January 18 EHR Hospital Transition QualityNet Demonstration Webinar Q&A

QualityNet Issues

Q: QualityNet is giving me an error when I try to submit 90 days of reporting for Clinical Quality Measures (CQMs) rather than a full year. Has this been resolved?
A: The issue has been resolved. If you encounter any problems, please call the QualityNet Help Desk at 1-866-288-8912.

Q: I put in a 90-day reporting period for the MU objectives and it took it and shows that my data is complete. Does this error affect me?
A: You need to complete the CQMs, as well. Please open a ticket with the QNet Help Desk, and we can make sure that your attestation is successful.

Q: How will we know when the 90-day period error for CQM reporting has fixed? Will we be notified or will we need to try it? Do we need to open a QualityNet Help Desk incident to be notified?
A: The issue has been resolved, all open cases with this issue were notified of the fix.

Q: If a hospital has already attested for CQMs, how can they fix the reporting period?
A: Now that the issue has been fixed in QualityNet, those who already submitted attestations are able to edit them.

Q: Will the attestation deadline be extended due to the CQM 90-day reporting period error in QualityNet?
A: The deadline has been extended to March 16, 2018.

Q: What other known issues are there with QualityNet besides the CQM 90-day reporting period error?
A: The attestation information screen displays "Yes/No" and "N/A" on last ONC-ACB statement. "N/A" is not applicable. We are instructing providers to answer "Yes" or "No." If "No" is chosen, the provider can continue to the objectives and clinical quality measures. We are in the process of correcting the display error.

Q: Will the enhancement to move the eCQM question be available on January 30 as well?
A: Returning providers choosing to submit the eCQMs electronically will not see a reporting period in the attestation information screen and can proceed to attesting for objectives and measures.

Q: Can you explain the answer option of "N/A – submission not required" for Public Health Measures or the question regarding ONC surveillance?
A: This is a display error that we are in the process of correcting. We are instructing providers to answer "Yes" or "No." If "No" is chosen, the provider can continue to the objectives and clinical quality measures.

Q: When attempting to submit data, we are seeing numbers round down to the nearest percentage. If that percentage is the actual threshold, it results in being considered a failure since the score must be above it. Have you heard of other reports of this?
A: Yes, we have, and we're looking into it.

Clinical Quality Measures (CQMs)

Q: How many CQMs are we required to submit and attest? If we're submitting eCQMs, how many are we required to submit?
A: Eligible hospitals and critical access hospitals (CAHs) must report to 16 CQMs. Visit the eCQM Library page for more information.

Q: Is there a difference between the number of CQMs required to submit manually vs. the number of eCQMs required to submit via QRDA?
A: Hospitals must manually submit 16 CQMs or they can submit four eCQMs through four patient-level QRDA files.

Q: Do eCQMs need to be submitted prior to meaningful use (MU) attestation?
A: No. Hospitals can submit QRDA files either before or after attesting.

Q: If it's our first time submitting to meaningful use, do we have to report a full calendar year of eCQM data? What about those who are not attesting for the first time?
A: Both new and returning providers are only required to submit data for a continuous period of 90 days.

Q: Do we have to report one full year of CQMs for Modified Stage 2?
A: No, you do not.

Q: Does CQM attestation require the most recent CQM version be used to calculate the numerator/denominator? Or just the electronic submission needs the most recent version?
A: Both.

Q: Are the eCQMs referenced in the MU/EHR fields the same eCQMs that we are required to report for Inpatient Quality Reporting? Or are these different eCQMs?
A: These are the same.

Q: Do we need to submit CQMs through QualityNet (QNet) if we already submitted them electronically? What will that look like in QualityNet?
A: If a facility submits Quality Reporting Document Architecture (QRDA) files for eReporting for Calendar Year (CY) 2017, they should select the eReporting option in the web-based data collection tool (WBDCT) and should not need to enter clinical quality measures (CQMs) there.

Q: Under what circumstances is it acceptable to enter CQM data via attestation instead of submitting four eCQMs via QRDA files to QualityNet?
A: This is a preference. If you are an IQR facility, you are already required to submit your eCQMs. CAHs are not required to do this.

