

EHR Hospital Transition Overview

December 5, 2017
1:00 – 2:30 p.m. ET



Agenda

Topic

2018 Electronic Health Record Incentive Program Attestation Process for Medicare Eligible Hospitals and Critical Access Hospitals

QualityNet Registration and Attestation

QualityNet Submission of Meaningful Use Objectives and Clinical Quality Measures

Questions



2018 Medicare Electronic Health Record Attestation Process for Eligible Hospitals and Critical Access Hospitals

Kateisha Martin
Nichole Davick

*Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services*

What is Changing?

- For **Medicare eligible hospitals and critical access hospitals (CAHs)**, the Electronic Health Record (EHR) Incentive Program attestation process will migrate from the [Medicare & Medicaid EHR Incentive Program Registration and Attestation System](#) to [QualityNet Secure Portal \(QNet\)](#).
- Beginning January 2, 2018, eligible hospitals and CAHs can submit their 2017 EHR attestations as well as future attestations, along with their quality attestations in one place.
- CAHs that attest to CMS for the EHR Incentive Program using QNet will also have the option to manually or electronically attest to CMS for Clinical Quality Measures (CQMs) using QNet.

What is Changing?

- The Registration and Attestation System will still be available for **Medicaid eligible hospitals**. Medicaid-only hospitals should contact their [state Medicaid agencies](#) for specific information on how to attest.
- Prior year attestations will be *view only* for Medicare eligible hospitals and CAHs after **December 31, 2017**.
- **Hospitals and CAHs attesting for both Medicare and Medicaid** (as dually-eligible hospitals) will register and attest for Medicare on the QNet portal and update and submit registration information in the Medicare & Medicaid EHR Incentive Program Registration and Attestation System.

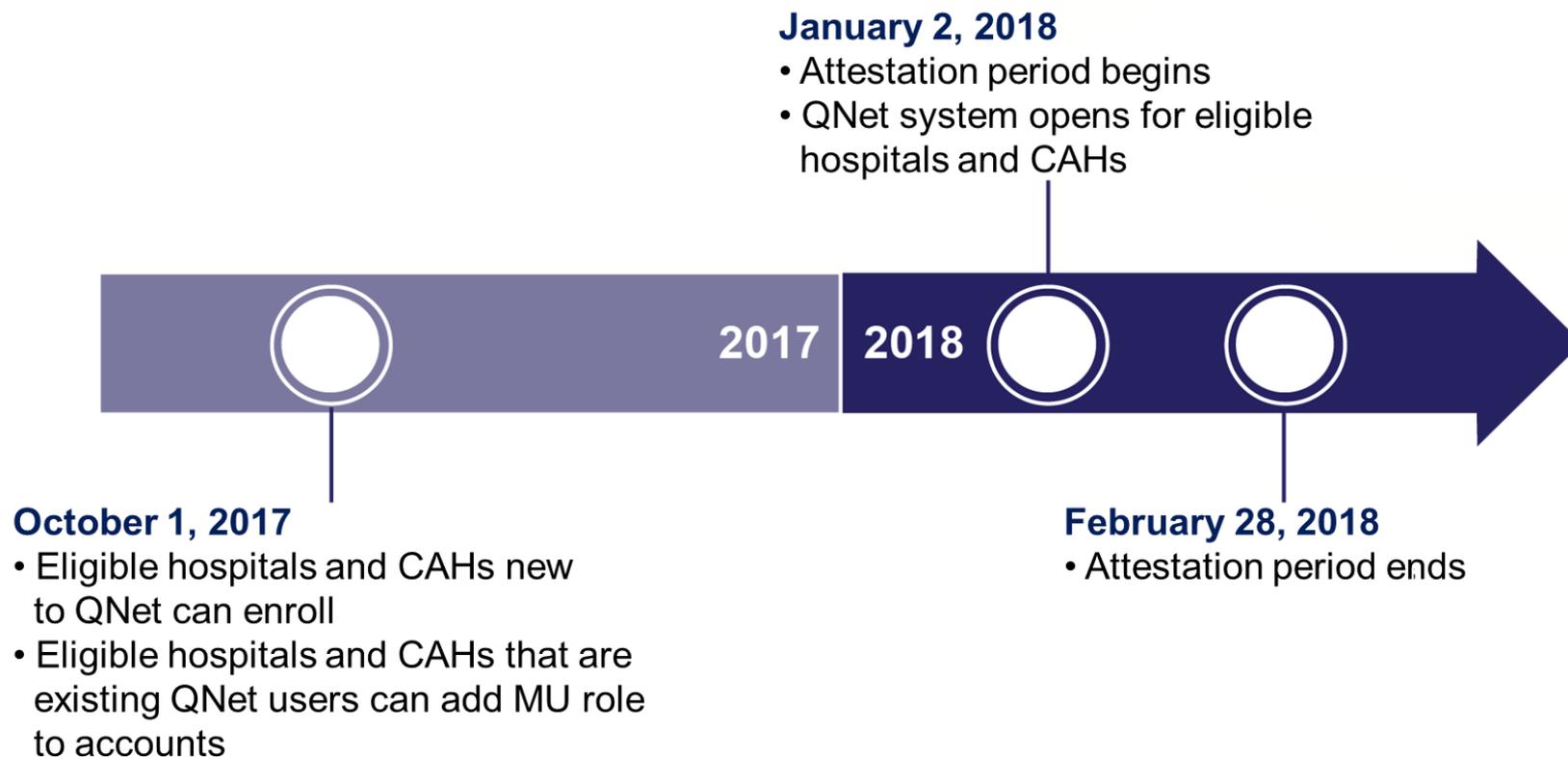
What Do You Need to Do?

- On October 1, 2017, CMS opened the new user enrollment registration on the QNet portal.
- You can take one of two actions:
 1. **If you don't have an account on QNet** already from previous CQM submissions, you'll need to create a new one before you attest.
 - For help with enrollment, review the [QNet Enrollment User Guide](#) on the CMS.gov Eligible Hospital Information webpage.
 2. **If you or the person/department at your hospital who usually submits EHR data already has an account**, you'll need to update that existing account by adding the "MU" role before attestation.

When Can You Attest?

- On January 2, 2018, QNet will be open for 2017 Medicare EHR Incentive Program attestation.
- If you have authorized a surrogate to attest 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.

Key Dates and Milestones



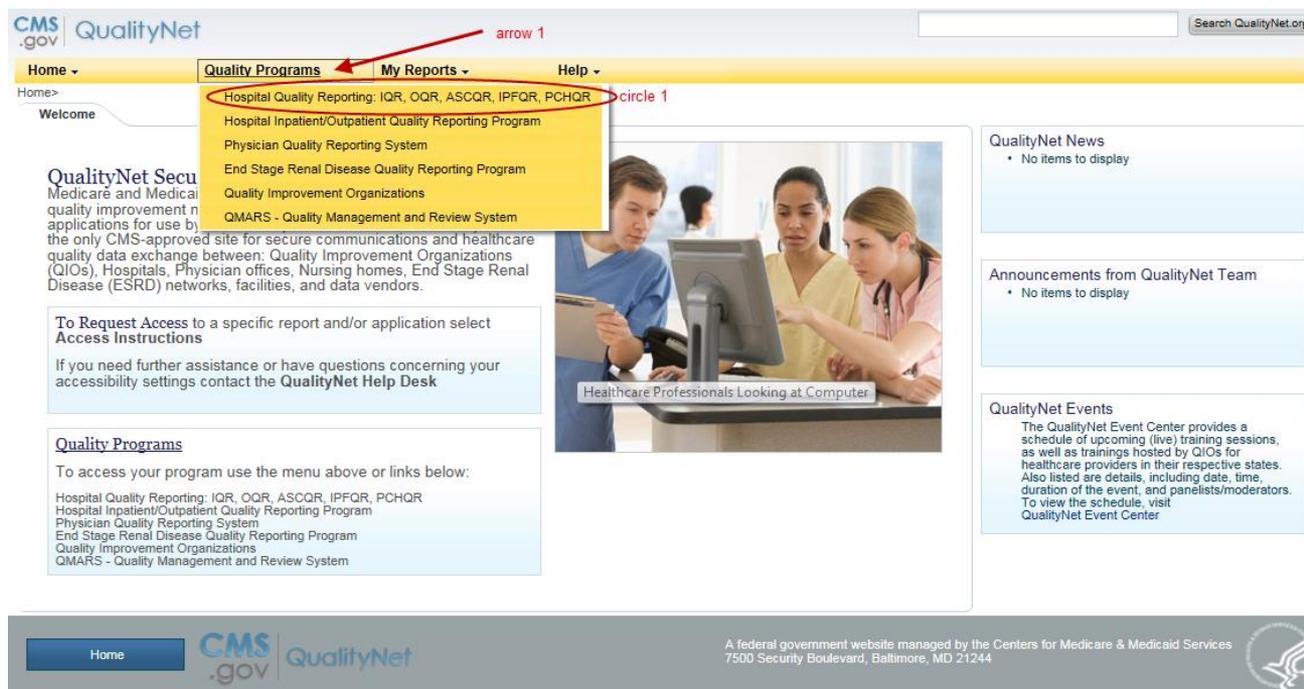
Hospital Transition Resources

- » [CMS.gov Eligible Hospital Information page](#)
- » [QualityNet Enrollment User Guide](#)
- » [Hospital Transition Overview Fact Sheet](#)

QualityNet Registration and Attestation

Registration on QNet

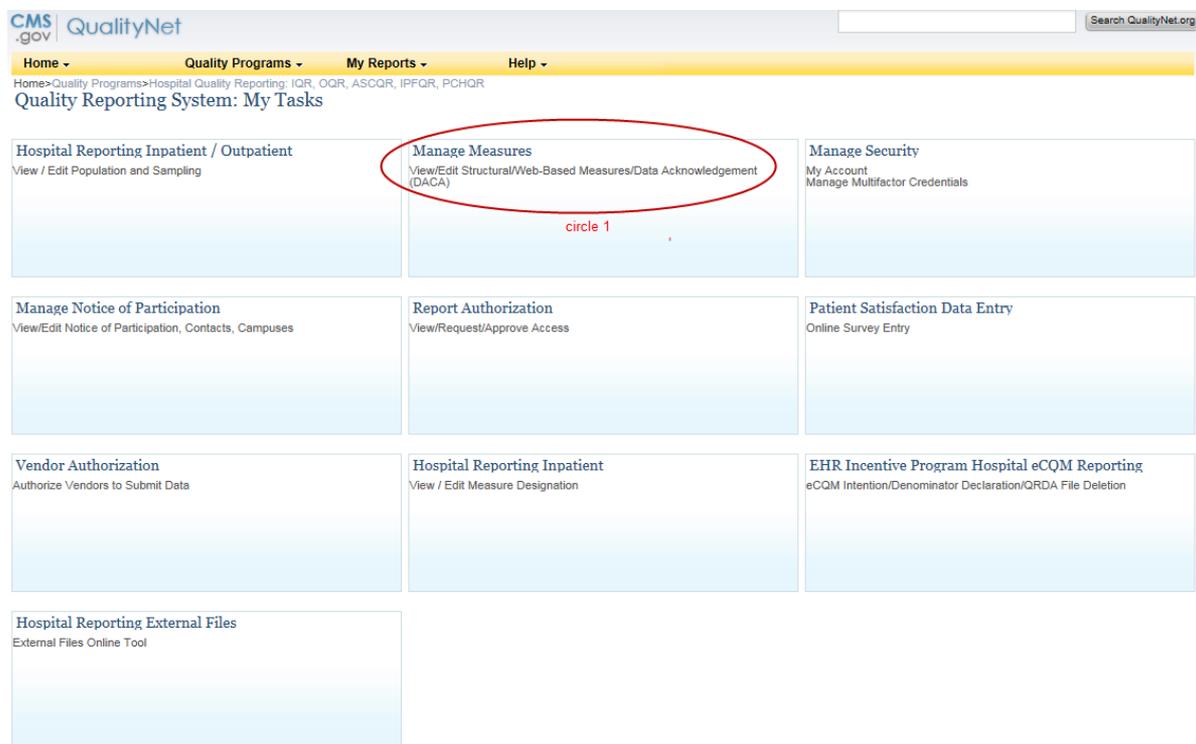
- After logging in, click “Hospital Quality Reporting IQR, OQR, ASCQR, IPFQR, PCHQR” from the Quality Programs dropdown on the QualityNet page.



The screenshot shows the CMS QualityNet website interface. At the top, there is a navigation bar with 'Home', 'Quality Programs', 'My Reports', and 'Help' dropdown menus. A red arrow labeled 'arrow 1' points to the 'Quality Programs' dropdown. The dropdown menu is open, showing several options. The first option, 'Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR', is circled in red and labeled 'circle 1'. Below the navigation bar, there is a search bar and a 'Welcome' message. The main content area includes a 'QualityNet Security' section, a 'To Request Access' section, and a 'Quality Programs' section. On the right side, there are three boxes: 'QualityNet News', 'Announcements from QualityNet Team', and 'QualityNet Events'. At the bottom, there is a footer with the CMS logo, a 'Home' button, and contact information for the Centers for Medicare & Medicaid Services.

Registration on QNet

- Click “View/Edit/Structural/Web-Based Measures/Data Acknowledgement (DACA)” under “Manage Measures.”



