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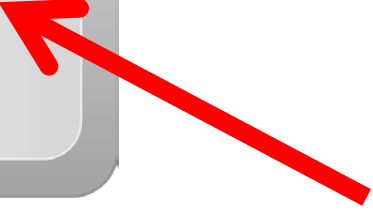


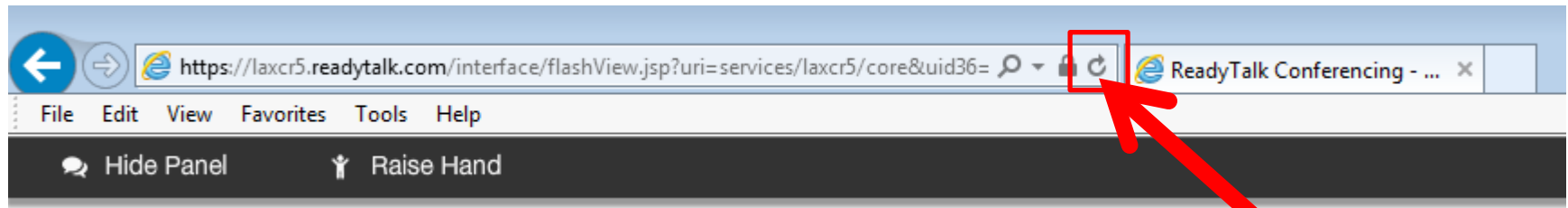
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

Click Refresh icon
– OR –
Click F5



 F5 Key
Top Row of Keyboard

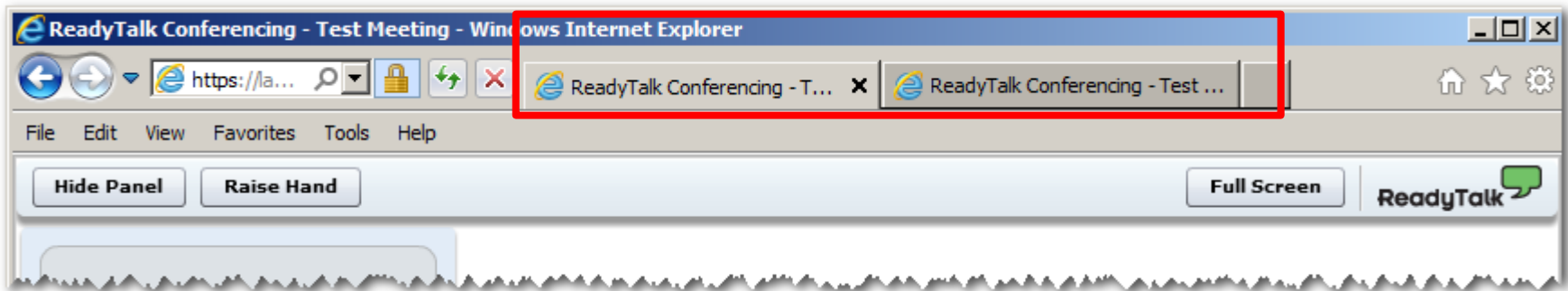


Location of Buttons

 Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- The echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web browser window. The main content area features the CMS logo (Centers for Medicare & Medicaid Services) at the top, followed by the text "Welcome to Today's Event" in a large, bold, blue font. Below this, a horizontal yellow line separates the header from the main content. At the bottom of the main content area, there is a message: "Thank you for joining us today! Our event will start shortly." In the bottom-left corner of the browser window, there is a chat window titled "Chat with Presenter" with a text input field containing the placeholder "Type questions here." and a "Send" button. The browser's address bar and other interface elements are visible at the top of the window.



FY 2018 IPPS Final Rule

**Overview of the Hospital IQR Program and
Medicare and Medicaid EHR Incentive Programs
Specific to eCQMs and MU Requirements**

September 12, 2017

Speakers

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Program Lead

Hospital Inpatient Quality Reporting (IQR) Program and Hospital Value-Based Purchasing (VBP) Program
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Purpose

This presentation will provide participants with an overview of the fiscal year (FY) 2018 inpatient prospective payment system (IPPS) final rule, published on August 14, 2017. This FY 2018 IPPS final rule webinar reviews electronic clinical quality measure (eCQM) reporting requirements for the Hospital Inpatient Quality Reporting (IQR) and Medicare Electronic Health Record (EHR) Incentive Programs for hospitals and other meaningful use (MU) requirements under the Medicare and Medicaid EHR Incentive Programs.

Objectives

Participants will be able to:

- Locate the FY 2018 IPPS final rule text.
- Identify changes within the FY 2018 IPPS final rule.