Q: We changed to a critical access hospital (CAH) mid-year and have since changed CMS Certification Numbers (CCN) numbers. Can we still submit an entire year of CQM data even though it is under two different numbers?
A: A hospital may begin the EHR reporting period for demonstrating Meaningful Use before their EHR technology is certified. Certification need only be obtained prior to the end of the EHR reporting period, or prior to the end of the calendar year if the reporting period is less than one full year. However, Meaningful Use must be completed using the capabilities and standards outlined in the ONC Standards and Certification Regulation for certified EHR technology. Any changes to the EHR technology after the beginning of the EHR reporting period that are made in order to get the EHR technology certified would be evidence that the provider was not using the capabilities and standards necessary to accomplish Meaningful Use because those capabilities and standards would not have been available, and thus, any such change (no matter how minimal) would disqualify the provider from being a meaningful EHR user. If providers begin the EHR reporting period prior to certification of their EHR technology, they are taking the risk that their EHR technology will not require any changes for certification. Any changes made to gain certification must be done prior to the beginning of the EHR reporting period during which Meaningful Use will be demonstrated. This does not apply to changes made to EHR technology that were not necessary for certification. For more information about the Medicare and Medicaid EHR Incentive Program, please visit https://questions.cms.gov/faq.php?isDept=0&search=FAQ2893&searchType=faqId&submitSearch=1&id=5005 (2018 IPPS final rule).

Q: Does the 90-day timeframe used to submit CQMs need to be the same 90 days used for meaningful use objectives?
A: The 90-day reporting periods can be different.

Q: In terms of that 90-day reporting period, does October 1, 2017 through December 31, 2017 qualify as 90 days, or do we count and make it October 1, 2017 through December 29, 2017?
A: It just needs to be a continuous 90-day period within the 2017 calendar year.

Q: The "Attestation Information" screen shows a required field for the Reporting Period for MU CQMs. What dates should be entered in those fields if we indicate that we are submitting the CQMs through QRDA?
A: When you check the eReporting option in the attestation information screen, you will no longer be presented with eReporting dates. You may proceed with your attestation.

Q: Do returning meaningful use CAHs have to submit quality data via QRDA files or can they submit via manual attestation?
A: CAHs may attest to CQM. They are not required to electronically report.

Q: How do we submit the QRDA files?
A: You may submit your QRDA files via the Secure File Transfer or you may install the PSVA Tool and submit that way. The Help Desk can assist with both types of submissions.

Dual Reporting

Q: If you started the program as a dual eligible hospital for Medicare and Medicaid, and have finished the Medicaid program, do you register as just Medicare with QualityNet?
A: If you have received all payments from Medicaid, you are able to just register for the Medicare portion via QNet. Hospitals that have received all of their Medicaid money will only attest for Medicare.

Q: What is the 2017 dual eligible hospital submission deadline?
A: March 16, 2018.

Q: For dual eligible hospitals, what is the timeline that CMS will submit/send the eCQM and MU Functional reporting information to the State's Medicaid office?
A: We have an interface file that goes to the state on a regular basis, similar to the legacy system.

Q: How do we verify if we are a dually eligible hospital vs. a Medicare eligible hospital?
A: You can view your registration in the Medicare EHR Incentive Program's Registration & Attestation System in the STATUS tab under Medicare/Medicaid. You can also contact the QNet Help Desk at 1-866-288-8912 for assistance.

Q: Please clarify what hospitals are required to do if they are reporting for Medicare AND Medicaid. Does QNet entry satisfy for both, or is there something else we need to do on another website?
A: Dually-eligible hospitals will register and attest for Medicare on QualityNet. Processing of Medicaid EHR incentive payments will be based upon "active" registration status in the Medicare & Medicaid EHR Incentive Program Registration and Attestation System.