The screenshot displays the CMS QualityNet user interface. At the top left is the CMS logo and the text 'QualityNet'. A search bar is located at the top right. Below the header is a navigation menu with 'Home', 'Quality Programs', 'My Reports', and 'Help'. The main content area is titled 'Quality Reporting System: My Tasks' and contains a grid of task cards. The 'Manage Measures' card is circled in red and contains the text 'View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)'. A red label 'circle 1' is placed below the card. Other visible cards include 'Hospital Reporting Inpatient / Outpatient', 'Manage Security', 'Manage Notice of Participation', 'Report Authorization', 'Patient Satisfaction Data Entry', 'Vendor Authorization', 'Hospital Reporting Inpatient', 'EHR Incentive Program Hospital eCQM Reporting', and 'Hospital Reporting External Files'.

Registration on QNet

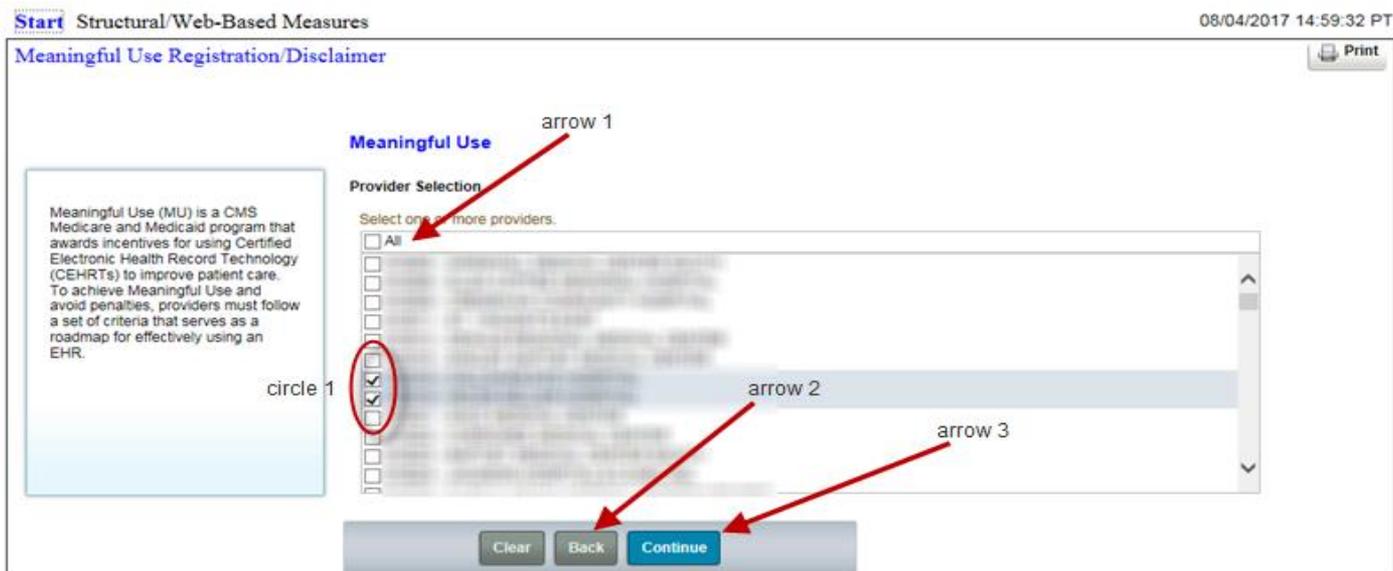
- Click “Meaningful Use Registration/Disclaimer.”
- To select another link-name option, click the “Start” tab in the upper left corner of the screen.



The screenshot displays the QNet interface for 'Structural/Web-Based Measures'. At the top left, there is a 'Start' tab highlighted in blue, with a red arrow labeled 'arrow 1' pointing to it. The page title is 'View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)'. On the right side, there is a 'Print' button. The main content area is divided into two columns. The left column contains three paragraphs of text explaining structural and web-based measures, and the Meaningful Use (MU) program. The right column is titled 'Select a Program' and contains four blue links: 'Meaningful Use Registration/Disclaimer', 'Meaningful Use Attestation/Disclaimer', 'Meaningful Use Objectives', and 'Meaningful Use Clinical Quality Measures'. The first link is circled in red and labeled 'circle 1'.

Registration on QNet

- Identify providers to work with by selecting one or more boxes from the drop-down (for users with administrative privileges).
- Click “Continue” to go to the Registration Status Summary page.



Start Structural/Web-Based Measures 08/04/2017 14:59:32 PT

Meaningful Use Registration/Disclaimer Print

Meaningful Use arrow 1

Provider Selection

Select one or more providers.

All arrow 2

circle 1

arrow 3

Clear Back Continue

Registration on QNet

- MU Registration/Disclaimer link names are across the top.
- The Provider ID on the left is the CMS Certification Number (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 may continue to be done using the CMS Registration & Attestation site.
 - Beginning January 2, 2018, HQR system MU Registration/Disclaimer statuses will be either “Incomplete” or “Completed.”
- Registration and Attestation data are accessed by clicking the link name in the top row.

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

Meaningful Use Registration/Disclaimer Print

Meaningful Use

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

Annotations: arrow 1 points to the Provider ID column; circle 2 highlights the 'Incomplete' status in the Business Address & Phone Number column; circle 3 highlights the entire top row of the table.

Back

Registration on QNet

This is an example of the single provider's Registration Status Summary page. All statuses in this example are marked "Incomplete."

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

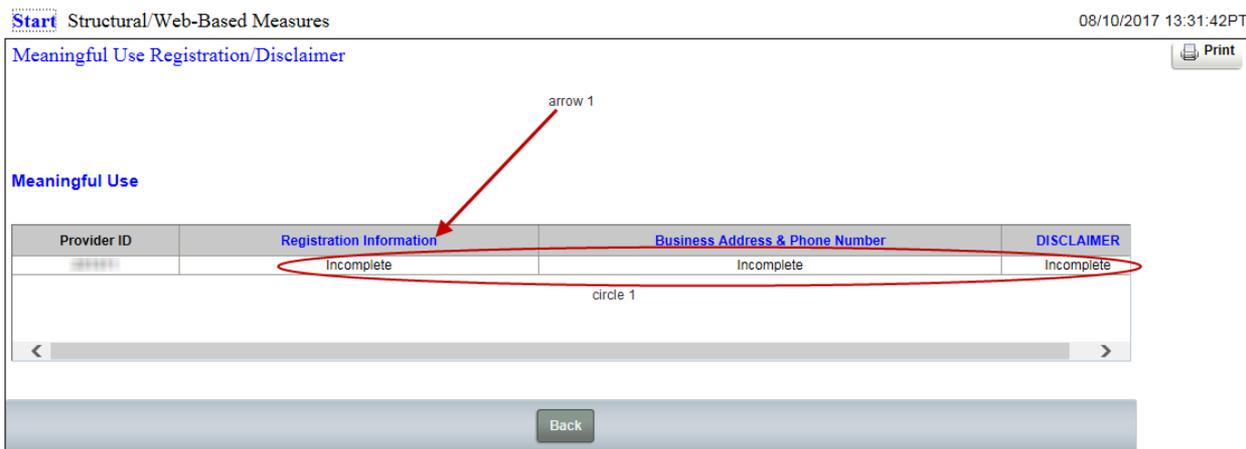
Meaningful Use Registration/Disclaimer Print

Meaningful Use

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

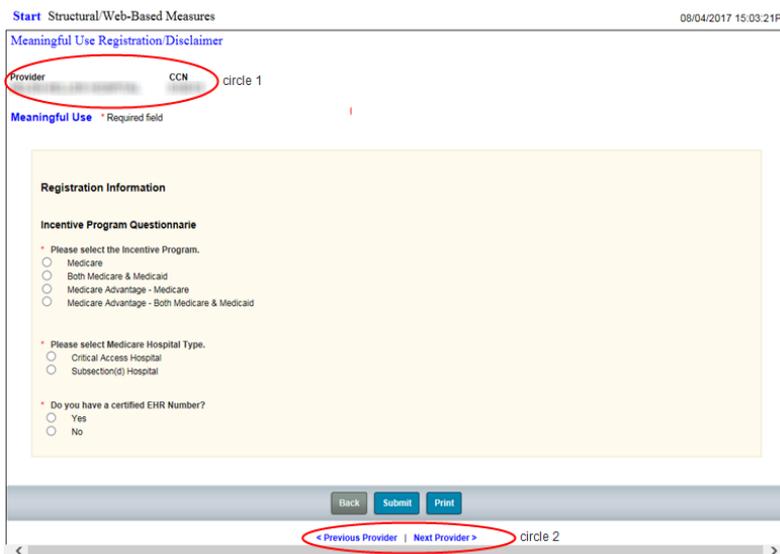
circle 1

Back



Registration on QNet

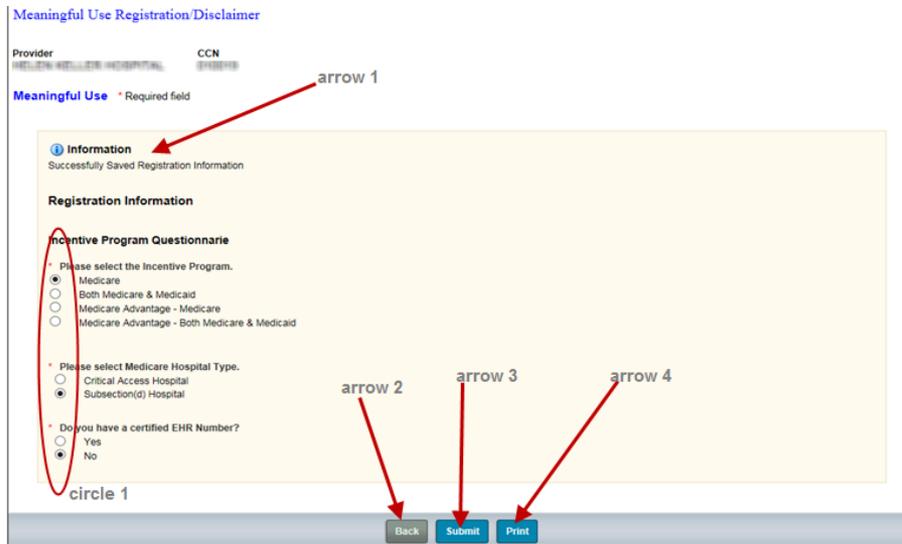
- Data entry pages appear after clicking a link name.
 - The provider is identified at the top above the questions.
- “Registration Information” has a question hierarchy.
 - This means that an additional required question may appear depending on how you answer the questions initially displayed.



The screenshot shows a web-based registration form. At the top, it says "Start Structural/Web-Based Measures" and "08/04/2017 15:03:21PT". Below that is a "Meaningful Use Registration Disclaimer" section. A red circle labeled "circle 1" highlights the "Provider" and "CCN" fields. Below this is a "Meaningful Use" section with a "Required field" indicator. The main content area is titled "Registration Information" and contains an "Incentive Program Questionnaire". The questionnaire has three sections: "Please select the Incentive Program." with radio buttons for Medicare, Both Medicare & Medicaid, Medicare Advantage - Medicare, and Medicare Advantage - Both Medicare & Medicaid; "Please select Medicare Hospital Type." with radio buttons for Critical Access Hospital and Subsection(s) Hospital; and "Do you have a certified EHR Number?" with radio buttons for Yes and No. At the bottom of the form are "Back", "Submit", and "Print" buttons. A red circle labeled "circle 2" highlights the navigation links "< Previous Provider" and "Next Provider >".

Registration on QNet

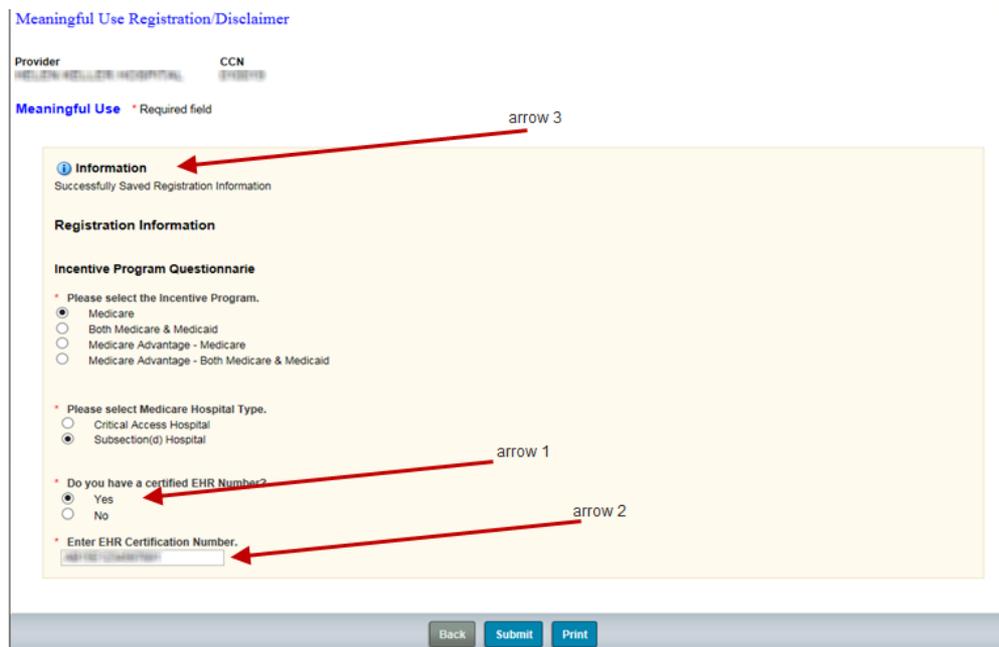
- Answer all required questions, then click “Submit” to save your information.
 - If there are no errors, a successfully saved message will appear above the name. This will be considered “Completed” and you will see this status on the “Registration Status Summary” page after you click “Back.”
 - Note: Clicking “Print” does not print what is on your screen; it prints only saved or submitted information.



