

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.

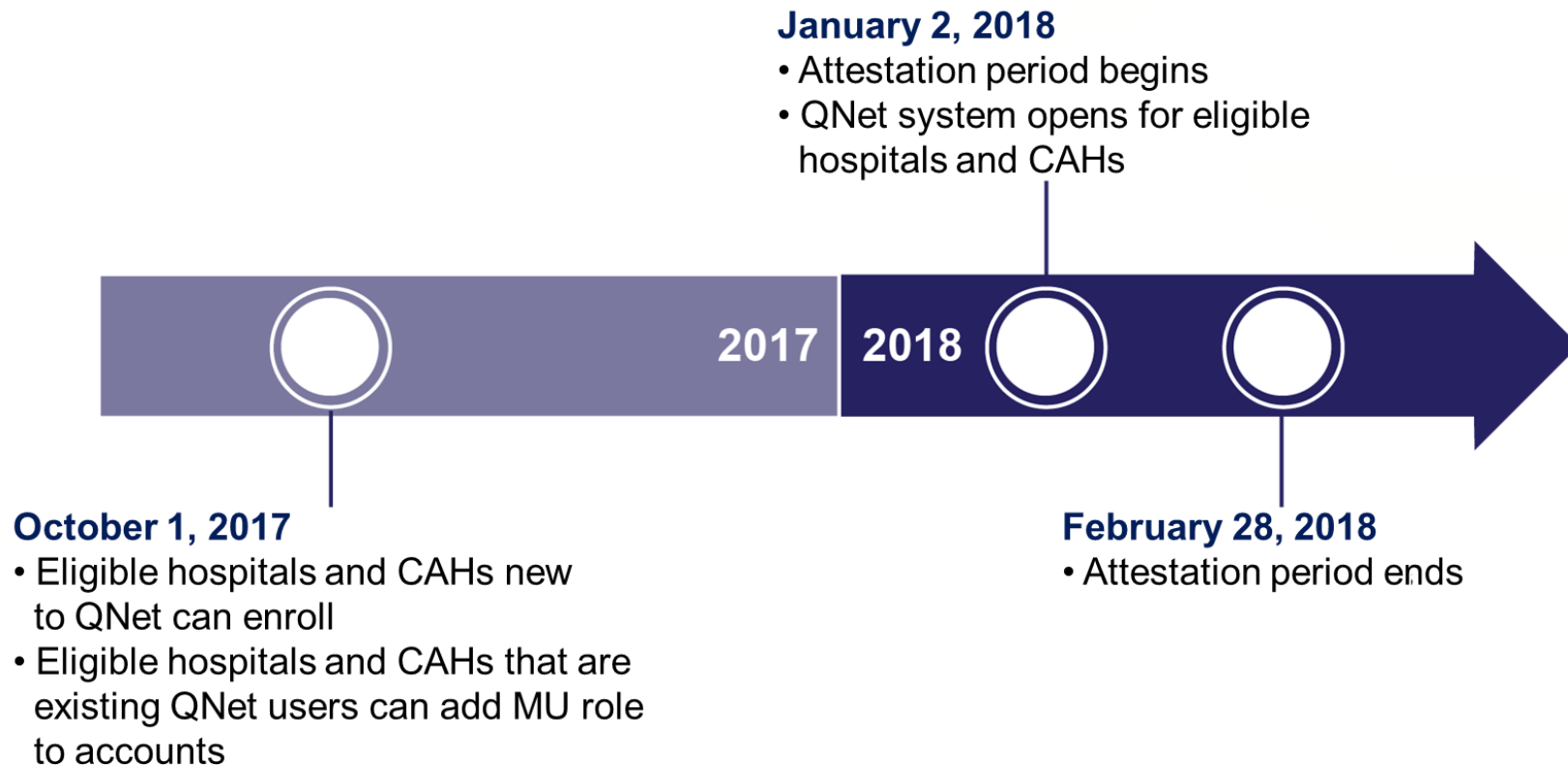
What Do You Need to Do?

- 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



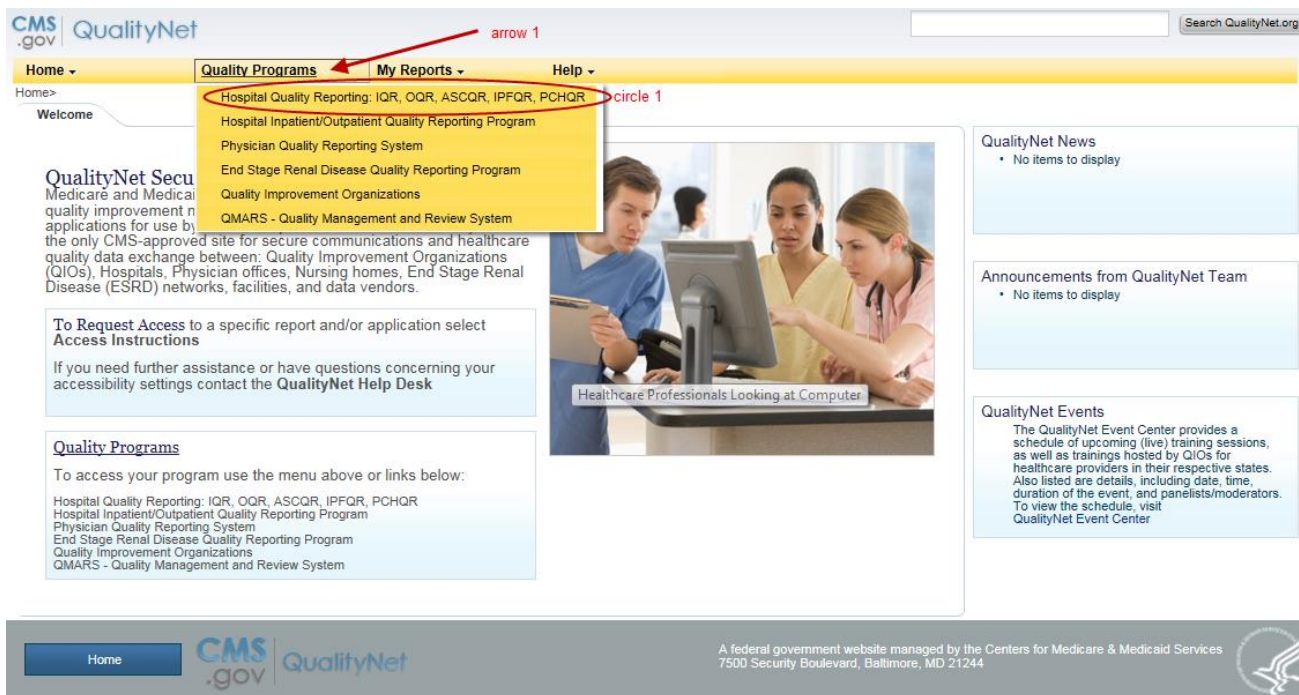
Hospital Transition Resources

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

QualityNet Registration and Attestation

Registration on QNet

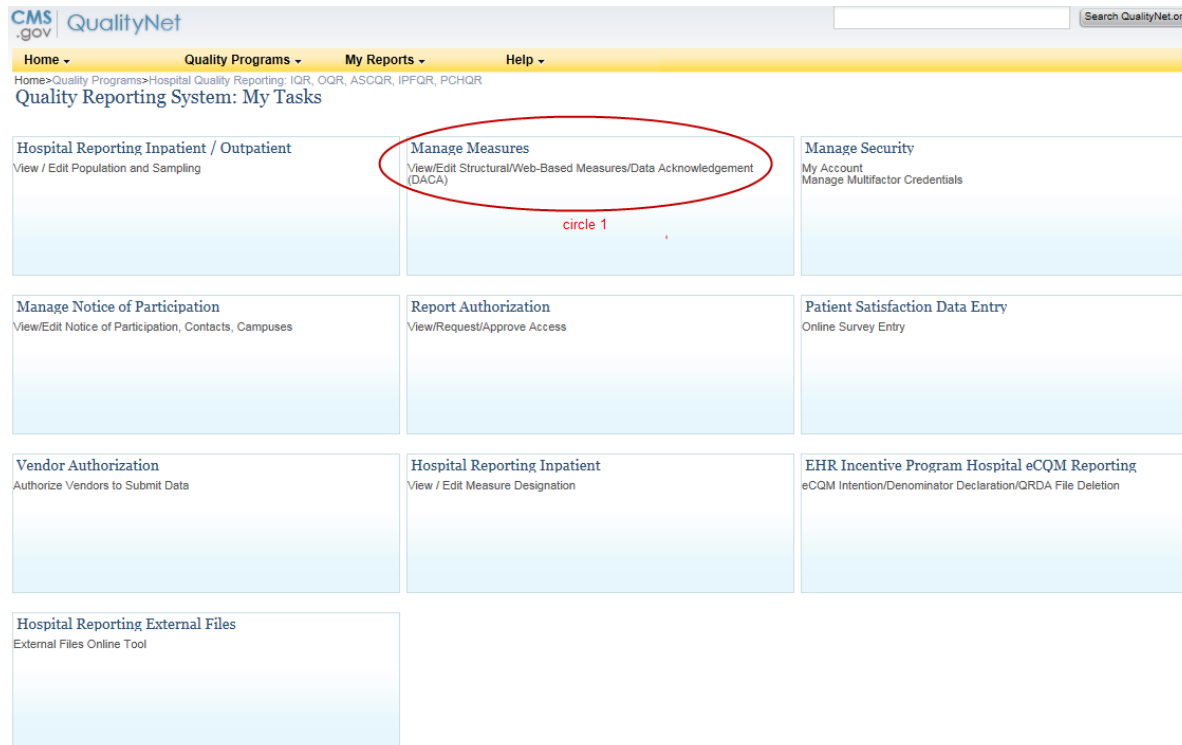
- After logging in, click “Hospital Quality Reporting IQR, OQR, ASCQR, IPFQR, PCHQR” from the Quality Programs dropdown on the QualityNet page.



