based Measures

08/16/2017 08:54:25 PT

Meaningful Use Attestation/Disclaimer

Provider XXXXXXXXXX CCN XXXXXX Submission Period 01/01/2017 - 02/28/2018 With Respect to Reporting Period 01/01/2017 - 12/31/2017

Attestation Disclaimer * Required field

Attestation Disclaimer

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature of Hospital Representative

I certify that foregoing information is true, accurate and complete. I understand that Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

Enter your Position and click 'Submit'.

* ☐ Yes, I Acknowledge ← arrow 1

* Position → arrow 2

[Back](#) [Submit](#) [Print](#)

Step 14 – Continued

Previously Completed Disclaimer Information

When you bring up a previously completed Disclaimer information at the bottom (**circle 1**) identifies when the Disclaimer was completed and by whom.

If you need to change the Position description information, click the **Update Acknowledgement** button. (**Arrow 1**). However, you will not be allowed to deselect the acknowledgement.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

Acknowledgement has been submitted by:			
Name	Position	Date	Time
XXXXXXXXXX	tester	08/01/2017	13:21:52PT

Update Acknowledgement

circle 1

arrow 1

Questions and Help

Resources:

- Questions about the Web-Based Data Collection Tool application and help with technical issues:
- QualityNet Help Desk at gnetsupport@hcqis.org
- 1 (866) 288-8912.
- The QualityNet Help Desk is available by selecting the Help Desk link at the bottom of any page throughout this application.

The screenshot displays the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a login link for the Secure Portal, and a search bar. Below this is a main menu with tabs for Home, My QualityNet, and Help. The Help tab is active, showing a list of categories: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and Quality Improvement. A central banner announces a 'QualityNet Secure Portal downtime scheduled for December 15-18'. To the left, there is a 'QualityNet Registration' section with links for various facility types. To the right, there is a 'Log in to QualityNet Secure Portal' section. Below the banner, there is a 'QualityNet News' section with a 'More News' link. At the bottom of the page, a footer contains links for 'QualityNet Help Desk', 'Accessibility Statements', 'Privacy Policy', and 'Terms of Use'. The 'QualityNet Help Desk' link is circled in red.

Acronyms

Centers for Medicare and Medicaid (CMS)
Critical Access Hospital (CAH)
CMS Certification Number (CCN)
Certified EHR Technology (CEHRT)
Electronic Health Record (EHR)
Hospital Quality Reporting (HQR)
Inpatient Prospective Payment System (IPPS)
Inpatient Psychiatric Prospective Payment System (IPF PPS)
Meaningful Use Quality Reporting (MU)
Office of the National Coordinator (ONC)
Center for Clinical Standards and Quality (CCSQ)
Outpatient Prospective Payment System (OPPS)
Payment File Development Contractor (PFDC)
Quality Management Value and Incentives Group (QMVIG)
QualityNet Secure Portal (QNet)