Q: We have registered with CMS in the past as dual eligible hospitals. Do we still need to register at BOTH QNet and the CMS Registration and Attestation site?
A: Dually eligible hospitals should update their registration in the legacy Registration and Attestation System. That information was transferred to QualityNet, so if it's the same, you don't need to do anything, but please make sure that your data in that system and the QualityNet Secure Portal is the same.

MU Role

Q: I am a QNet administrator and when I click on Manage Measures I don't have the MU disclaimer etc. options as was shown. How do I add those?
A: You will need the meaningful use roles added to your account. Please call the QualityNet Help Desk at 1-866-288-8912 for assistance

Q: As the Security Administrator (SA), I have given our MU person the access for all EHR and MU submissions. It doesn't show that I have those accesses myself. Do I need to give them to myself also or is it acceptable to just have her with that access only?
A: A security administrator cannot give themselves access to anything. Another security administrator would have to add those permissions, but it is okay for only one person to be able to access and submit.

Q: If entering MU data, do you need access to the Inpatient Structural roles as well as the MU roles?
A: You will need the Inpatient Structural MSR DACA Read and Inpatient Structural MSR DACA Update role in addition to the MU roles.

QualityNet Users & Accounts

Q: Is there a way to get a health system account in QualityNet vs. a separate account for each facility?
A: No, there is not. Health care systems will need to register for a quality account that is directly associated with the facility's CCN. You will need separate log ins for each CCN.

Q: How long does it take to sign up for a QualityNet account?
A: You will need to fill out the registration and mail it in. The QNet team has a pretty quick turnaround time, providing the registration was done correctly. Generally, it takes no longer than 2 weeks at the most from the day the registration was received.

Q: If the hospital name changed since last year, does the hospital need to be re-registered under the new name? What would the correct process be?
A: Yes, you would have to re-register. Please go into the CMS Registration and Attestation System if you're dually eligible, enter your registration there, and make sure that the registration data is the same in QualityNet. It would have to be changed if you changed your name.

Q: Can more than one person at the facility complete the registration?
A: Anyone with the correct roles can complete the registration, so yes, more than one person may complete it.

Q: Is registration organization or user specific?
A: It is organization specific.

Q: Can two people submit separately the MU Objectives AND the MU eCQMs?
A: Yes. You can have two separate accounts with different access for each account.

Q: If we are a new provider attesting for 2017, do we have to register through CMS first, or just through QNet?
A: Just through QNet. But unless you are a dually eligible hospital, then you want to make sure that your registration is in the Medicare and Medicaid Registration and Attestation System, because that is what the state will get from Medicaid.

Q: Can we add a second administrator to the QualityNet login? We have an employee that has always submitted our PI through QualityNet and she is our only administrator, so can we add off of her login?
A: Yes, you can. They will just need to fill out the security administrator paperwork and submit to the Help Desk.

Q: Which department of the hospital should apply for this QNet Account? Finance or Quality Management?
A: Anyone at the facility may register for a QNet account.

Q: Will the QNet Administrator who has the MU requirements be able to see that attestation completed or will the incomplete show? Will they be able to see that changed from incomplete to complete?"
A: They will be able to see that change.

PSVA Tool

Q: What is the PSVA tool?
A: It is the Pre Submission Validation Tool. Please call the QualityNet Help Desk for assistance with this tool. The number is 1-866-288-8912.

Q: Are we still able to send a test QRDA file using PSVA Tool in QualityNet?
A: Yes, the PSVA Tool still allows you to submit test files, as well as files to production.

Q: What is the difference between submitting through PSVA and Secure File Transfer? Is there a benefit to using one over the other for submission? Are there file size limits?
A: The difference between the two is that a hospital community asked for a separate tool, and that's where the PSVA came from. Any time you submit anything through the PSVA, you're able to view it in the secure file transfer. So there really isn't a benefit from choosing one or the other. They both work the same way. They just look a little different. There is a file size limit of 5 MB.

Q: If we have already submitted eCQMs via the PSVA tool, do we have to resubmit them to QualityNet?
A: No, you do not. You just need to indicate on your attestation that you are submitting your eCQMs via QRDA.