The screenshot shows the 'Meaningful Use Registration/Disclaimer' page. At the top, it displays 'Provider: MEDICAL CENTER HOSPITAL' and 'CCN: 0100010'. Below this, a red asterisk indicates a 'Required field' for 'Meaningful Use'. The main content area is titled 'Information' and contains a message: 'Successfully Saved Registration Information'. Underneath, there is a section for 'Registration Information' and an 'Incentive Program Questionnaire'. The questionnaire has three questions, each with radio button options: 'Please select the Incentive Program.' (with 'Medicare' selected), 'Please select Medicare Hospital Type.' (with 'Subsection(d) Hospital' selected), and 'Do you have a certified EHR Number?' (with 'No' selected). A red circle labeled 'circle 1' encloses the first question. At the bottom of the page are three buttons: 'Back', 'Submit', and 'Print'. Red arrows point to these buttons: 'arrow 2' to 'Back', 'arrow 3' to 'Submit', and 'arrow 4' to 'Print'. Another red arrow labeled 'arrow 1' points to the 'Information' header.

Registration on QNet

- Click “Yes” to the question “Do you have a certified EHR Number (CEHRT)?” and enter certification number.
- If you do not have your CEHRT you may select “No” and enter it later in the attestation section of QNet.



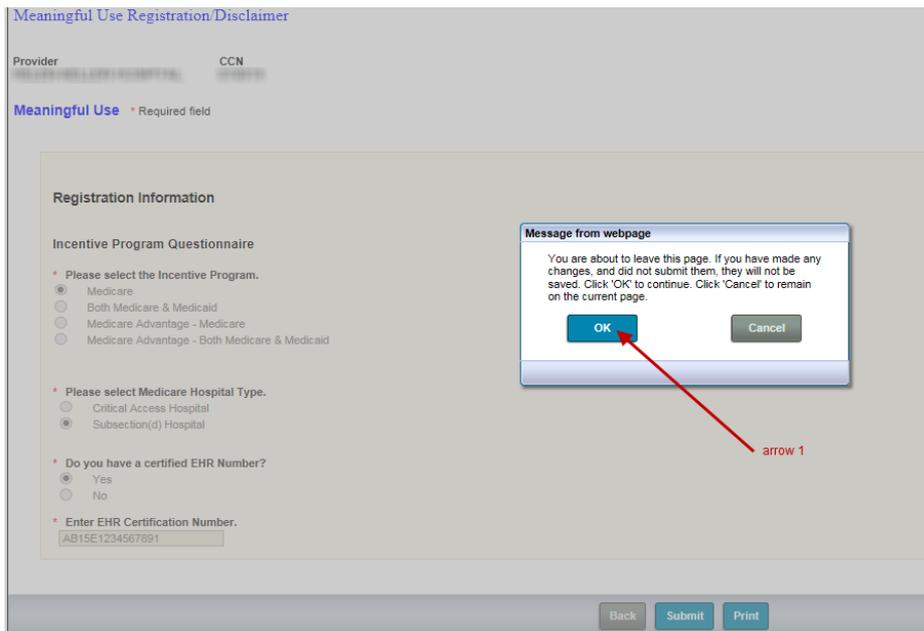
The screenshot shows a web form titled "Meaningful Use Registration/Disclaimer". At the top, it displays "Provider: HELLER HELLER HOSPITAL" and "CCN: 0108010". Below this, it says "Meaningful Use * Required field". The main content area is a yellow box containing several sections:

- 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(s) Hospital
 - * Do you have a certified EHR Number?
 - Yes
 - No
 - * Enter EHR Certification Number.
 -

Four red arrows point to specific elements: "arrow 3" points to the "Information" section header; "arrow 1" points to the "Do you have a certified EHR Number?" question; "arrow 2" points to the "Enter EHR Certification Number." label; and "arrow 3" points to the "Information" section header. At the bottom of the form are three buttons: "Back", "Submit", and "Print".

Registration on QNet

Note: Outside of clicking “Print,” leaving a data entry page prior to clicking “Submit” will result in loss of data. To prevent this, regardless of whether any changes were made, there will always be an informational warning message to which you must click “OK” in order to leave a page.



The screenshot shows a web application interface for "Meaningful Use Registration/Disclaimer". At the top, there are fields for "Provider" and "CCN". Below this, a section titled "Meaningful Use" is marked as a "Required field". The main content area is titled "Registration Information" and contains an "Incentive Program Questionnaire". This questionnaire has four sections, each with radio button options:

- * 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.**

At the bottom of the page are three buttons: "Back", "Submit", and "Print". A modal dialog box titled "Message from webpage" is overlaid on the right side of the form. The dialog contains the following text: "You are about to leave this page. If you have made any changes, and did not submit them, they will not be saved. Click 'OK' to continue. Click 'Cancel' to remain on the current page." Below the text are two buttons: "OK" and "Cancel". A red arrow labeled "arrow 1" points from the text "arrow 1" to the "OK" button.

Registration on QNet

- Click “Back” then click “OK” to return to the Registration Status Summary page
 - Registration Information is marked “Completed.”

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

Meaningful Use Registration/Disclaimer Print

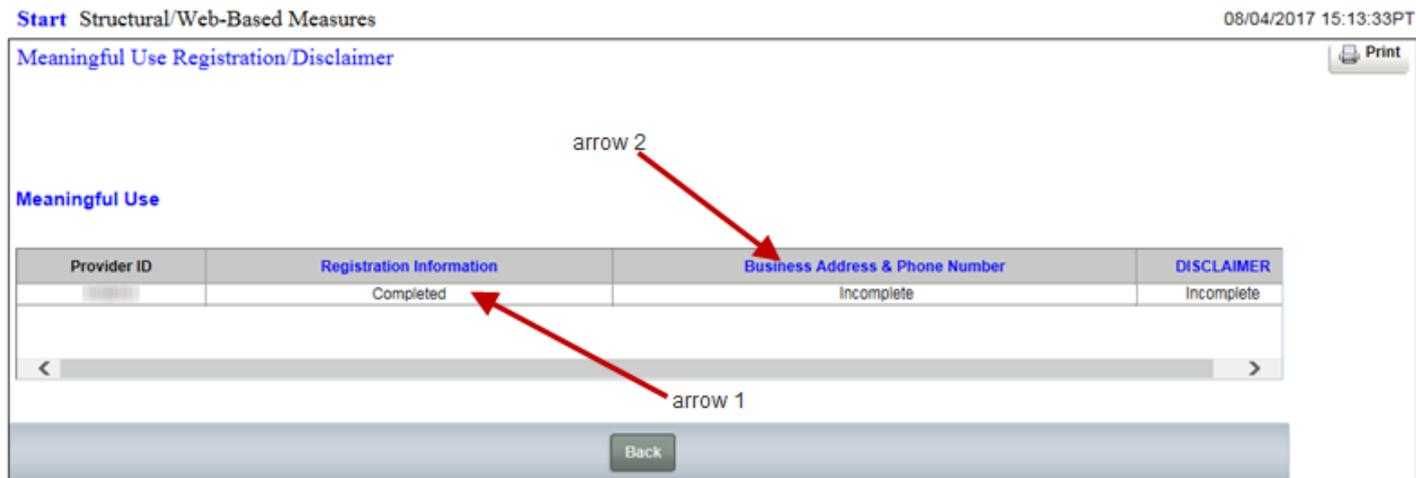
Meaningful Use

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

arrow 2

arrow 1

Back



Registration on QNet

- Click “Business Address & Phone Number” (the data entry page then appears).
- Enter information for all fields.
- Click “Submit” to save your data.

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

Registration on QNet

The application displays a message that the questions have been successfully saved.

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

Meaningful Use Registration/Disclaimer

Provider CCN

Meaningful Use * Required field

Information arrow 1

Successfully Saved Business Address & Phone Number Information.

Business Address & Phone Number

* Enter Address Line 1.

Enter Address Line 2.

* Enter City.

* Enter State.

* Enter Zip+4.
 -

* Enter Phone Number. arrow 2

* Enter E-Mail Address.

* Confirm E-Mail Address.

Registration on QNet

- Click “Disclaimer” to complete the disclaimer.

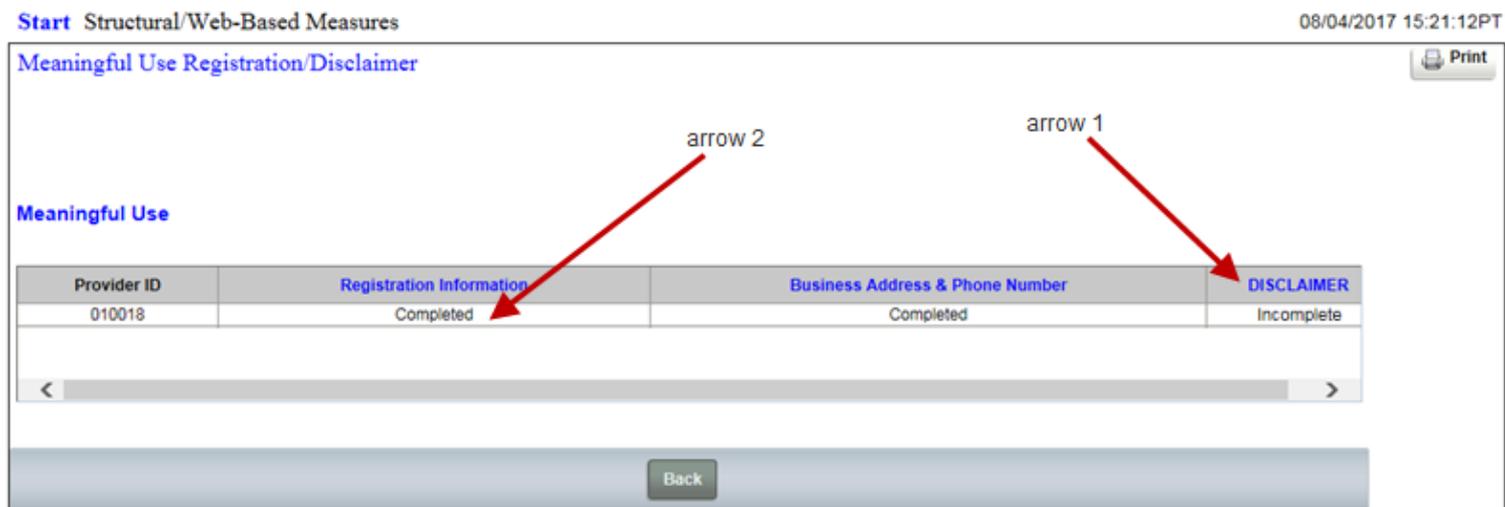
Start Structural/Web-Based Measures 08/04/2017 15:21:12PT

Meaningful Use Registration/Disclaimer Print

Meaningful Use

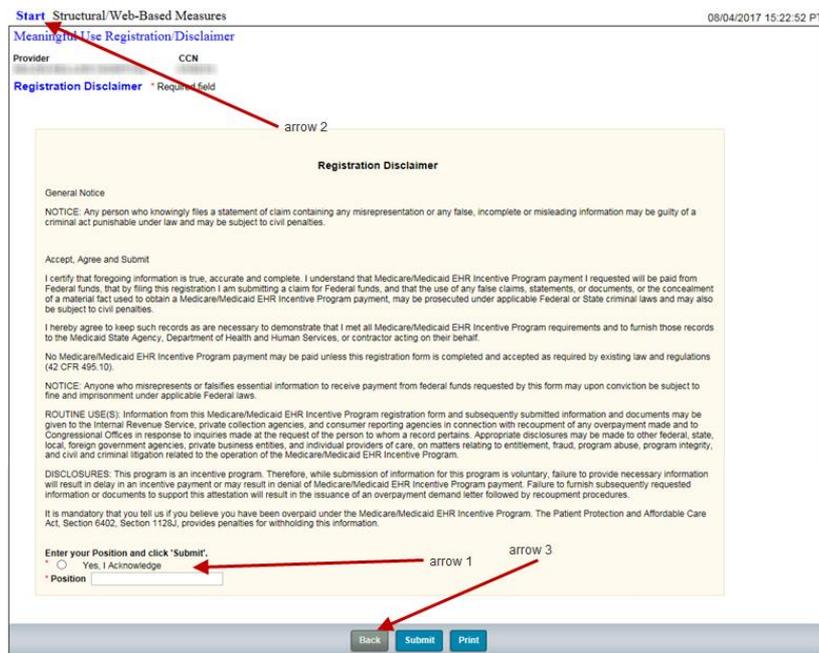
Provider ID	Registration Information	Business Address & Phone Number	DISCLAIMER
010018	Completed	Completed	Incomplete

Back



Registration on QNet

- Click “Yes, I Acknowledge” and enter description of position.
- Click “Submit.”
- Click “Start” tab to enter Attestation data via the Return to Program Selection page.