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 a list of programs: 'Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR' (circled in red with a red circle labeled 'circle 1'), 'Hospital Inpatient/Outpatient Quality Reporting Program', 'Physician Quality Reporting System', 'End Stage Renal Disease Quality Reporting Program', 'Quality Improvement Organizations', and 'QMARS - Quality Management and Review System'. Below the navigation bar, there is a 'Welcome' message and a section titled 'QualityNet Secure' with a description of the site's purpose. To the right, there are sections for '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', and the address '7500 Security Boulevard, Baltimore, MD 21244'.

Registration on QNet

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

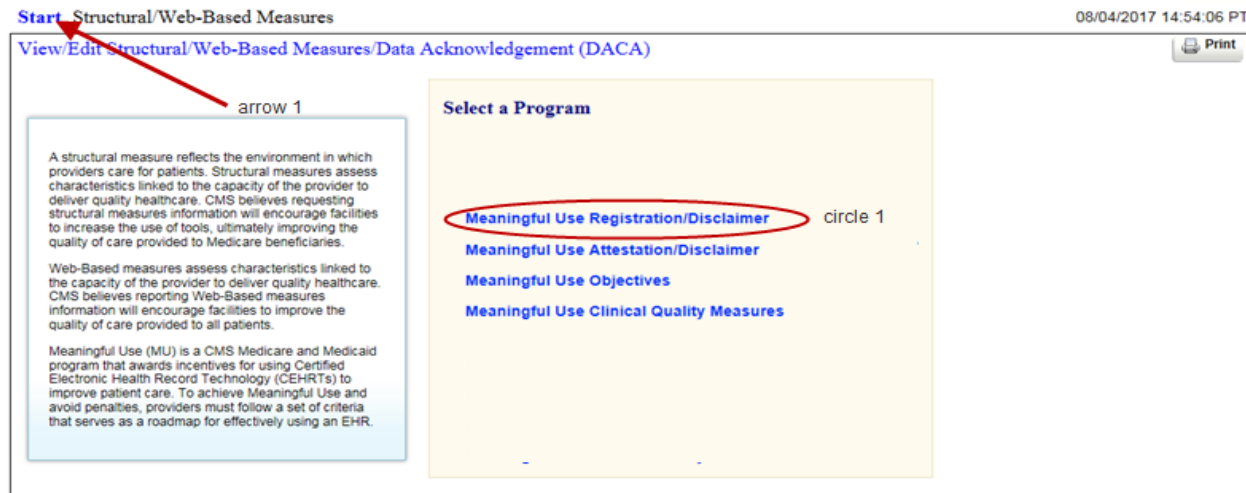


The screenshot shows the CMS QualityNet 'My Tasks' page. The page has a header with the CMS logo and a search bar. Below the header is a navigation bar with links: Home, Quality Programs, My Reports, and Help. The main content area is titled 'Quality Reporting System: My Tasks' and contains a grid of task cards. The 'Manage Measures' card is circled in red and labeled 'circle 1'. It contains the text 'View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)'. Other 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'.

Task Card	Link/Action
Hospital Reporting Inpatient / Outpatient	View / Edit Population and Sampling
Manage Measures	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

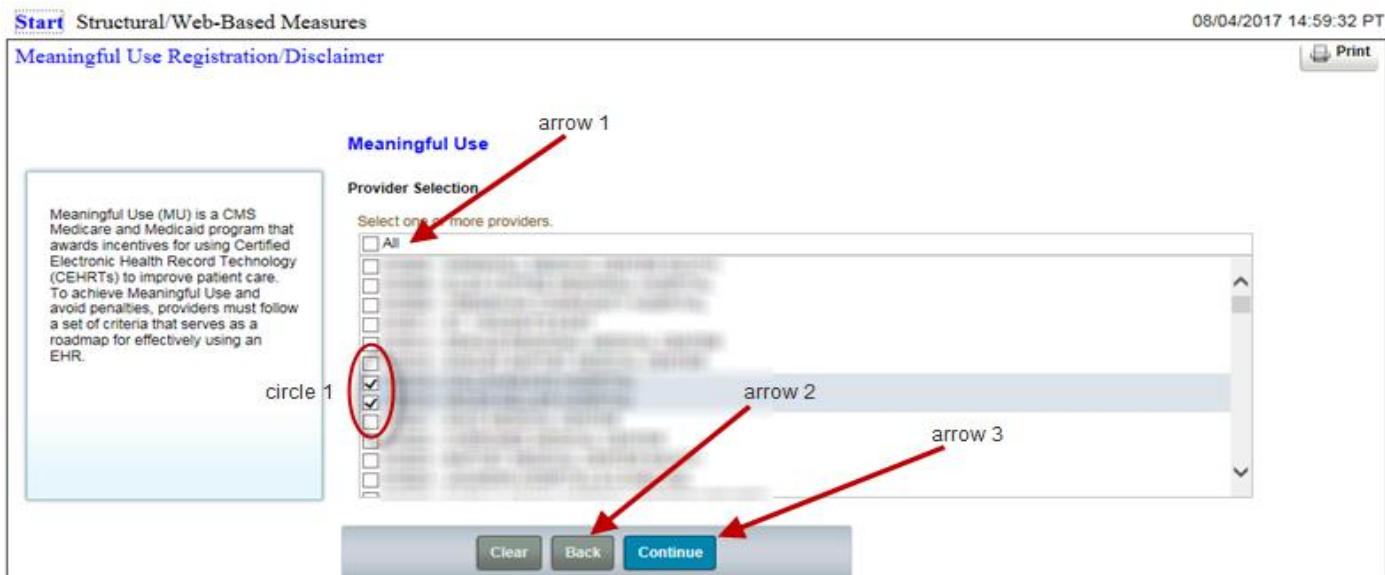
Registration on QNet

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



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

Meaningful Use

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.

circle 1

Provider Selection

Select one or more providers.

arrow 1

arrow 2


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 

Meaningful Use

arrow 1

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

circle 2

circle 3

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

Meaningful Use

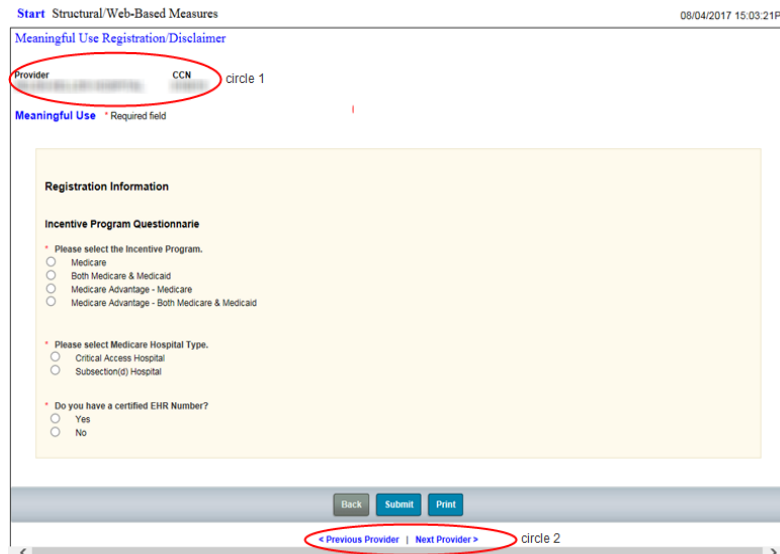
Provider ID	Registration Information	Business Address & Phone Number	DISCLAIMER
*****	Incomplete	Incomplete	Incomplete

Back

Annotations: arrow 1 points to 'Registration Information'; circle 1 circles the 'Incomplete' status in the 'Registration Information' column.

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.