Q: I thought the PSVA tool was just to practice/test, but I see your previous answer, so do we denote something different in the PSVA tool that we actually want that to be our official eCQM submission?
A: PSVA allows you to test and submit to production. You do not need to denote anything in the PSVA, it would be noted in your attestation.

MU Attestation

Q: Is the deadline for attestation the same for MU Measures and eCQMs?
A: Yes. The deadline for both is March 16, 2018.

Q: Are MU attestation and eCQMs submissions the same?
A: No, they are not. You must attest to MU whether you are submitting via QRDA or attesting through the tool. If you attest that you will be submitting your eCQM's via QRDA, then you must submit that way. If you attest to submit CQMs via the online tool, you must submit that way.

Q: Is there a page that can be printed showing successful attestation?
A: Yes, there is an attestation summary report in your 'My Reports' tab in QNet.

Q: Are we manually inputting the numerator and denominator for each of the objectives like previous years?
A: Yes.

Q: Do CAHs reporting for EPs using MIPS APM report meaningful use measures via QNet?
A: These are two different provider types. The EPs would attest through QPP under MIPS, and the hospital itself would attest in QualityNet.

Q: Do you have to submit MU objective information and eCQMs on the same day?
A: No. They can be submitted at different times. You have until March 16, 2018, to register and attest and can take as long as you'd like before then.

Vendors

Q: We have contracted with our electronic medical record (EMR) vendor for eCQM submission. How will we attest as they have the data?
A: If you submitted the CQM through QRDA, you can select in the Attestation Information page that you have submitted your eCQM.

Q: If we are using a vendor to submit MIPS for 2017 and 2018, do we need to go through this process?
A: The hospital would have to attest through QualityNet.

Q: Can a third-party vendor submit the QRDA file?
A: Vendors can submit on behalf of hospitals. However, it will require a separate QualityNet account.

Q: How do we know if our eCQM vendor was approved to submit data on our behalf?
A: The hospital must authorize their vendor to submit eCQM's. We do not approve that; the facility must grant that access.

CEHRT

Q: How do you get your electronic health record (EHR) number?
A: You can get your Certified Electronic Health Record Technology (CEHRT) number from the Certified Health IT Product List (CHPL) on the Office of the National Coordinator (ONC) website.

Q: Does your CEHRT number stay the same?
A: Not necessarily. CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must meet in order to qualify for use in the Medicare and Medicaid EHR Incentive Programs. Visit the ONC website for more information.

Q: Do I need to update the CEHRT number in the registration/disclaimer section as well as the Attestation section? Looks like the registration section pulled last year's CERHT number.
A: The CEHRT in the registration section populated from the data migration. I believe it would be best practice to update the registration CEHRT, to avoid any confusion or discrepancies.

Q: We switched EHRs on 7/1/17 and are planning to attest for MU for a 90-period beginning on 7/1/17. When generating our EHR Certification ID # do we only include the EHR used during the 90-day period for which we are attesting? Or both?
A: You will use the CEHRT ID associated with the edition of CEHRT that you have now, even if you use a combination of the two CEHRTS.

Q: If the CEHRT number entered in the QSP does not match what was successfully submitted in the QRDA files, is there an issue? The files were accepted with 0s in the CMS Cert field of QRDA files.
A: Since the CEHRT number is not required for QRDA submissions, this will not be an issue.

Exemptions

Q: Is there a hardship application currently available for hospitals?
A: No. At this time, there is not a hardship for the 2019 payment adjustment. That will be available sometime in late spring, mid-year.

Q: If we are considering a hardship exemption due to an EMR conversion, do we still need to come here to attest to each measure individually?
A: No, you do not. If you're going to submit a hardship application, and it's approved, then you will be exempt from the payment adjustment, but hardship-exemption applications will not be available until probably spring or mid-year.

Q: For each individual measure, how do you select an exemption or take a hardship for one measure versus entering numerator & denominator?
A: If you choose 'No, I am not taking the exclusion,' the measure will ask for a numerator & denominator.