The screenshot shows a web-based registration form titled "Meaningful Use Registration/Disclaimer". The page includes a navigation bar with "Start" and "Structural/Web-Based Measures" tabs. A red arrow labeled "arrow 2" points to the "Start" tab. The form contains a "Registration Disclaimer" section with a "General Notice" and "Accept, Agree and Submit" instructions. Below the disclaimer, there is a section for "Enter your Position and click 'Submit'." with a radio button for "Yes, I Acknowledge" and a text input field for "Position". A red arrow labeled "arrow 1" points to the "Yes, I Acknowledge" radio button, and another red arrow labeled "arrow 3" points to the "Position" input field. At the bottom of the form, there are "Back", "Submit", and "Print" buttons. A red arrow labeled "arrow 4" points to the "Submit" button. The page also displays the date and time "08/04/2017 15:22:52 PT" in the top right corner.

Attestation on QNet

- Click “Meaningful Use Attestation/Disclaimer” on the Program Selection page.

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](#)

Attestation on QNet

The Program Year Selection page will appear.

Start Structural/Web-Based Measures

08/15/2017 09:15:57 PT

Meaningful Use Attestation/Disclaimer



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

Attestation on QNet

- Click the dropdown and select the “Program Year.”
- Click “Continue.”

Start Structural/Web-Based Measures

08/15/2017 09:15:57 PT

Meaningful Use Attestation/Disclaimer



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

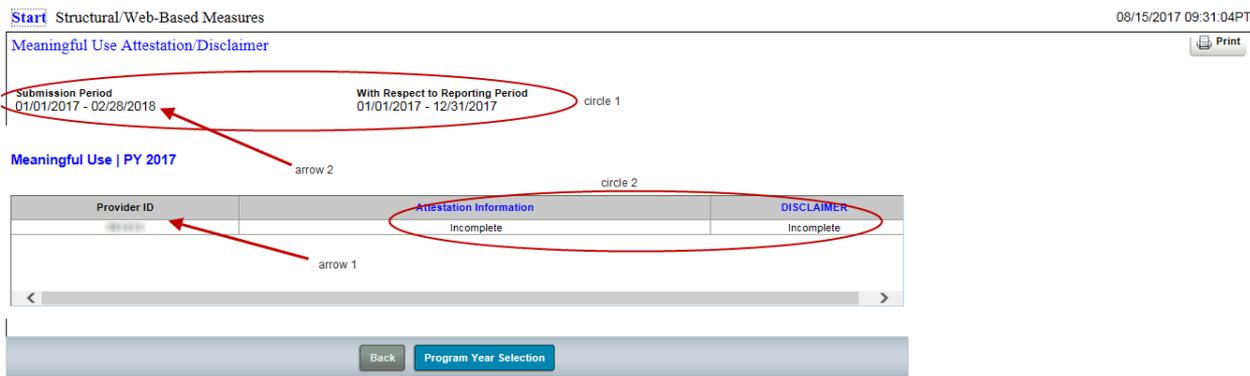
arrow 1

Continue

arrow 2

Attestation on QNet

- Single provider users will 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, Providers are identified on the left, are across the top, and statuses are below.
 - Data submission and reporting periods are identified near the top.



Start Structural/Web-Based Measures 08/15/2017 09:31:04PT

Meaningful Use Attestation/Disclaimer 

Submission Period 01/01/2017 - 02/28/2018 With Respect to Reporting Period 01/01/2017 - 12/31/2017 circle 1

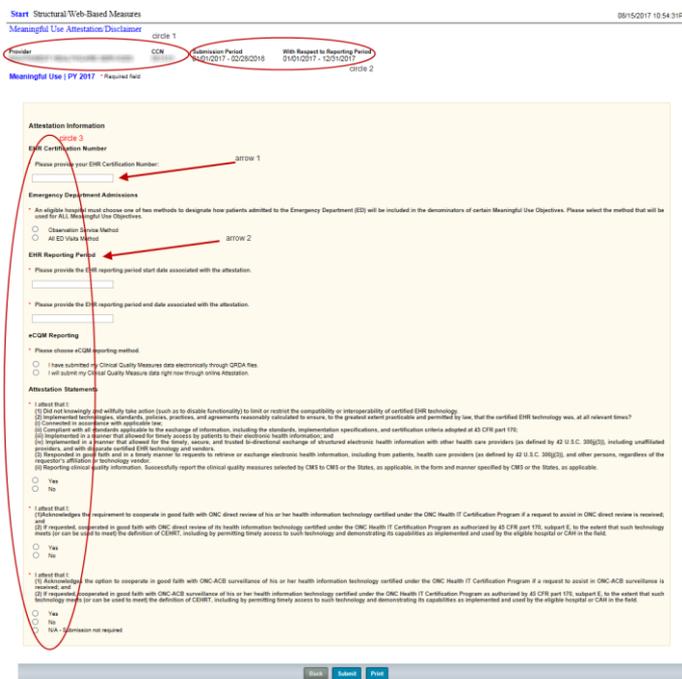
Meaningful Use | PY 2017 arrow 2

Provider ID	Attestation Information	DISCLAIMER
***** arrow 1	Incomplete	Incomplete

circle 2

Attestation on QNet

- Answer all eight questions on the Attestation Information data entry page for the Provider identified at the top.
- Enter 15 alpha-numeric character CEHRT number.
 - Note: the EHR Reporting Period dates must span a minimum of 90 consecutive days within the Reporting Period January 1, 2017, through December 31, 2017.



Start Structural Web-Based Measures 08/15/2017 10:54:30PT

Meaningful Use Attestation Disclaimers

circle 1

Provider: [Redacted] CCW

Attestation Period: 04/01/2017 - 02/28/2018

With Request to Reporting Period: 01/01/2017 - 12/31/2017

circle 2

Meaningful Use | PY 2017 - Required field

circle 3

Attestation Information

EHR Certification Number: [Redacted] BYROW 1

Please provide your EHR Certification Number: [Redacted]

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

EHR Reporting Period

Please provide the EHR reporting period start date associated with the attestation: [Redacted]

BYROW 2

Please provide the EHR reporting period end date associated with the attestation: [Redacted]

eCQM Reporting

Please choose eCQM reporting method.

I have submitted my Clinical Quality Measures data electronically through QRCA fees.

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

Attestation Statements

1. I attest that I:

(1) Own and control, or have the authority to control, the certified EHR technology.

(2) Have implemented and will continue to maintain the certified EHR technology in accordance with applicable laws, regulations, 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:

(a) Compliant with all federally enforceable rules for the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 42 CFR part 170.

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

(c) 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. 300j(2)), including unaffiliated providers, and with the 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. 300j(2)), and other persons, regardless of the reporting methodology or technology vendor.

(4) Reported 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

2. I attest that I:

(1) Acknowledge 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, cooperate in good faith with ONC direct review of his health information technology certified under the ONC Health IT Certification Program as authorized by 42 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

3. I attest that I:

(1) Acknowledge 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, cooperate 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 42 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

Back Submit Print

Attestation on QNet

Note: 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 clicking “Submit.” Your information will not be saved.

Error
Required: The EHR Reporting Period must be minimum of 90 consecutive days within the Reporting Period.

Attestation Information

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

EHR Reporting Period

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

 circle 1

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



Attestation on QNet

Note: If one or more answers to a question under Attestation Statements is “No,” the Attestation Information will be saved when you click “Submit,” but it will be rejected.

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.

(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 

* 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

Attestation on QNet

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

Start Structural/Web-Based Measures 08/16/2017 07:28:44PT

Meaningful Use Attestation/Disclaimer Print

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	Incomplete

arrow 1

Back Program Year Selection

Attestation on QNet

- Click “Yes, I Acknowledge” and enter description of position.
- Click “Submit” to save your information.

Start Structural/Web-Based Measures 08/16/2017 08:54:25 PT

[Meaningful Use Attestation/Disclaimer](#)

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

Attestation on QNet

- Click “Update Acknowledgement” to change the Position description information.
 - You will not be allowed to deselect the acknowledgement.

Government to support the attestation will result in the issuance of an overpayment demand letter triggered 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.

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

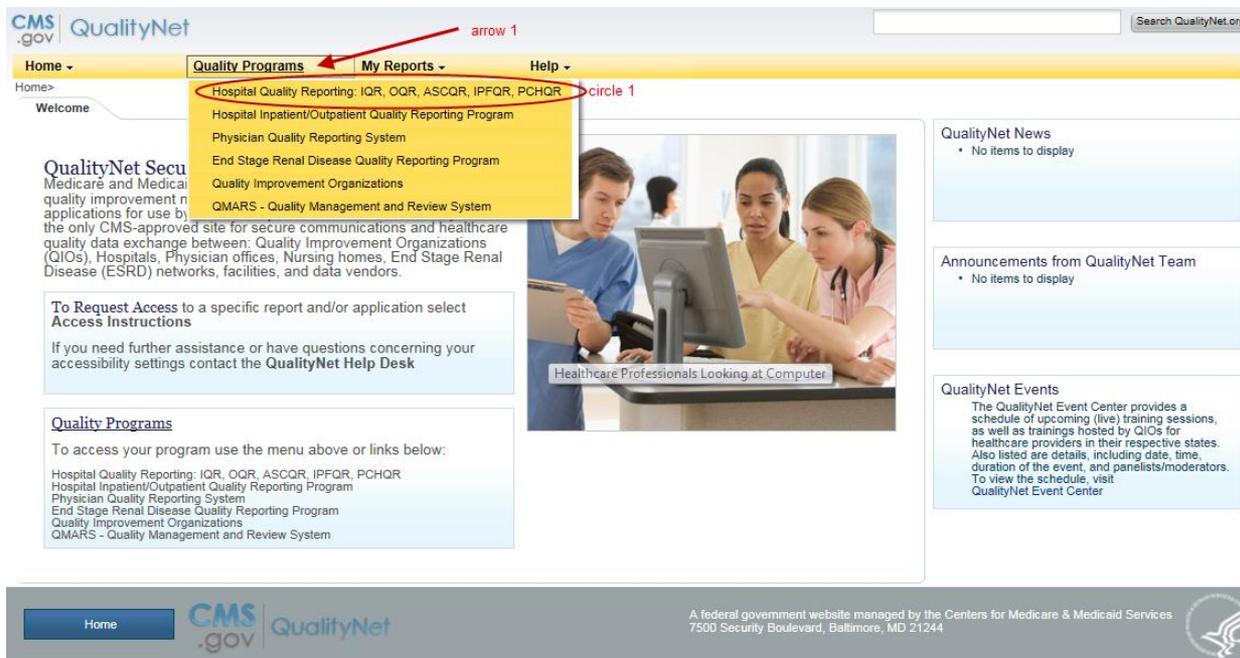
circle 1

arrow 1

QualityNet Objectives and Measures Submission

Data Submission on QNet

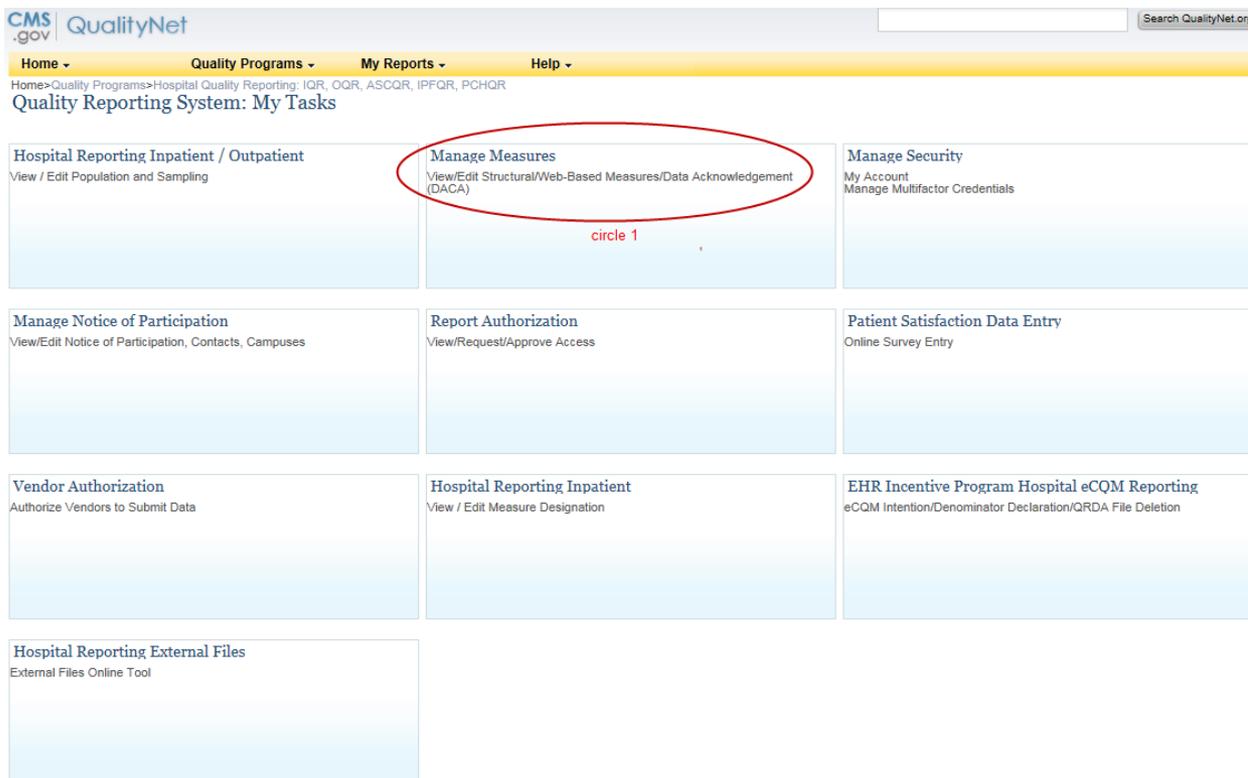
- Click “Hospital Quality Reporting IQR, OQR, ASCQR, IPFQR, PCHQR” from the Quality Programs dropdown on the QualityNet page.