Start Structural/Web-Based Measures 08/04/2017 15:03:21PT

Meaningful Use Registration/Disclaimer

Provider CCN circle 1

Meaningful Use * Required field

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

Back Submit Print

< Previous Provider | Next Provider > circle 2

Registration on QNet

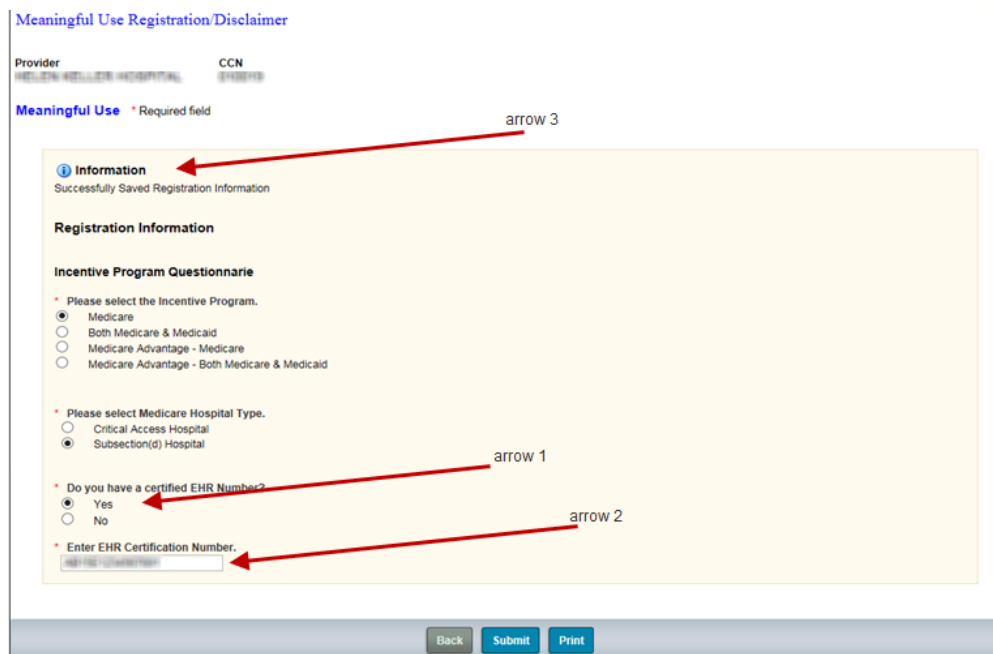
- Answer all required questions, then click “Submit” to save your information.
 - If there are no errors, a successfully saved message will appear above the name. This will be considered “Completed” and you will see this status on the “Registration Status Summary” page after you click “Back.”
 - Note: 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' as 'HEALTHCARE HOSPITAL' and 'CCN' as '000000'. Below this, a red asterisk indicates a 'Required field' for 'Meaningful Use'. The main content area is titled 'Information' and 'Successfully Saved Registration Information'. Under 'Registration Information', there is a section for the 'Incentive Program Questionnaire'. This section contains three questions, each with radio button options. A red circle labeled 'circle 1' highlights the first question: 'Please select the Incentive Program.' with options: Medicare (selected), Both Medicare & Medicaid, Medicare Advantage - Medicare, and Medicare Advantage - Both Medicare & Medicaid. A red arrow labeled 'arrow 1' points to the 'Information' header. Another red arrow labeled 'arrow 2' points to the 'Back' button. A red arrow labeled 'arrow 3' points to the 'Submit' button. A red arrow labeled 'arrow 4' points to the 'Print' button. The bottom of the page has a grey bar with the 'Back', 'Submit', and 'Print' buttons.

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.



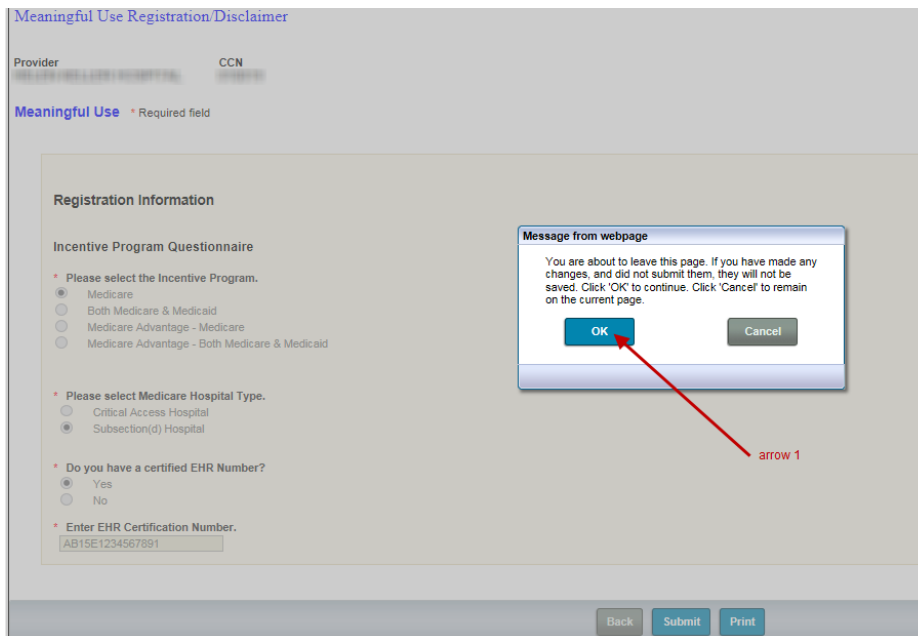
The screenshot shows the 'Meaningful Use Registration/Disclaimer' form. At the top, it displays 'Provider: HENRY J. WELLS HOSPITAL' and 'CCN: 01480414'. Below this, a section titled 'Meaningful Use' is marked as a 'Required field'. The main content area is a yellow box with the following sections:

- Information**: 'Successfully Saved Registration Information'.
- Registration Information**.
- Incentive Program Questionnaire**:
 - 'Please select the Incentive Program.' with radio buttons for:
 - ☒ Medicare
 - ☐ Both Medicare & Medicaid
 - ☐ Medicare Advantage - Medicare
 - ☐ Medicare Advantage - Both Medicare & Medicaid
 - 'Please select Medicare Hospital Type.' with radio buttons for:
 - ☐ Critical Access Hospital
 - ☒ Subsection(d) Hospital
 - 'Do you have a certified EHR Number?' with radio buttons for:
 - ☒ Yes
 - ☐ No
 - 'Enter EHR Certification Number.' with a text input field.

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

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 the 'Meaningful Use Registration/Disclaimer' page. At the top, there are fields for 'Provider' and 'CCN'. Below this is a section titled 'Meaningful Use' with a note '* Required field'. The main content area is titled 'Registration Information' and contains an 'Incentive Program Questionnaire'. The questionnaire has four sections:


- * 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 page. It contains the 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.' There are 'OK' and 'Cancel' buttons in the dialog. A red arrow labeled 'arrow 1' points 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 

Meaningful Use

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

< >

Back

arrow 1 points to the 'Completed' status in the 'Registration Information' column.

arrow 2 points to the 'Business Address & Phone Number' column header.

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 CCM

Meaningful Use * Required field

Business Address & Phone Number

circle 1

Enter Address Line 1.

Enter Address Line 2.

* Enter City.

* Enter State.

~ Select ~

* 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

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
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

Registration on QNet

- Click “Disclaimer” to complete the disclaimer.

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

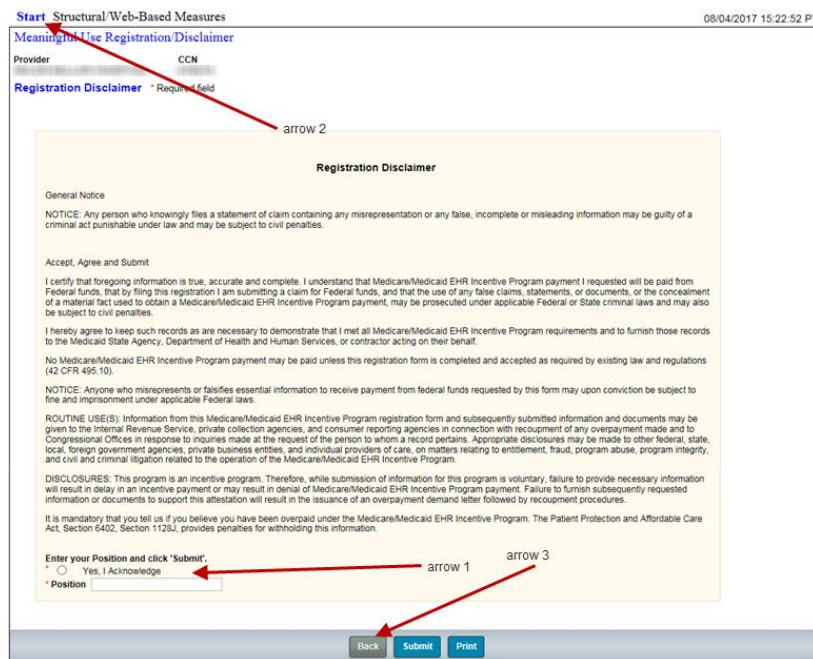
< >

Back

arrow 2 points to 'Completed' in Registration Information column.
arrow 1 points to 'DISCLAIMER' column header.