Q: For Puerto Rico, we received a notification that will allow the hospitals and CAH's to report 14 days instead of the 90-day period due to Hurricane Maria. Is this currently enabled?
A: Yes, it is enabled. It was put into the system on January 17, 2018.

Q: Are hardship requests also done on the QualityNet site?
A: Not at this time. Hardship applications will be available mid- to late spring. We will communicate the date via a listserv message.

Resources

Q: What is the QualityNet Help Desk contact information?
A: You can contact the Help Desk at 1-866-288-8912 or qnetsupport@hcqis.org.

Q: Do you have user guides for this information?
A: Yes. The CMS Eligible Hospital Information page has several user guides on login and enrollment, registration and attestation, adding user roles, on objectives and CQMs.

Data and Registration Transfer to QualityNet

Q: If our organization previously attested but now another individual will be handling attestation, will the information in the registration and disclaimer carry over or will we need to re-enter it?
A: This should carry over.

Q: If our information has changed, do we need to update registration in QualityNet and the EHR Incentive Program Registration and Attestation System or just QualityNet?
A: You will only need to update this information in QualityNet unless you are a dual eligible hospital. Dual eligible hospitals will need to update this information in the EHR Incentive Program Registration and Attestation System as well.

Editing in QualityNet

Q: Can you edit your answers until 3/16/18?
A: Yes. As long as you're within the submission period, you can still go back and edit the answers that you've previously provided.

Q: If you don't complete attestation and go back in to complete it, does the program pick up where you left off?
A: If you haven't saved any of your information, then you'll have to start over. If you've saved it, then yes.

Changes

Q: We are transitioning to a new EMR and are currently going through the work flow and building stages. We started last year and elected to waive 2017 MU submission. What do we need to do?
A: You may apply for a hardship exemption. The hardship applications will be available mid- to late spring. We will communicate the date via a listserv message.

Other

Q: If we have the necessary data, can we report for the entire year?
A: Yes.

Q: Is there a final "submit" button when all of your data has been entered?
A: No. As you complete each measure individually, they will show as completed. Once they're all completed, you're good to go.

Q: Do critical access hospitals reporting Advancing Care Information under MIPS APM as participants in a Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO) need to also report under the EHR Incentive Program, or will their attestation and reporting for MIPS APM be acceptable for both programs?
A: The CAHs to each eligible professional would be handled under the Quality Payment Program or MIPS, but the CAHs hospital itself would attest in QualityNet as the facility.

Q: Regarding information blocking, do we need to have a policy that addresses three questions specifically?
A: We do not require a policy specific to information blocking. Please refer to the document on the EHR Incentive Programs website for more information. Please also note we stated in the MACRA final rule at 81 FR 77027 that a provider may respond "no" for circumstances that make it unduly burdensome or include requests for assistance related to a capability that has not been enabled in the health care provider's system due to cost concerns, are time consuming, not necessary for their practice, etc. Please note that if a health care provider selects "no," they should retain documentation for the reasons/circumstances related to this or they may be found to have not cooperated "in good faith." Responses of "yes" would not require evidence to support a response, which would be at the discretion of the health care provider.

Q: For the position box under the disclaimer section, do we always put provider there, or do we put our personal position at the hospital?
A: You put the position that you have as an employee in the hospital.

Q: Is the provider number showing the actual TIN of the hospital?
A: It's actually the CMS Certification Number, the CCN, not the tax I.D.

Q: I cannot figure out how to complete the disclaimer. Can you quickly explain that again?
A: For the Registration or the Attestation disclaimer, there's simply a box that you acknowledge the attestation, and then you just insert your position and submit it.

Q: Do we know how long the EHR Incentives Registration and Attestation System site will be active, for historical purposes?
A: We do not have a definitive date, but the RNA will be operational until 2021.

Q: Can we attest for BOTH the Hospital MU program and the MIPS program? We see both inpatients and outpatients under the same tax ID.
A: You may attest for the hospital in the QualityNet Secure Portal. For more information on the MIPS program, please visit the Quality Payment Program website www.qpp.cms.gov or contact the QPP help desk at 1-866-288-8292 or qpp@cms.hhs.gov.

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