The screenshot shows the CMS QualityNet website. At the top left is the CMS logo. A search bar is located at the top right. Below the logo is a navigation bar with tabs for Home, Quality Programs, My Reports, and Help. The Quality Programs dropdown menu is open, listing several reporting programs. A red arrow labeled 'arrow 1' points to the dropdown menu, and a red circle labeled 'circle 1' highlights the first item: 'Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR'. Below the navigation bar, there is a 'Welcome' message and a 'QualityNet Secure' section. To the right, there are three content boxes: 'QualityNet News', 'Announcements from QualityNet Team', and 'QualityNet Events'. At the bottom, there is a footer with the CMS logo, the text 'A federal government website managed by the Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244', and a logo of an eagle.

Data Submission on QNet

- Click “View/Edit/Structural/Web-Based Measures/Data Acknowledgement (DACA)” under “Manage Measures.”

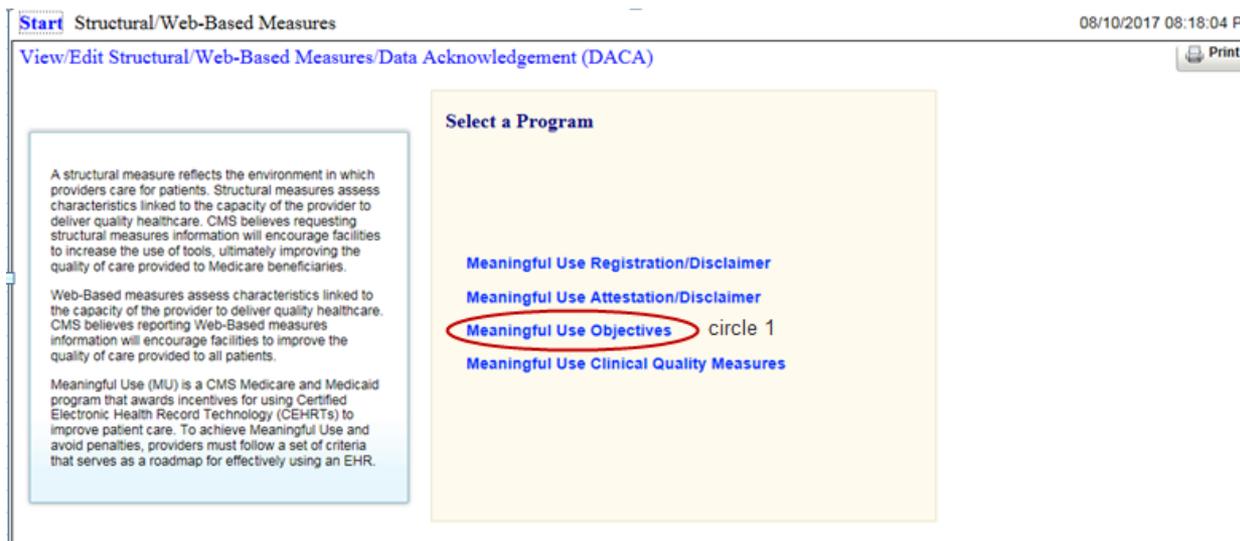


The screenshot shows the CMS QualityNet interface. At the top, there is a navigation bar with 'Home', 'Quality Programs', 'My Reports', and 'Help' menus. Below this is a breadcrumb trail: 'Home > Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR'. The main heading is 'Quality Reporting System: My Tasks'. The page contains several task cards:

- Hospital Reporting Inpatient / Outpatient**: View / Edit Population and Sampling
- Manage Measures**: View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). This card is circled in red with the text 'circle 1' below it.
- 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

Data Submission on QNet

➤ Click “Meaningful Use Objectives.”



Start Structural/Web-Based Measures 08/10/2017 08:18:04 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.

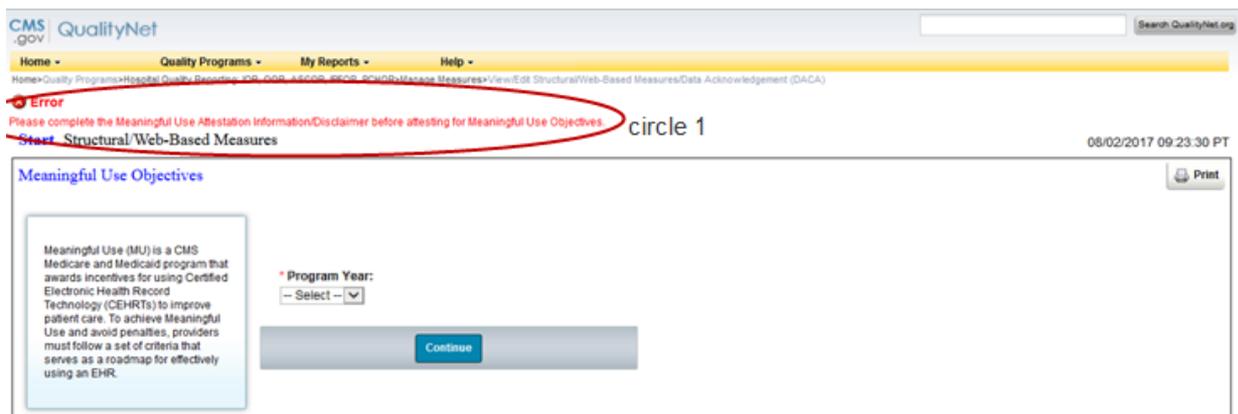
Meaningful Use (MU) is a CMS Medicare and Medicaid program that awards incentives for using Certified Electronic Health Record Technology (CEHRTs) to improve patient care. To achieve Meaningful Use and avoid penalties, providers must follow a set of criteria that serves as a roadmap for effectively using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

Select a Program

- [Meaningful Use Registration/Disclaimer](#)
- [Meaningful Use Attestation/Disclaimer](#)
- [Meaningful Use Objectives](#) circle 1
- [Meaningful Use Clinical Quality Measures](#)

Data Submission on QNet

Note: If you have not successfully completed both the registration and the attestation steps, there will be a warning message to this effect at the top of the Program Year Selection page. You will not be able to proceed further.



The screenshot shows the CMS QualityNet interface. At the top, there is a navigation bar with links for Home, Quality Programs, My Reports, and Help. Below this, a breadcrumb trail reads: Home > Quality Programs > Hospital Quality Reporting > QR, QRR, AECOM, RACIS, RACHG/Measure Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). A red error message is displayed: "Error Please complete the Meaningful Use Attestation Information/Disclaimer before attesting for Meaningful Use Objectives." The text "Please complete the Meaningful Use Attestation Information/Disclaimer before attesting for Meaningful Use Objectives" is circled in red. Below the error message, the text "Structural/Web-Based Measures" is visible. The date and time "08/02/2017 09:23:30 PT" are shown in the top right corner. The main content area is titled "Meaningful Use Objectives" and contains a text box with the following text: "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." To the right of this text box is a "Program Year:" label and a dropdown menu with "Select" as the current selection. Below the dropdown menu is a blue "Continue" button.

Data Submission on QNet

- CMS and the [Office of the National Coordinator for Health Information Technology](#) established standards that hospitals must meet in order to qualify for the CMS Medicare and Medicaid Electronic Health Records Incentive Programs.
- Your certified EHR technology is certified either to the 2014 Edition, the 2015 Edition, or a combination of the two.
- Your CEHRT is a fifteen-character, alpha-numeric value that documents the standard against which your EHR technology was certified.
 - This documentation is located in character positions three, four, and five in your CEHRT.
- The CEHRT you attest to when completing Registration and Attestation determines which objectives you must choose.

Data Submission on QNet

- Select “Program Year 2017” to enter or view data.
- Click “Continue.”
 - If you are a single provider user who attested to a CEHRT having values either 15E or 15H, an Objective Stage Selection page will appear.
 - If you attested to a CEHRT having value 14E, you will be allowed to access only Modified Stage 2 Objectives and the Objective Status Summary page will appear and display the statuses of the Modified Stage 2 Objectives.



Start Structural/Web-Based Measures 08/10/2017 08:19:00 PT

Meaningful Use Objectives 

circle 1

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

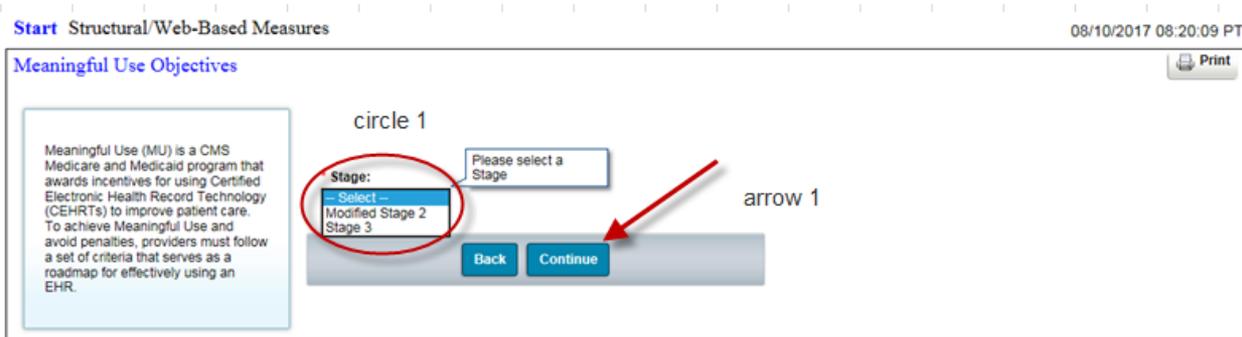
Select --
2017

Continue

arrow 1

Data Submission on QNet

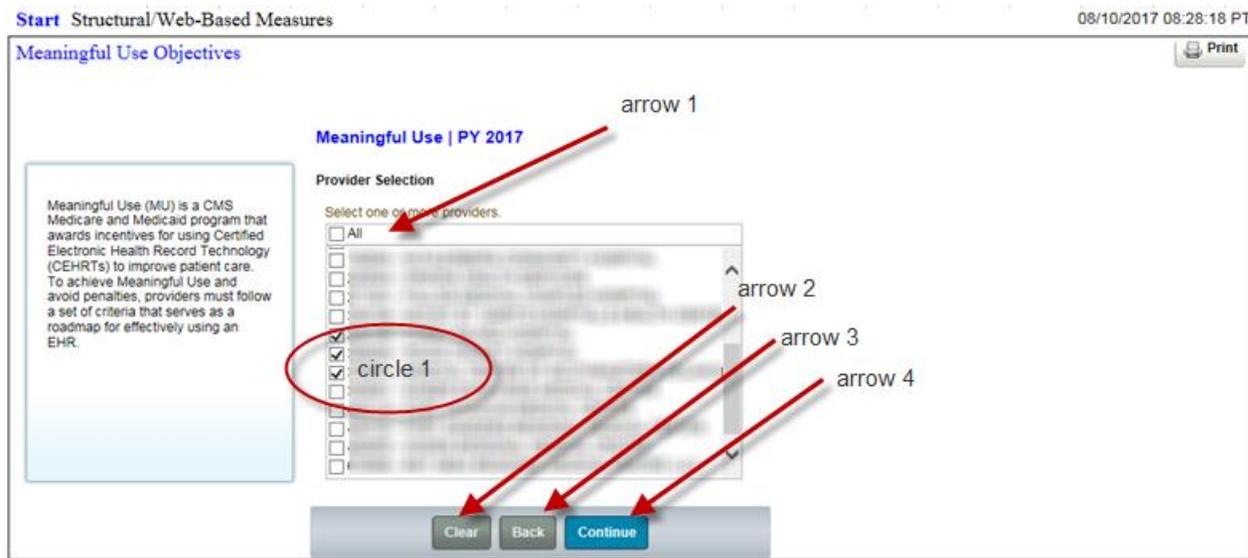
- Click the dropdown and select the stage to access.
- Click “Continue.”
 - If you are a single provider user, clicking “Continue” brings up the Objective Status Summary page displaying the chosen Stages’ Objectives’ statuses.
 - If you are a multi-provider user, clicking “Continue” brings up a **Provider Selection** page.



Note: If you choose a stage that does not match the CEHRT you entered in the attestation section, you will not see your CCN in subsequent pages.