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 the 'Meaningful Use Registration/Disclaimers' page on the CMS QNet system. The page has a header with 'Start' and 'Structural/Web-Based Measures' tabs. The 'Meaningful Use Registration/Disclaimers' tab is active. Below the header, there are fields for 'Provider' and 'CCN'. A red arrow labeled 'arrow 2' points to the 'Registration Disclaimer' section. The 'Registration Disclaimer' section contains a 'General Notice' and a 'Accept, Agree and Submit' section. The 'Accept, Agree and Submit' section has a radio button for 'Yes, I Acknowledge' and a text field for 'Position'. A red arrow labeled 'arrow 1' points to the 'Yes, I Acknowledge' radio button. Another red arrow labeled 'arrow 3' points to the 'Submit' button at the bottom of the page. The 'Submit' button is located next to the 'Back' and 'Print' buttons.

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

Meaningful Use Registration/Disclaimers

Provider CCN

Registration Disclaimer * Required field

arrow 2

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 meet 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

arrow 1 arrow 3

Back Submit Print

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) 

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:
 

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

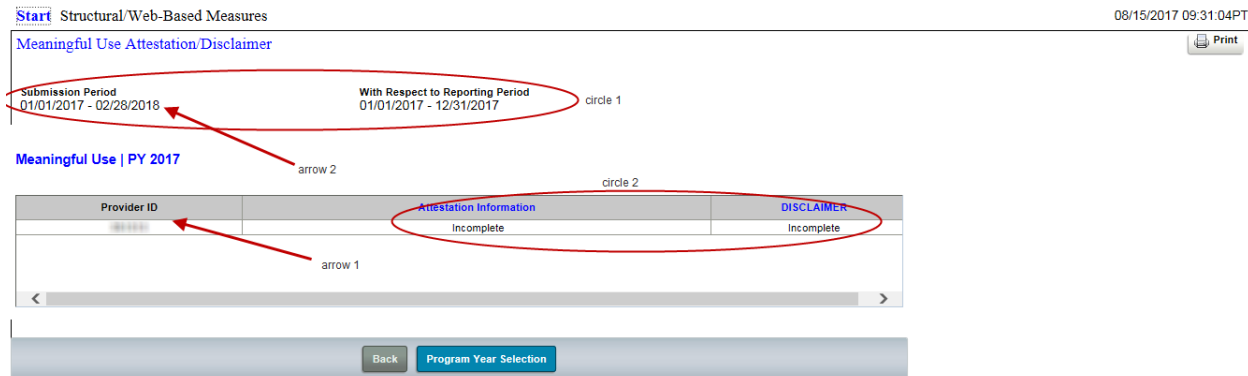
arrow 1

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.



The screenshot shows the 'Meaningful Use Attestation/Disclaimer' page. At the top, the 'Submission Period' is '01/01/2017 - 02/28/2018' and the 'With Respect to Reporting Period' is '01/01/2017 - 12/31/2017'. Below this, the 'Meaningful Use | PY 2017' section contains a table with three columns: 'Provider ID', 'Attestation Information', and 'DISCLAIMER'. The 'Attestation Information' and 'DISCLAIMER' columns both show 'Incomplete'. Annotations include: 'circle 1' around the top two periods, 'arrow 2' pointing from the top periods to the 'Attestation Information' column, 'circle 2' around the 'Attestation Information' and 'DISCLAIMER' columns, and 'arrow 1' pointing from the 'Attestation Information' column to the 'Provider ID' column. A 'Print' button is in the top right, and 'Back' and 'Program Year Selection' buttons are at the bottom.


Provider ID	Attestation Information	DISCLAIMER
	Incomplete	Incomplete

- 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.

29

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

☐ 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
000000	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 [Redacted]	CCN [Redacted]	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

* Position

Back Submit Print

arrow 1 points to the "Yes, I Acknowledge" radio button.

arrow 2 points to the "Submit" button.

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 occur in the absence of an overpayment demand letter returned by the provider.

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

[Update Acknowledgement](#)

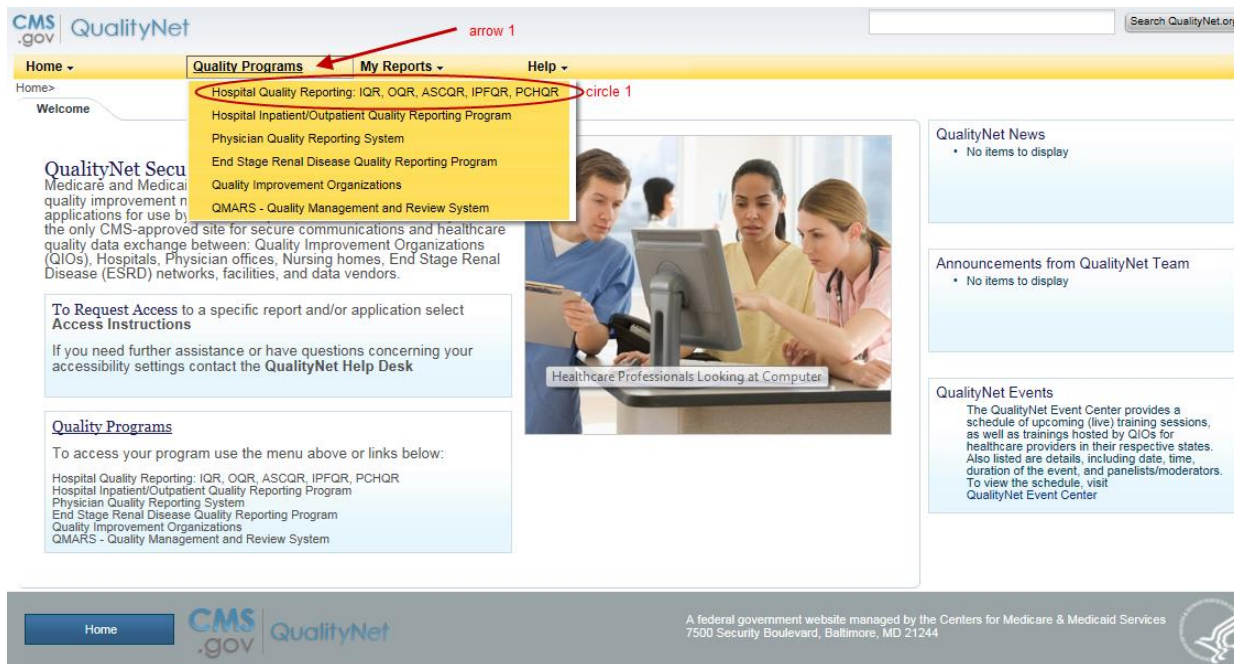
circle 1

arrow 1

QualityNet Objectives and Measures Submission

Data Submission on QNet

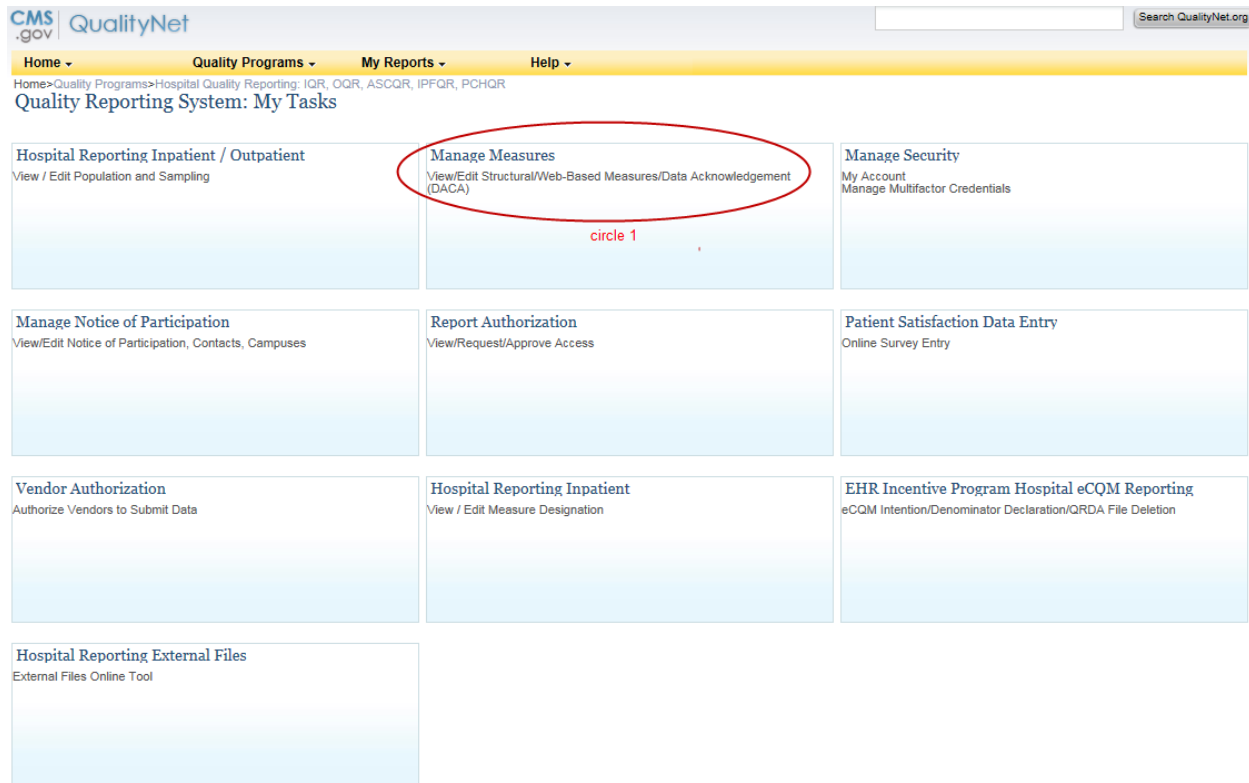
- Click “Hospital Quality Reporting IQR, OQR, ASCQR, IPFQR, PCHQR” from the Quality Programs dropdown on the QualityNet page.