Data Submission on QNet

- Select providers from the drop-down or select the “All” option at the top.
- To de-select providers, click “Clear.”
- Click “Continue.” after you are satisfied with your choices to go to a multi-provider version of the Objective Status Summary page.
 - Note: If you select providers who did not complete their Registration or Attestation prerequisites, a pop-up window will appear after you click “Continue” listing those providers.



The screenshot shows the 'Meaningful Use Objectives' page for PY 2017. On the left, there is a text box explaining that 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 the right, under 'Meaningful Use | PY 2017', is a 'Provider Selection' section with the instruction 'Select one or more providers.' Below this is a list of providers with checkboxes. The 'All' option at the top of the list is pointed to by 'arrow 1'. A red circle highlights the first two checked checkboxes, labeled 'circle 1'. 'arrow 2' points to the scroll bar of the provider list. 'arrow 3' points to the 'Continue' button, and 'arrow 4' points to the 'Clear' button. At the bottom of the page are 'Clear', 'Back', and 'Continue' buttons. The top of the page shows 'Start Structural/Web-Based Measures' and the date '08/10/2017 08:28:18 PT'.

Data Submission on QNet

- 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.
- Link names across the top are the Objective's short names. To access a data entry page, click the link name.
- Providers are listed in ascending CCN order in the Provider ID column on the left.
- Objective statuses are either “Incomplete”, “Completed”, or “Rejected”. The status “Not Available” is sometimes seen but is not shown here.
- Answers are required for all displayed questions.

Start Structural/Web-Based Measures 08/10/2017 08:29:07PT

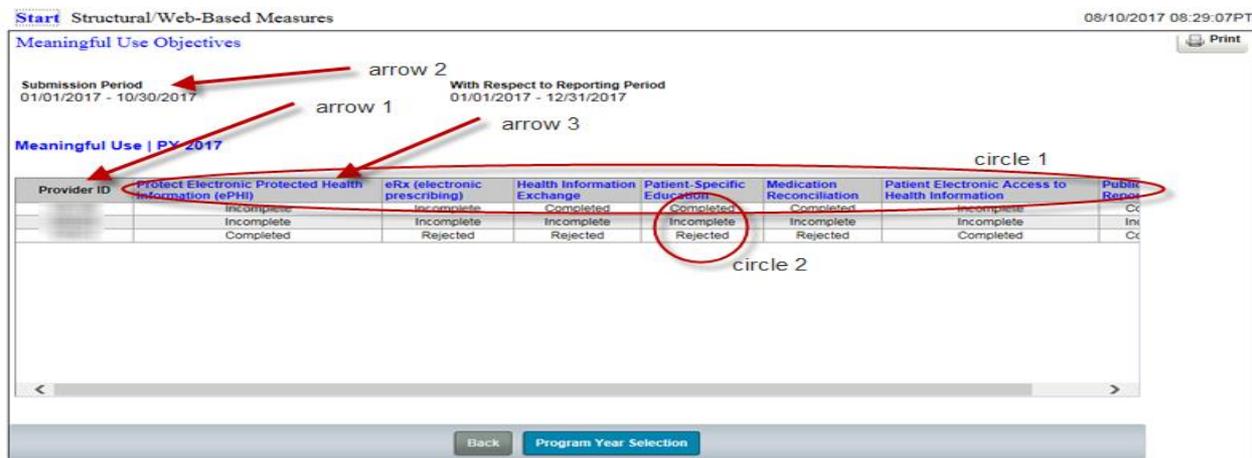
Meaningful Use Objectives Print

Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017

Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting
	Incomplete	Incomplete	Completed	Completed	Completed	Incomplete	Cc
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Ini
	Completed	Rejected	Rejected	Incomplete	Rejected	Completed	Cc

Back Program Year Selection



Data Submission on QNet

- Click “Calculate” or “Submit” for measures to be evaluated against a threshold limit applicable to that measure’s required questions.
 - If a measure fails to meet this limit condition, the associated Objective can still be submitted and successfully saved, but it will be saved with a rejected status.
 - Under Modified Stage 2, if you answer more than one of the four Exclusion questions with “N/A – Submission not required,” the Objective will be saved with a “Rejected” status when “Submit” is clicked.
 - Under Stage 3, if you answer more than three of the six Exclusion questions with “N/A – Submission not required”, the Objective will be saved with a “Rejected” status when “Submit” is clicked.

Start Structural/Web-Based Measures 08/10/2017 08:29:07PT

Meaningful Use Objectives Print

Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017

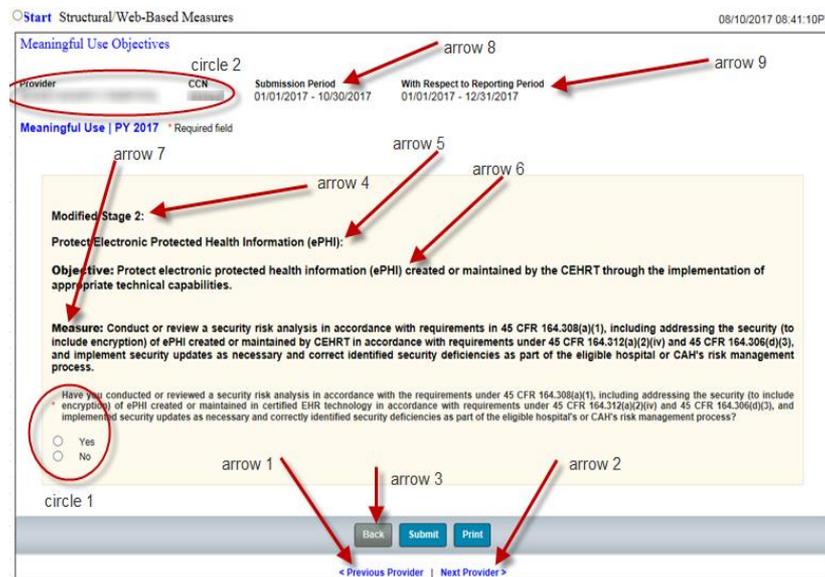
Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Release of Information
	Incomplete	Incomplete	Completed	Completed	Completed	Incomplete	Completed
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete
	Completed	Rejected	Rejected	Rejected	Rejected	Completed	Completed

Annotations: arrow 1 points to Submission Period; arrow 2 points to Reporting Period; arrow 3 points to Patient-Specific Education; circle 1 highlights the header row; circle 2 highlights the 'Rejected' status in the Patient-Specific Education column.

Back Program Year Selection

Data Submission on QNet

- The first measure example is a straight forward Objective having a single measure with one **Yes-No** question. - Protect Electronic Protected Health Information (ePHI). After clicking the link name, the data entry page appears.
- 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, followed by its description. The measures and their associated questions appear below the Objective description.
- Multi-providers users can move back and forth through their selected providers by clicking either "Previous Provider" or "Next Provider" at the bottom of this page.



Start Structural/Web-Based Measures 08/10/2017 08:41:10PT

Meaningful Use Objectives

Provider Submission Period 01/01/2017 - 10/30/2017 With Respect to Reporting Period 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

Protect Electronic Protected Health Information (ePHI):

Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.

Have you conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implemented security updates as necessary and correctly identified security deficiencies as part of the eligible hospital's or CAH's risk management process?

Yes
 No

Back Submit Print

< Previous Provider | Next Provider >

Data Submission on QNet

- When “Submit” is clicked, a successfully-saved informational message appears regardless whether the question is answered “Yes” or “No.”

Start Structural/Web-Based Measures 08/10/2017 08:44:41PT

Meaningful Use Objectives

Provider	CCN	Submission Period	With Respect to Reporting Period
XXXXXXXXXXXXXXXXXXXX	XXXXXX	01/01/2017 - 10/30/2017	01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

circle 1

Information
Successfully Saved Protect Electronic Protected Health Information (ePHI) Information.

Modified Stage 2:
Protect Electronic Protected Health Information (ePHI):

Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.

Have you conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implemented security updates as necessary and correctly identified security deficiencies as part of the eligible hospital's or CAH's risk management process?

Yes
 No

arrow 1 points to the "No" radio button.
arrow 2 points to the "Submit" button.

Back Submit Print

Data Submission on QNet

Returning to the Objective Status Summary page, the Objective's status has changed to "Completed."

Start Structural/Web-Based Measures 08/10/2017 08:29:07PT

Meaningful Use Objectives Print

Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017

Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting of Comparison Data
	Completed	Incomplete	Completed	Completed	Completed	Incomplete	Completed
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete
	Completed	Rejected	Rejected	Rejected	Rejected	Completed	Completed

arrow 1 points to the 'Completed' cell in the first row, second column.

arrow 2 points to the 'Health Information Exchange' header in the third row.

Back Program Year Selection

Data Submission on QNet

- The second example also contains one measure, but the question is an **Exclusion** question - The electronic prescribing (eRx) objective has a measure question hierarchy.
- This 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 to the Exclusion question.

Start Structural/Web-Based Measures 08/10/2017 08:50:25PT

Meaningful Use Objectives

Provider: [redacted] CCN: [redacted] Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

eRx (electronic prescribing):

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Yes arrow 1

No

arrow 2

arrow 1

Back Submit Print

Data Submission on QNet

- Select “Yes” and there will be no additional questions.

Start Structural/Web-Based Measures 08/10/2017 08:50:25PT

Meaningful Use Objectives

Provider	CCN	Submission Period	With Respect to Reporting Period
XXXXXXXXXXXXXXXXXXXX	XXXXXX	01/01/2017 - 10/30/2017	01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

eRx (electronic prescribing):

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

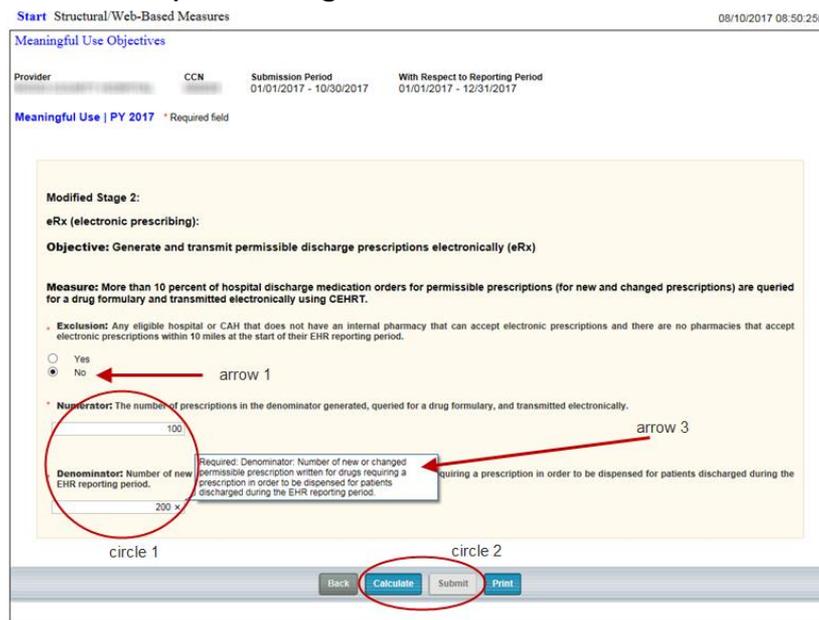
Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Yes  arrow 1

No

Data Submission on QNet

- Select “No” then answer Numerator and Denominator questions.
 - Any time your cursor is over a data entry field, the question is repeated in a text box attached to that field.
 - Every time a Numerator and Denominator question appear on a data entry page, there will be a “Calculate” button next to the “Submit” button.
- Click “Calculate” to determine the percentage associated with the measure.



Start Structural/Web-Based Measures 08/10/2017 08:50:25PT

Meaningful Use Objectives

Provider: [redacted] CCN: [redacted] Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

eRx (electronic prescribing):

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Yes

No ← arrow 1

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.

Denominator: Number of new EHR reporting period.

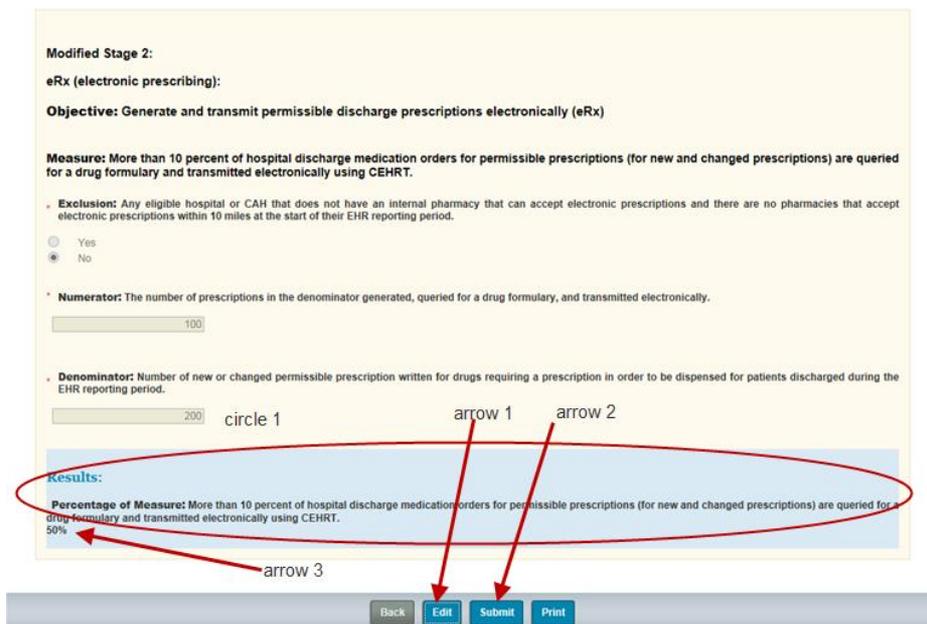
Required: Denominator: Number of new or changed permissible prescription written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.

← arrow 3

circle 1 circle 2

Data Submission on QNet

- If a data entry error prevents a successful calculation, an error message will be displayed near the top of the page.
- If there is no data entry error, a Results section appears at the bottom of the page. The measure description is repeated and the calculated percentage appears below it.
- The “Calculate” button is replaced by an “Edit” button and the “Submit” button is now active.



Modified Stage 2:
eRx (electronic prescribing):
Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

* **Exclusion:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Yes
 No

* **Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.

* **Denominator:** Number of new or changed permissible prescription written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.

circle 1

Results:

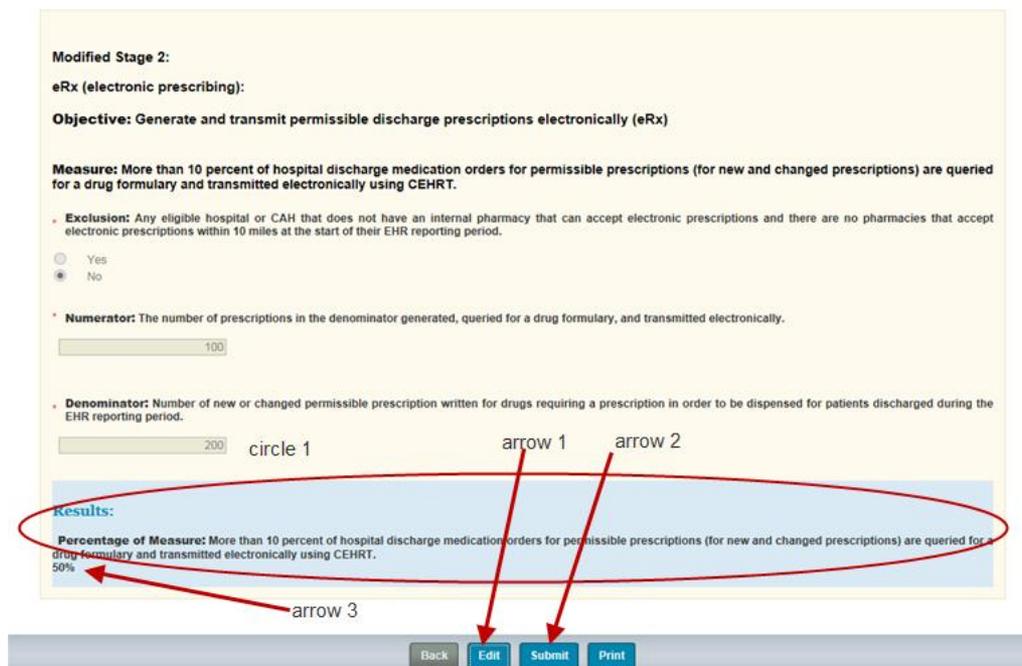
Percentage of Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
50%

arrow 1 points to the Results section header.
arrow 2 points to the Results section content.
arrow 3 points to the Results section content.

Buttons: Back, Edit, Submit, Print

Data Submission on QNet

- Click “Edit” to change a value before submitting the information.
- Click “Submit” when satisfied that you’ve entered the correct data.



The screenshot shows a web form for data submission. The form is titled "Modified Stage 2:" and contains the following sections:

- eRx (electronic prescribing):**
 - Objective:** Generate and transmit permissible discharge prescriptions electronically (eRx)
 - Measure:** More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
 - Exclusion:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.
 - Radio buttons for "Yes" and "No", with "No" selected.
 - Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically. A text input field contains the value "100".
 - Denominator:** Number of new or changed permissible prescription written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period. A text input field contains the value "200".
- Results:** A blue box containing the text: "Percentage of Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT. 50%".

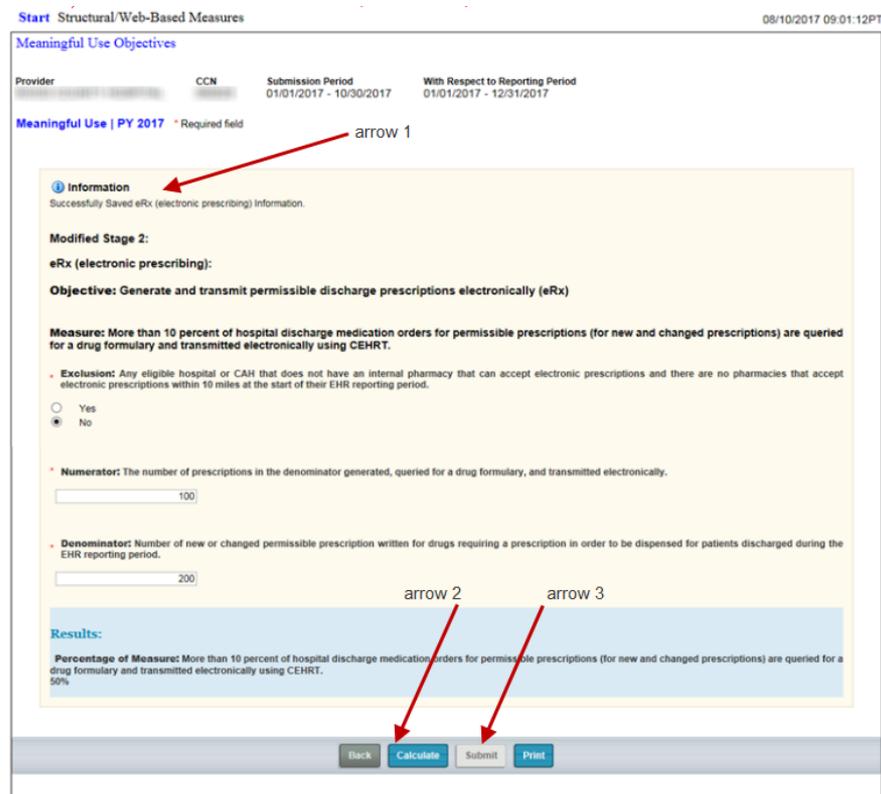
Annotations on the screenshot include:

- "circle 1" pointing to the "Results" section.
- "arrow 1" pointing to the "Edit" button.
- "arrow 2" pointing to the "Submit" button.
- "arrow 3" pointing to the "Percentage of Measure" text in the Results section.

At the bottom of the form are four buttons: "Back", "Edit", "Submit", and "Print".

Data Submission on QNet

- Click “Edit” to revert to back to “Calculate” and click “Submit” to deactivate.
 - The data entry fields are now editable again and a successfully-saved message has appeared near the top.



Start Structural/Web-Based Measures 08/10/2017 09:01:12PT

Meaningful Use Objectives

Provider [redacted] CCN [redacted] Submission Period 01/01/2017 - 10/30/2017 With Respect to Reporting Period 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Information
Successfully Saved eRx (electronic prescribing) Information.

Modified Stage 2:
eRx (electronic prescribing):
Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Yes
 No

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.
100

Denominator: Number of new or changed permissible prescription written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.
200

Results:
Percentage of Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
50%

Back Calculate Submit Print

Data Submission on QNet

Returning to the Objective Status Summary page, the Objective's status has changed to "Completed."

Start Structural/Web-Based Measures 08/10/2017 09:04:29PT

Meaningful Use Objectives Print

Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017

Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting of Comparison Data
	Completed	Completed	Completed	Completed	Completed	Incomplete	Completed
	Completed	Completed	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete
	Completed	Rejected	Rejected	Rejected	Rejected	Completed	Completed

arrow 1 points to the 'eRx (electronic prescribing)' cell in the second row.
arrow 2 points to the 'Patient Electronic Access to Health Information' cell in the first row.

Back Program Year Selection

Data Submission on QNet

- The third example is 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 a Denominator value. The second measure has an Exclusion question.

Start Structural/Web-Based Measures 08/10/2017 09:08:13PT

Meaningful Use Objectives

Provider: [redacted] CCN: [redacted] Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017 * Required field

Modified Stage 2:

Patient Electronic Access to Health Information:

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge. circle 1

Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.

Numerator: The number of patients in the denominator who have access to view online, download and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.

Denominator: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period. circle 2

Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Yes
 No

arrow 3

Back Calculate Submit Print

Data Submission on QNet

- Select “Yes” to the Exclusion question in the second measure and there will be no additional questions.

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.

Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Yes  arrow 1

No

Back Submit Print

Data Submission on QNet

- Select “No” to introduce another set of Numerator and Denominator questions that will require answers.

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.

- Exclusion:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Yes
 No ← arrow 1

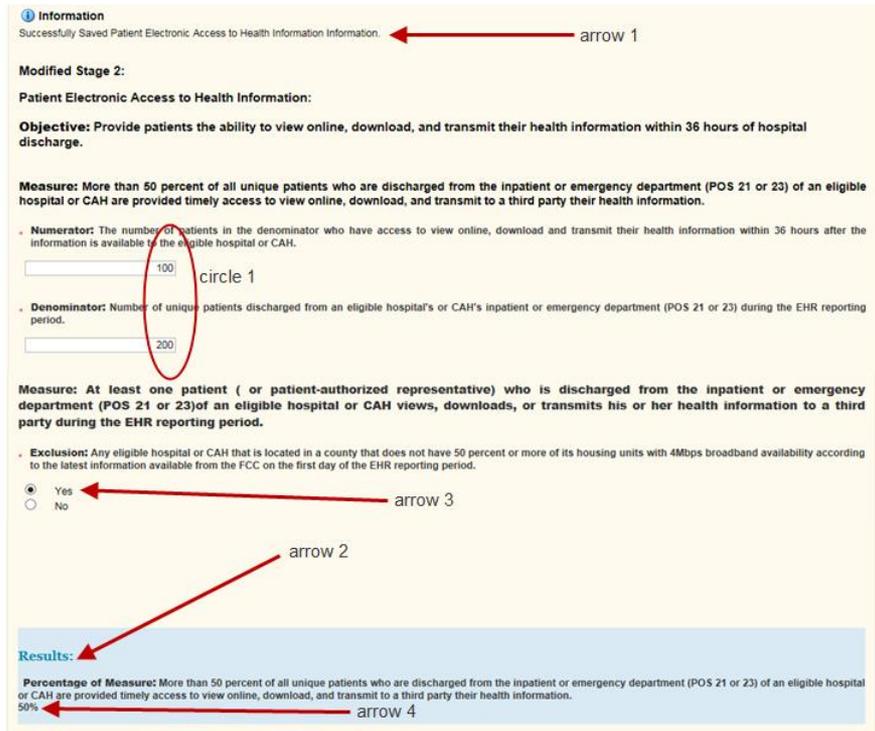
Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

circle 1

- Denominator:** Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

Data Submission on QNet

- Enter the Numerator and Denominator values for the first measure.
- Select “Yes” for the second measure.
- Click “Calculate” to produce a Result section with a rounded percentage value belonging to the first measure.



Information
Successfully Saved Patient Electronic Access to Health Information Information ← arrow 1

Modified Stage 2:
Patient Electronic Access to Health Information:
Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.
Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.

Numerator: The number of patients in the denominator who have access to view online, download and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.
100 ← circle 1

Denominator: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
200

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.

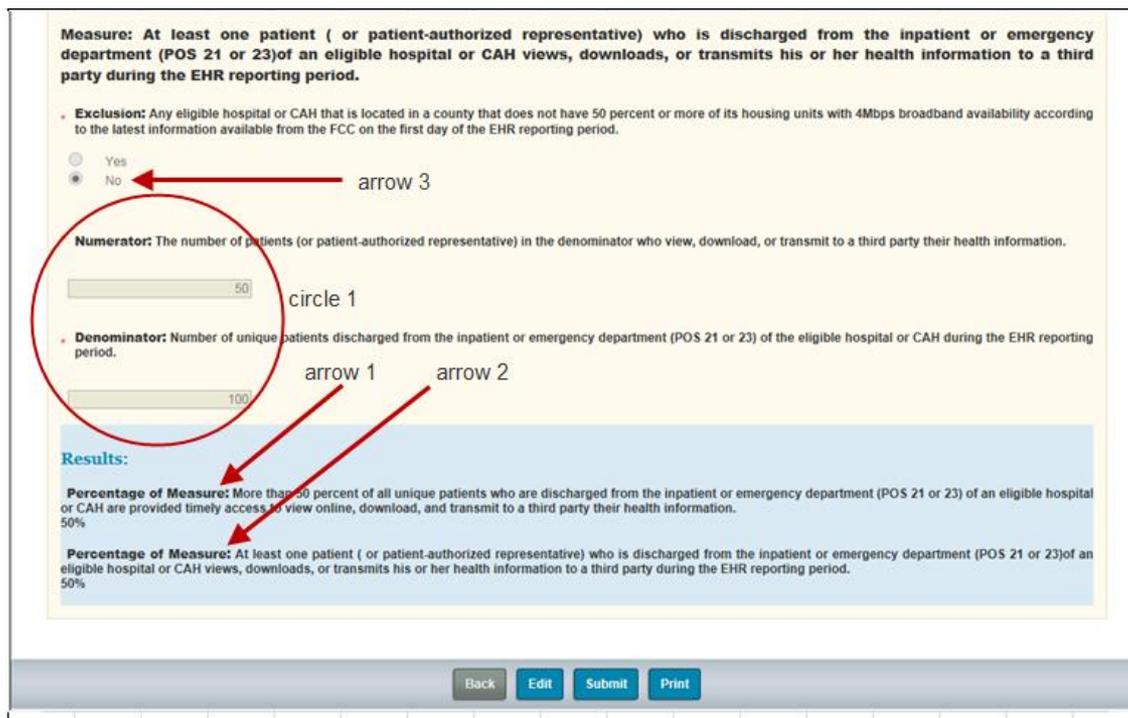
Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Yes ← arrow 3
 No

Results: ← arrow 2
Percentage of Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.
50% ← arrow 4

Data Submission on QNet

- 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.
- Click “Submit” to save the information.



Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.

Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Yes
 No ← arrow 3

Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

← circle 1

Denominator: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

← arrow 1 ← arrow 2

Results:

Percentage of Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.
50%

Percentage of Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23)of an eligible hospital or CAH views, downloads, or transmits his or her health information to a third party during the EHR reporting period.
50%

Back Edit Submit Print

Data Submission on QNet

The Objective Status Summary page displays the Objective's "Completed" status.

Start Structural/Web-Based Measures 08/10/2017 09:28:33PT

Meaningful Use Objectives Print

Submission Period: 01/01/2017 - 10/30/2017 With Respect to Reporting Period: 01/01/2017 - 12/31/2017

Meaningful Use | PY 2017

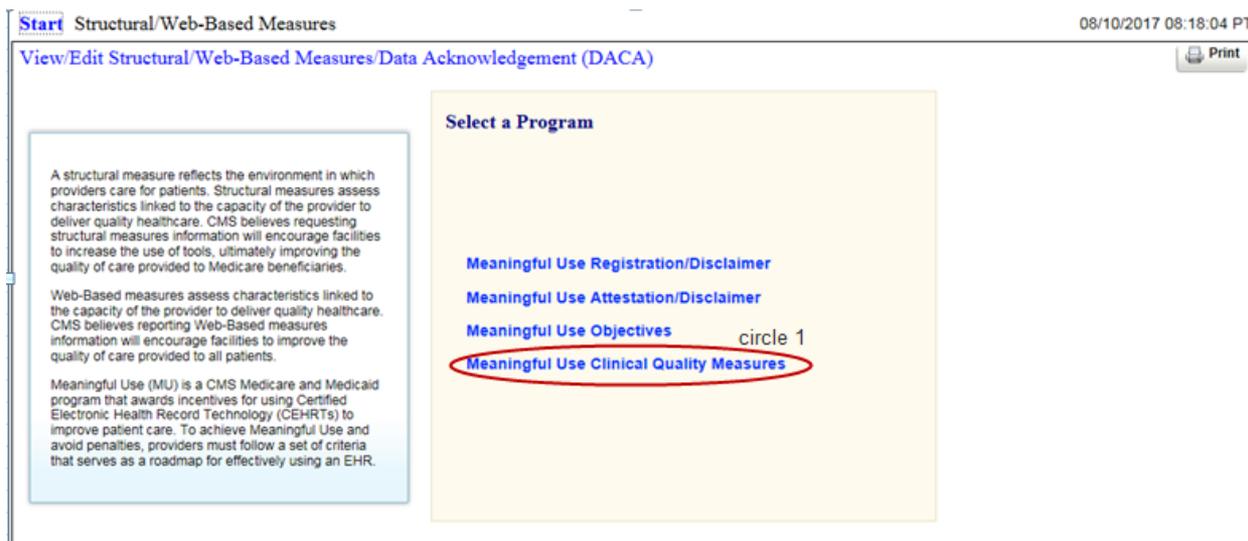
Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting of Comparison Data
	Completed	Completed	Completed	Completed	Completed	Completed	Completed
	Completed	Completed	Incomplete	Incomplete	Incomplete	Completed	Incomplete
	Completed	Rejected	Rejected	Rejected	Rejected	Completed	Completed

arrow 1

Back Program Year Selection

Data Submission on QNet

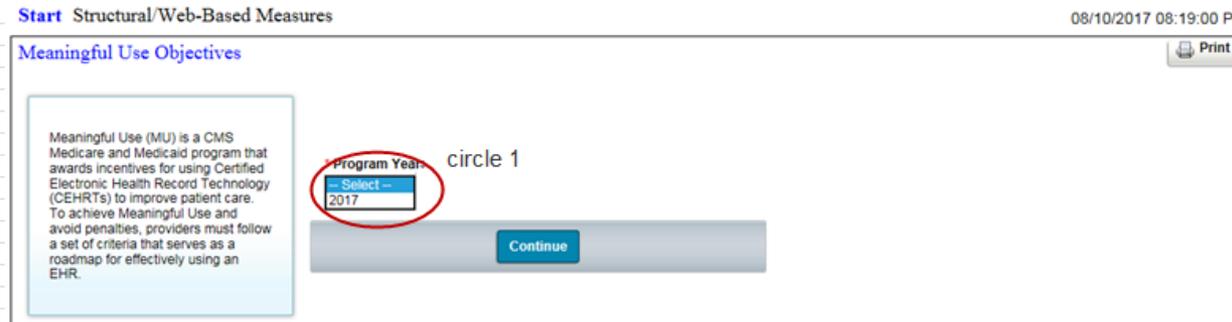
- Return to the Program Selection page and click “Meaningful Use Clinical Quality Measures” to submit Clinical Quality Measures (CQMs).
 - You will be allowed to access the CQMs if you have successfully completed the registration and attestation steps, and if, when you completed the Attestation Information question, you chose the radio button declaring, “I will submit my Clinical Quality Measure data right now through online Attestation.”



The screenshot shows a web application interface for 'Structural/Web-Based Measures'. The page title is 'View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)'. The date and time are 08/10/2017 08:18:04 PT. There is a 'Print' button in the top right corner. The main content area is divided into two columns. The left column contains three paragraphs of text explaining structural measures, web-based measures, and the Meaningful Use (MU) program. The right column is titled 'Select a Program' and lists four options: 'Meaningful Use Registration/Disclaimer', 'Meaningful Use Attestation/Disclaimer', 'Meaningful Use Objectives', and 'Meaningful Use Clinical Quality Measures'. The 'Meaningful Use Clinical Quality Measures' option is circled in red. A 'circle 1' label is positioned to the right of the 'Meaningful Use Objectives' option.

Data Submission on QNet

- Select “2017” from the Program Year drop down.
 - If you are a single provider user, the CQM Status Summary page will appear.
 - If you are a multi-provider user, you must first select the providers you want to work with from a Provider Selection page.
- Click “Continue” to be directed to the CQM Status Summary page.



Start Structural/Web-Based Measures 08/10/2017 08:19:00 PT

Meaningful Use Objectives 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: circle 1

2017

Continue

Data Submission on QNet

- Complete at least 16 of the 29 CQMs.
 - CQMs are identified by alpha-numeric identifiers. If you hover above the identifier the short title of the CQM appears. We will post the identifier/short title crosswalk table on the QNet website for reference.
 - You will have to scroll to the right to see all available CQM identifiers.
- Select the first link name to look at some of the differences between the way Objective and CQM data entry pages operate.

Start Structural/Web-Based Measures 08/25/2017 14:35:58PT

Meaningful Use Clinical Quality Measures Print

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

arrow 1

Meaningful Use | PY 2017

Select a minimum of 16 out of 29 Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), performance rates(s), and exclusion(s) or exception(s), if applicable, for all selected Clinical Quality Measures on subsequent pages.

Provider ID	CMS32/NQF0496	CMS102/NQF0441	CMS9/NQF0480	CMS30/NQF0639	CMS31/NQF1354	CMS53/NQF0163	CMS60/NQF0164	CMS71/NQF0436	CMS72/NQF0436
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

circle 1

Back Program Year Selection

Data Submission on QNet

All CQM questions are hierarchical, whether the answer selected is “Yes” or “No.”

[Start](#) Structural/Web-Based Measures 08/25/2017 14:54:07PT

[Meaningful Use Clinical Quality Measures](#)

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

Measure: CMS32/NQF0496

Versions: CMS32v2/CMS32v3/CMS32v4/CMS32v5

Title: Median Time from ED Arrival to ED Departure for Discharged ED Patients

Description: Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.

Exemption

Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

Yes
 No

circle 1

Back Submit Print

Data Submission on QNet

- Select “Yes” to produce one particular set of additional questions.

Measure: CMS32/NQF0496

Versions: CMS32v2/CMS32v3/CMS32v4/CMS32v5

Title: Median Time from ED Arrival to ED Departure for Discharged ED Patients

Description: Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.

Exemption

• Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

Yes ← arrow 1

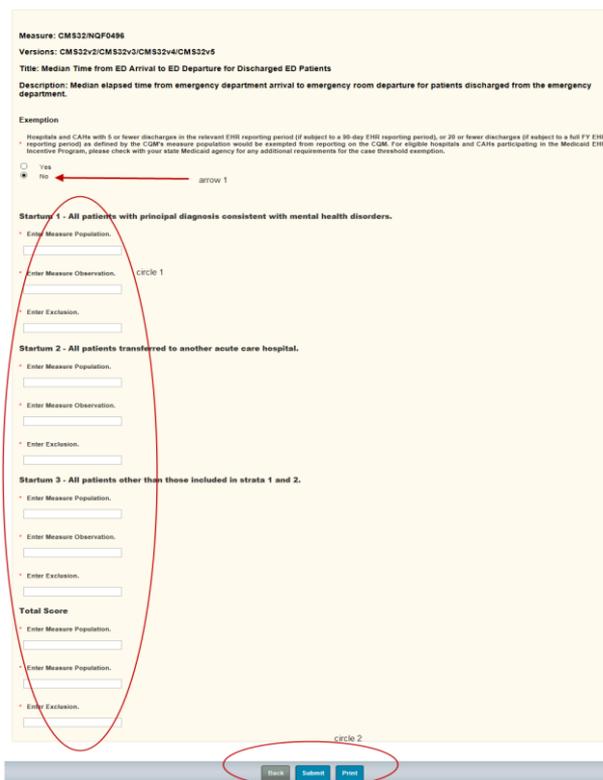
No

Case Threshold Exemption circle 1

• Enter Case Threshold Exemption.

Data Submission on QNet

- Select “No” to produce another, but different set of additional questions.
 - There is no “Calculate” button at the bottom of the CQM page.
- Once you’ve entered the required values, click “Submit.”



Measure: CM522/NGF0496
Versions: CM522v2/CM522v3/CM522v4/CM522v5
Title: Median Time from ED Arrival to ED Departure for Discharged ED Patients
Description: Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.

Exemption

• Hospitalists and CAHs with 0 or fewer discharges in the relevant EHR reporting period (if subject to a 30-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

Yes
 No

Startum 1 - All patients with principal diagnosis consistent with mental health disorders.

• Enter Measure Population.

• Enter Measure Observation. CIRCLE 1

Enter Exclusion.

Startum 2 - All patients transferred to another acute care hospital.

• Enter Measure Population.

• Enter Measure Observation.

• Enter Exclusion.

Startum 3 - All patients other than those included in strata 1 and 2.

• Enter Measure Population.

• Enter Measure Observation.

• Enter Exclusion.

Total Score

• Enter Measure Population.

• Enter Measure Observation.

• Enter Exclusion.

circle 2

Back Submit Print

Data Submission on QNet

A successfully-saved message appears.

Information

Successfully Saved Median Time from ED Arrival to ED Departure for Discharged ED Patients.  arrow 1

Measure: CMS32/NQF0496

Versions: CMS32v2/CMS32v3/CMS32v4/CMS32v5

Title: Median Time from ED Arrival to ED Departure for Discharged ED Patients

Description: Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.

Exemption

* Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the COM's measure population would be exempted from reporting on the COM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

Yes

No

Startum 1 - All patients with principal diagnosis consistent with mental health disorders.

* Enter Measure Population.

* Enter Measure Observation.

* Enter Exclusion.

Startum 2 - All patients transferred to another acute care hospital.

Data Submission on QNet

- The CQM is marked completed in the CQM Status Summary table.
- If all of the objectives, measures and CQMs have been entered with a status of completed your attestation is complete.
- An attestation status report will be available in QNet beginning January 2018.

Start Structural/Web-Based Measures 08/25/2017 15:36:40PT

[Meaningful Use Clinical Quality Measures](#) Print

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

Meaningful Use | PY 2017

Select a minimum of 16 out of 29 Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), performance rates(s), and exclusion(s) or exception(s), if applicable, for all selected Clinical Quality Measures on subsequent pages.

Provider ID	CMS32/NQF0496	CMS102/NQF0441	CMS9/NQF0480	CMS30/NQF0639	CMS31/NQF1354	CMS53/NQF0163	CMS60/NQF0164	CMS71/NQF0436	CMS72/N
351313	Completed	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

arrow 1

Back Program Year Selection

Questions?

Thank you!