The screenshot shows the CMS QualityNet website interface. At the top, there is a navigation bar with links for Home, Quality Programs, My Reports, and Help. A red arrow labeled "arrow 1" points to the "Quality Programs" dropdown menu. The dropdown menu is open, showing a list of programs: Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR (circled in red with a red circle labeled "circle 1"), Hospital Inpatient/Outpatient Quality Reporting Program, Physician Quality Reporting System, End Stage Renal Disease Quality Reporting Program, Quality Improvement Organizations, and QMARS - Quality Management and Review System. Below the navigation bar, there is a "Welcome" message and a section titled "QualityNet Secure" which describes the site as the only CMS-approved site for secure communications and healthcare quality data exchange. To the right, there are sections for "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 small eagle logo.

Data Submission on QNet

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



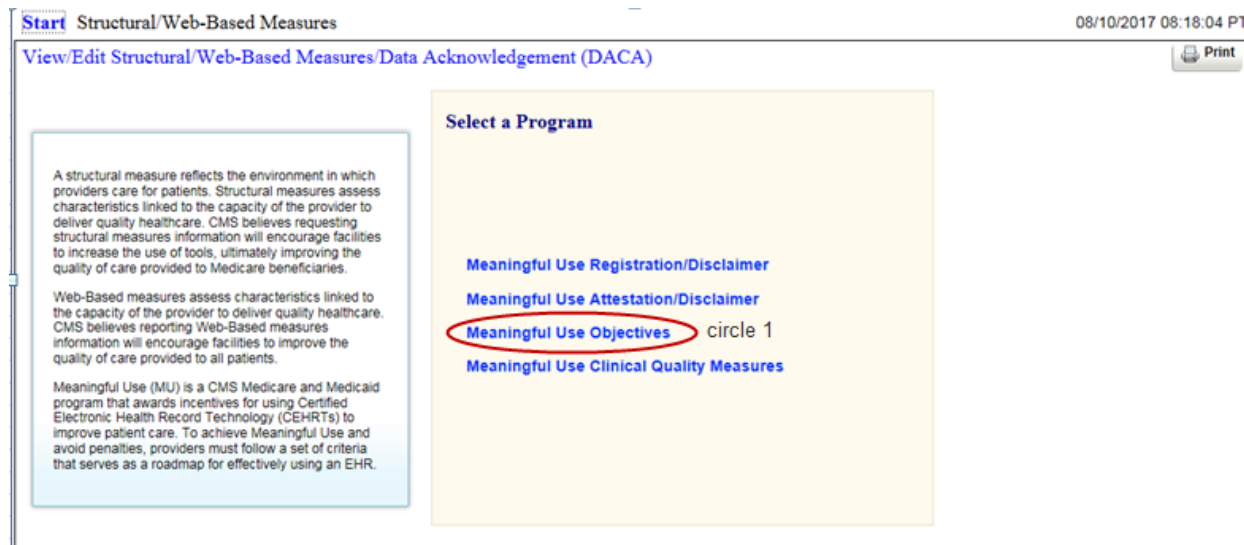
The screenshot shows the CMS QualityNet interface. At the top, there is a navigation bar with links for Home, Quality Programs, My Reports, and Help. Below this, a breadcrumb trail reads: Home > Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR. The main heading is "Quality Reporting System: My Tasks".

The page displays a grid of task cards. The card for "Manage Measures" is circled in red and labeled "circle 1". This card contains the link "View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)". Other visible task cards include:


- Hospital Reporting Inpatient / Outpatient**: View / Edit Population and Sampling
- 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) 

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.

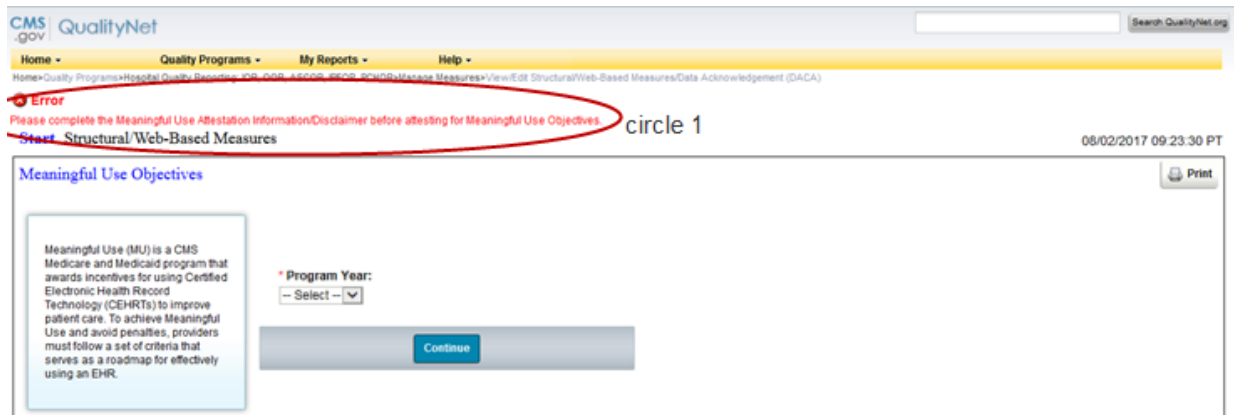
Meaningful Use (MU) is a CMS Medicare and Medicaid program that awards incentives for using Certified Electronic Health Record Technology (CEHRTs) to improve patient care. To achieve Meaningful Use and avoid penalties, providers must follow a set of criteria that serves as a roadmap for effectively using 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 website 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, QGR, AECOM, SDCR, RHCQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). A red error message is displayed, stating: "Error: Please complete the Meaningful Use Attestation Information/Disclaimer before attesting for Meaningful Use Objectives." This message is circled in red, and a red line is drawn through the text "Structural/Web-Based Measures" in the breadcrumb trail. To the right of the error message, the text "circle 1" is visible. Below the error message, the page title "Meaningful Use Objectives" is shown. On the left, there is a text box containing 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, there is a "Program Year:" label followed by a dropdown menu with the text "Select". Below the dropdown menu is a "Continue" button. In the top right corner of the page, the date and time "08/02/2017 09:23:30 PT" are displayed, along with a "Print" 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

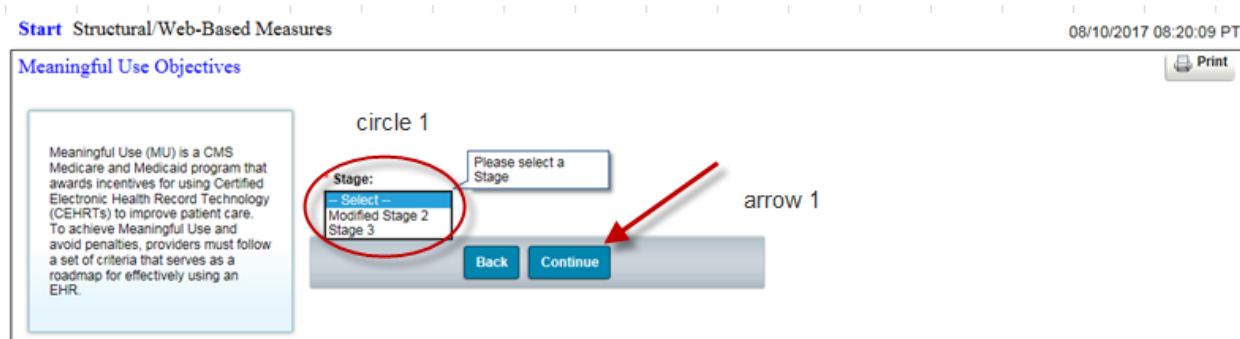
Continue

arrow 1

Print

Data Submission on QNet

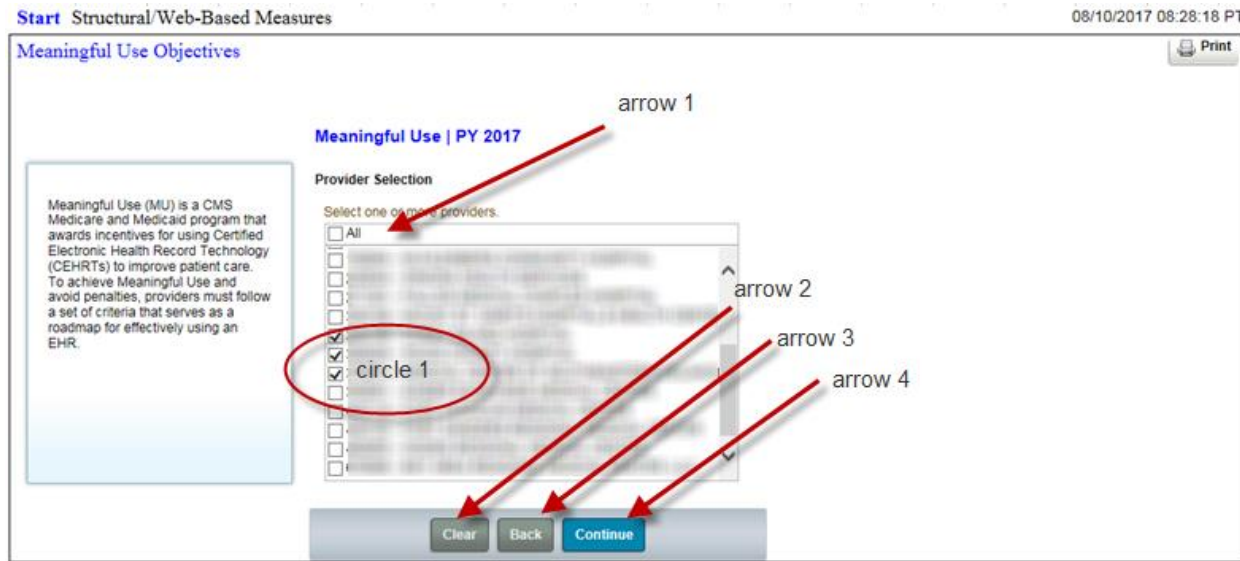
- Click the dropdown and select the stage to access.
- Click “Continue.”
 - If you are a single provider user, clicking “Continue” brings up the Objective Status Summary page displaying the chosen Stages’ Objectives’ statuses.
 - If you are a multi-provider user, clicking “Continue” brings up a **Provider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



Start Structural/Web-Based Measures 08/10/2017 08:28:18 PT

Meaningful Use Objectives

Meaningful Use | PY 2017

Provider Selection

Select one or more providers.

☐ All

☒ circle 1

arrow 1

arrow 2

arrow 3

arrow 4

Clear Back Continue

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

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

Meaningful Use | PY 2017

arrow 1 arrow 2 arrow 3

circle 1

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	Co
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Ini
	Completed	Rejected	Rejected	Rejected	Rejected	Completed	Co

circle 2

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

arrow 1 points to Submission Period
arrow 2 points to With Respect to Reporting Period
arrow 3 points to the table header

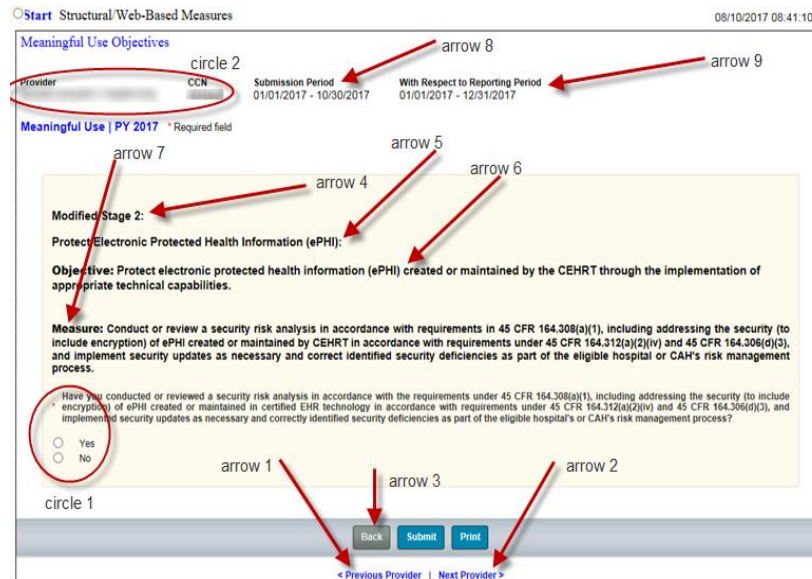
Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Release of Information
	Incomplete	Incomplete	Completed	Completed	Completed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

circle 1 highlights the header row of the table
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 CCN 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 by CEHRT 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 correct 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 08:44:11PT

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

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

arrow 2

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
	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' status in the first row, 'Protect Electronic Protected Health Information (ePHI)' column.

arrow 2 points to the 'Completed' status in the first row, 'Health Information Exchange' column.

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

☐ 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 [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

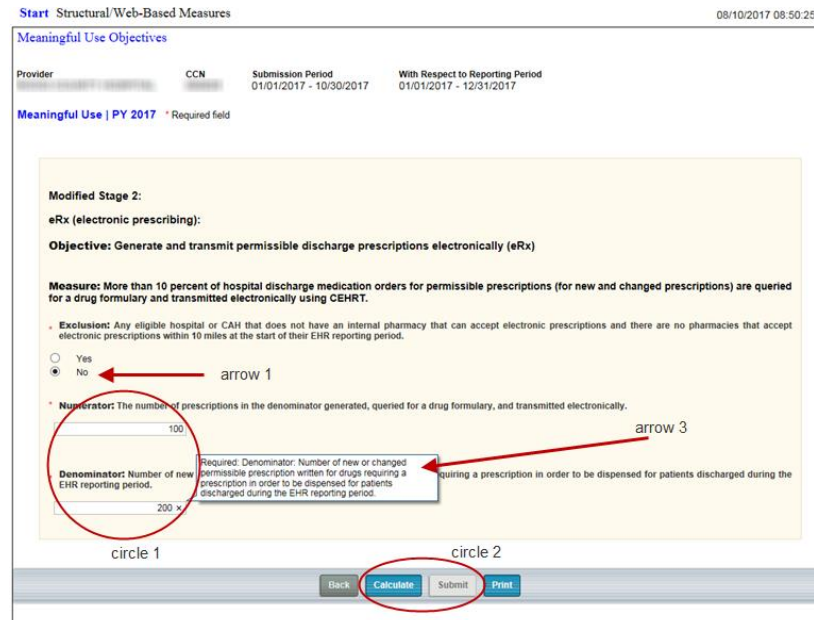
Modified Stage 2:
eRx (electronic prescribing):
Objective: Generate and transmit permissible discharge prescriptions electronically (eRx)
Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary 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

Back Submit Print

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. 200 x

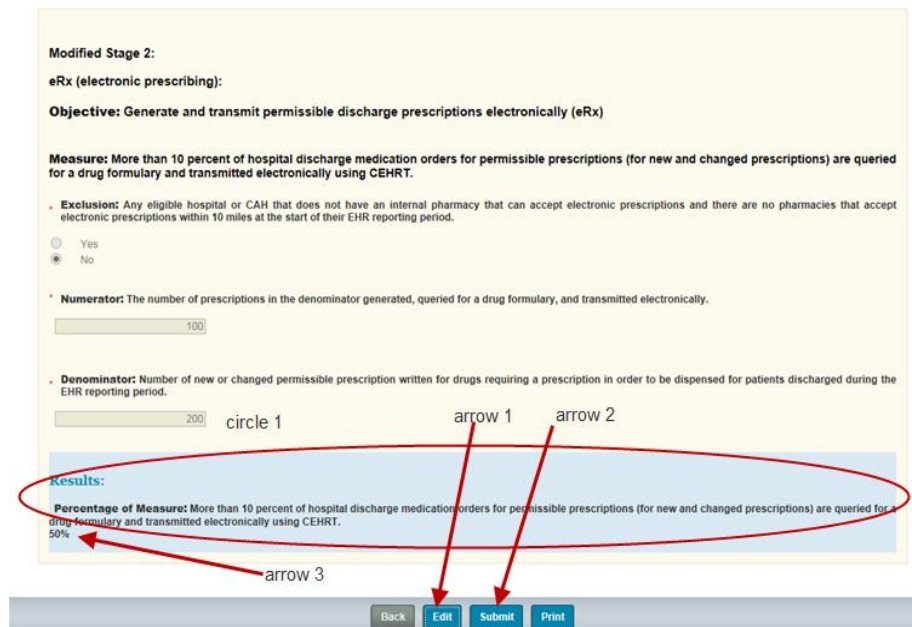
Required: Denominator: Number of new or changed permissible prescription written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period. ← arrow 3

circle 1 circle 2

Back Calculate Submit Print

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%

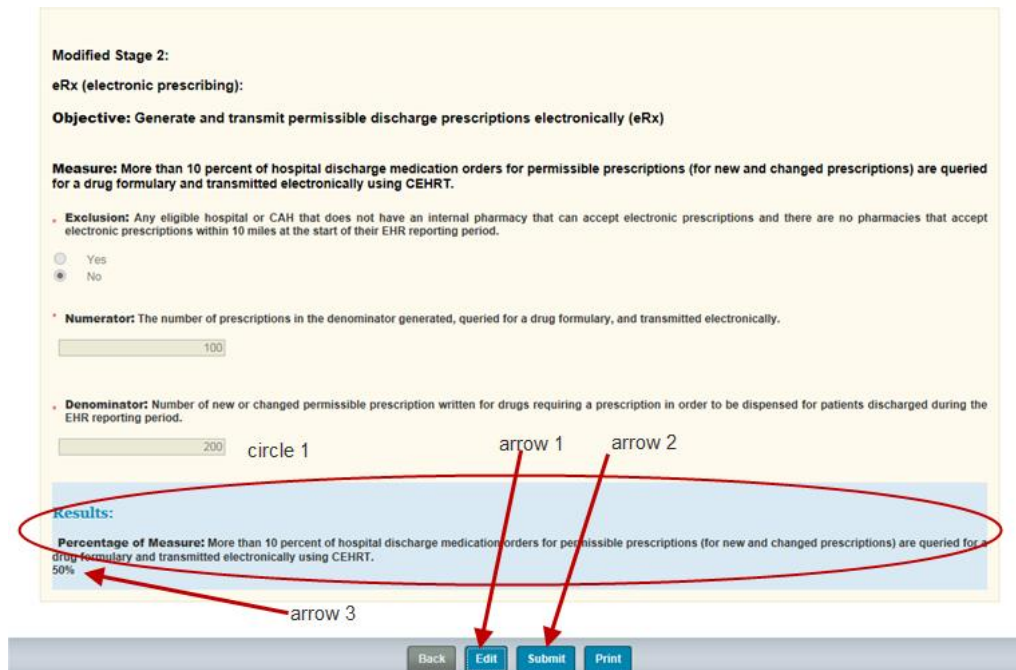
arrow 1 arrow 2

arrow 3

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.



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.

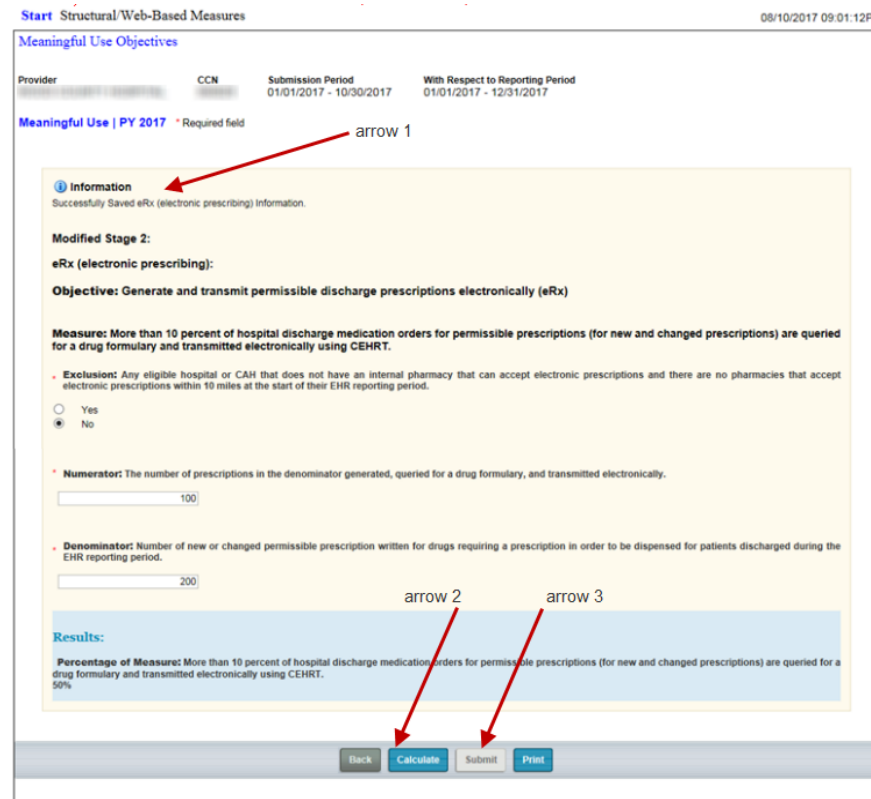
Results:
Percentage of Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
50%

Back Edit Submit Print

Annotations: circle 1, arrow 1, arrow 2, arrow 3

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
[Redacted]	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)' column for the third row.

arrow 2 points to the 'Patient Electronic Access to Health Information' column for 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.

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. circle 1

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 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.

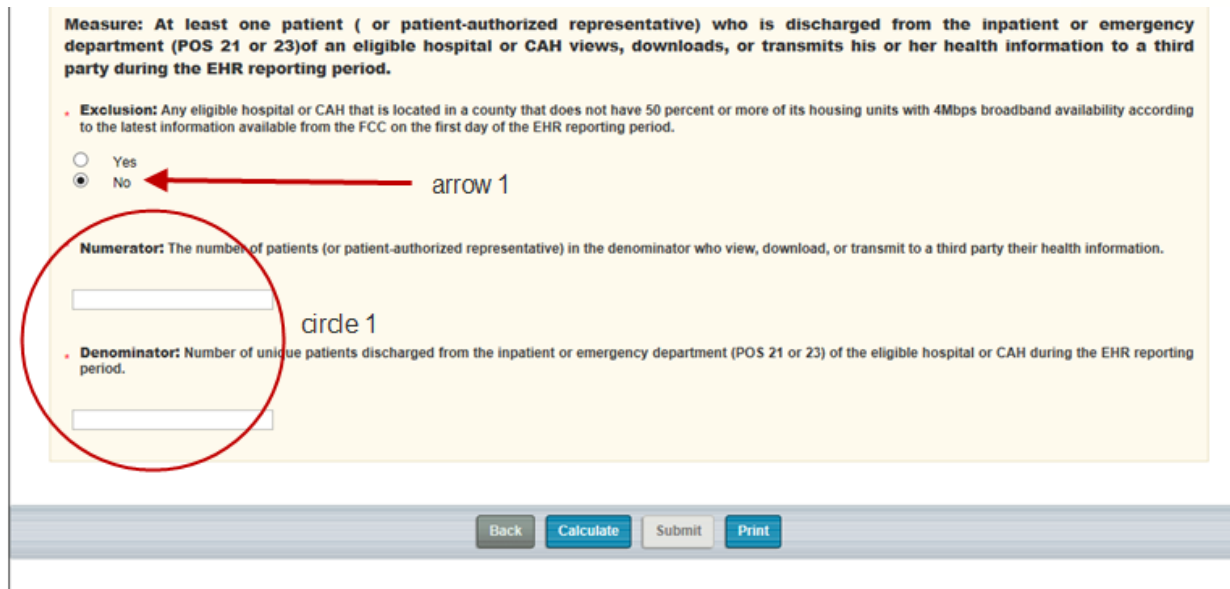
☒ Yes  arrow 1

☐ 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

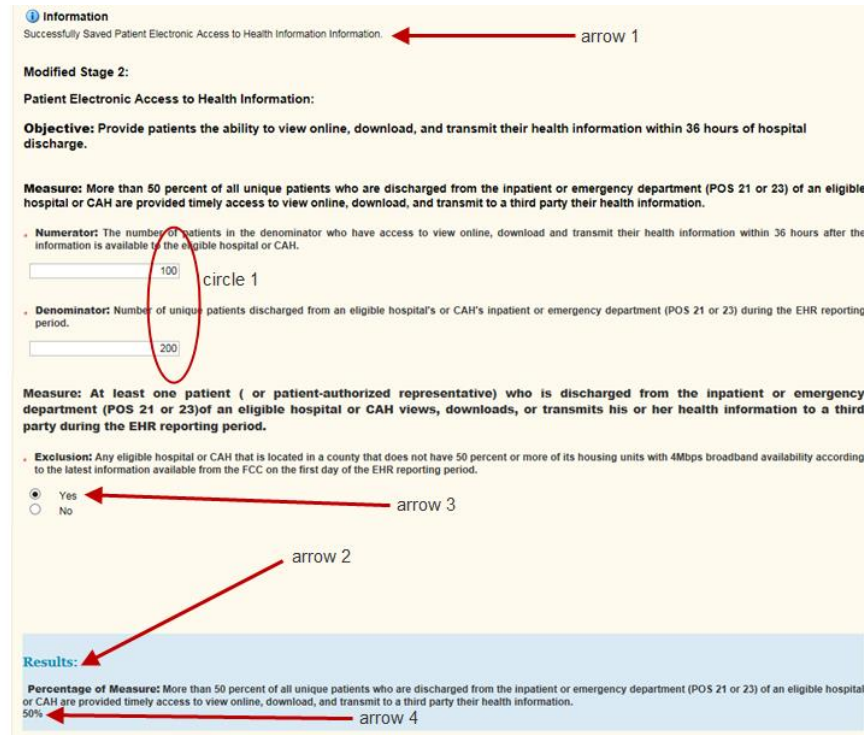
Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

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.

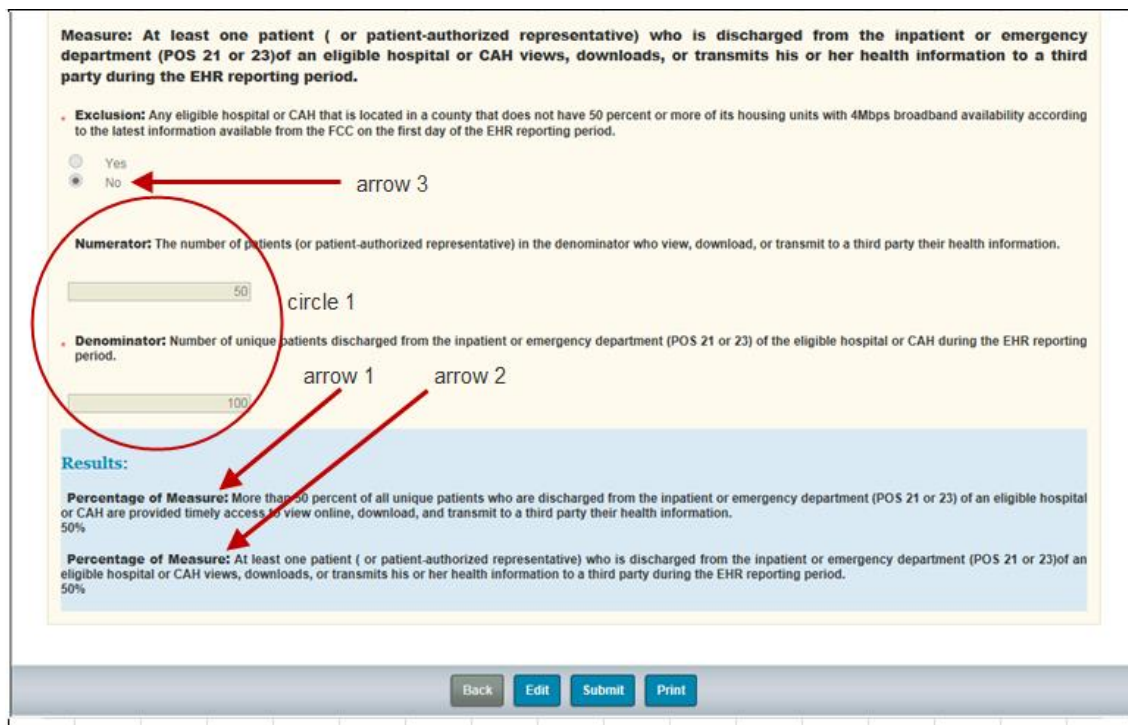
Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
☒ Yes ← arrow 3
☐ No

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.



The screenshot shows a web form for data submission. At the top, it defines a 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." Below this is an exclusion question: "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." The "No" radio button is selected, indicated by a red arrow labeled "arrow 3". The form then asks for the "Numerator" (number of patients) and "Denominator" (number of unique patients discharged). The numerator field contains "50" (circled in red with "circle 1") and the denominator field contains "100". Red arrows labeled "arrow 1" and "arrow 2" point from the numerator and denominator fields respectively to the "Results" section. The "Results" section shows two "Percentage of Measure" values, both at "50%". At the bottom are buttons for "Back", "Edit", "Submit", and "Print".

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

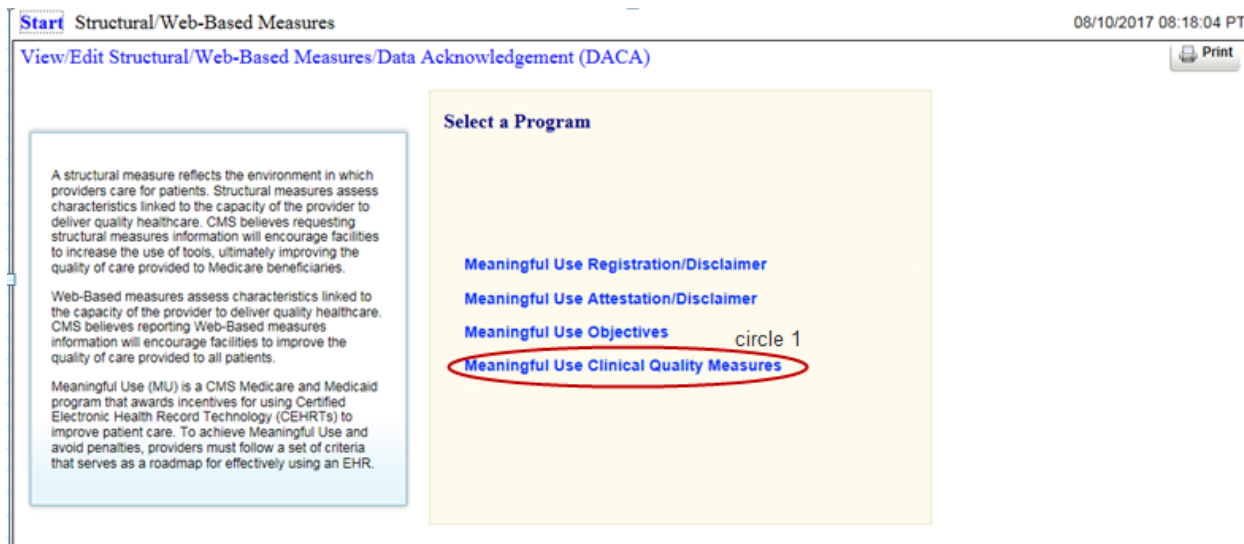
Provider ID	Protect Electronic Protected Health Information (ePHI)	eRx (electronic prescribing)	Health Information Exchange	Patient-Specific Education	Medication Reconciliation	Patient Electronic Access to Health Information	Public Reporting
[Redacted]	Completed	Completed	Completed	Completed	Completed	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.”



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

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

Select a Program

Meaningful Use Registration/Disclaimer
Meaningful Use Attestation/Disclaimer
Meaningful Use Objectives
Meaningful Use Clinical Quality Measures circle 1

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.

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

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

-- Select --
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

[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/NQF0437
*****	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
HEALTHCARE REAL-TIME SERVICES	001111	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

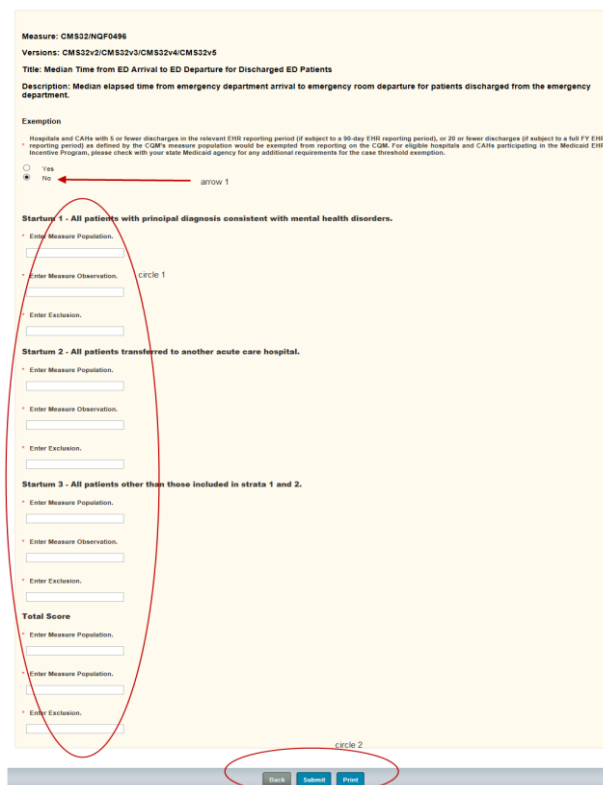
☐ No

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
Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 25 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

Stratum 1 - All patients with principal diagnosis consistent with mental health disorders.
Enter Measure Population.
Enter Measure Observation.
Enter Exclusion.

Stratum 2 - All patients transferred to another acute care hospital.
Enter Measure Population.
Enter Measure Observation.
Enter Exclusion.

Stratum 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.

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.

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.

100


Enter Measure Observation.

25

Enter Exclusion.

10

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



arrow 1

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!