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Hospital Inpatient Quality Reporting (IQR) Program

Fifteen eCQMs in the Hospital IQR Program

AMI-8a	CAC-3	ED-1	ED-2	ED-3*
EHDI-1a	PC-01	PC-05	STK-2	STK-3
STK-5	STK-6	STK-8	STK-10	VTE-1
VTE-2	<i>*ED-3 is available to report for the Medicare EHR Incentive Program, but, because it is an outpatient measure, it is not applicable or available to report for the Hospital IQR Program.</i>			

CY 2018 Voluntary Reporting on Hybrid Measure

Hybrid Hospital-Wide 30-Day Readmission (HWR) Measure

- CMS has access to the claims-based data.
- Hospitals would voluntarily submit the following data for at least 50 percent of these patients, utilizing a Quality Reporting Document Architecture (QRDA) I file for submission via the *QualityNet Secure Portal*:
 - **13** Core Clinical Data Elements
 - **Six** vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)
 - **Seven** laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)
 - **Six** Linking Variables to assist CMS to match the EHR data to the CMS claims data (CMS Certification Number, Health Insurance Claim Number or Medicare Beneficiary Identifier, date of birth, sex, admission date, discharge date)
- CMS merges the EHR data elements with the claims data and calculates the risk-standardized readmission rate.

CY 2018 Voluntary Reporting on Hybrid Measure

- Measurement period: January 1–June 30, 2018 (Q1 + Q2 of CY 2018)
- Submission period: Fall 2018
- Measure Cohort: Medicare Fee-For-Service (FFS) patients, aged 65 or older, discharged from non-federal acute care hospitals
- Confidential hospital-specific reports (HSRs)
 - Detail submission results from the reporting period, including accuracy of the EHR data and the hybrid measure results

CY 2018 Voluntary Reporting on Hybrid Measure

- Will not impact a hospital's APU determination
- Will not be publicly displayed on *Hospital Compare*
- Outreach and Education webinars, materials, and contact information will be provided this fall. Visit QualityNet.org to ensure you are receiving the ListServes.
- eMeasure specifications and measure methodology details will be located on CMS.gov - [Core Clinical Data Elements and Hybrid Measures](#) and the [eCQI Resource Center](#) late September 2017.

Finalized eCQM Reporting Requirements for the CY 2017 Reporting Period (FY 2019 Payment Determination)

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs.
- Report **one** self-selected calendar quarter in CY 2017 (Quarter [Q] 1, Q2, Q3, or Q4).
- The submission deadline is February 28, 2018.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for eligible hospitals (EHs) and critical access hospitals (CAHs).

CY 2017 Certification and Specification Policies

- Technical requirements
 - Use EHR technology certified to the 2014 Edition, 2015 Edition, or combination (Office of the National Coordinator for Health Information Technology [ONC] standards).
 - Use eCQM specifications published in the 2016 eCQM annual update for CY 2017 reporting and applicable addenda, available on the Electronic Clinical Quality Improvement (eCQI) Resource Center website at <https://ecqi.healthit.gov/eh>.
 - Use 2017 CMS Implementation Guide for QRDA Category I for Hospital Quality Reporting, available at <https://ecqi.healthit.gov/qrda>.

Finalized eCQM Reporting Requirements for the CY 2018 Reporting Period (FY 2020 Payment Determination)

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs.
- Report **one** self-selected calendar quarter in CY 2018 (Q1, Q2, Q3, or Q4).
- The submission deadline is February 28, 2019.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for EEs and CAHs.

CY 2018 Certification and Specification Policies

- Technical requirements
 - Use EHR technology certified to the 2014 Edition, 2015 Edition, or combination (ONC standards) and certified to all available eCQMs.
 - Use eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and applicable addenda, available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>.
 - Use 2018 CMS Implementation Guide QRDA Category I for Hospital Quality Reporting, available at <https://ecqi.healthit.gov/qrda>.

Public Reporting of eCQM Data

- Public display of eCQM data on *Hospital Compare* continues to be delayed in conjunction with the implementation of the eCQM data validation process.
- Public display of eCQM data will be addressed in a future CMS IPPS rule.

eCQM Data Validation in the Hospital IQR Program

- Submit eight records (eight cases per quarter, over one quarter) for the FY 2020 payment determination and subsequent years
- Additional exclusion criteria for the FY 2020 payment determination and subsequent years
- Continuing previously finalized medical record submission requirements for the FY 2021 payment determination and subsequent years

eCQM Data Validation: Number of Cases

Hospitals selected for participation in eCQM data validation will be required to submit the following:

- 8 cases (8 cases x 1 quarter) from CY 2017 eCQM data (for the FY 2020 payment determination)
- 8 cases (8 cases x 1 quarter) from CY 2018 eCQM data (for the FY 2021 payment determination)

eCQM Data Validation: Selection of Hospitals and Cases

Expanded the types of hospitals excluded from selection for eCQM data validation FY 2020 and subsequent payment determinations

- Any hospital that does not have at least five discharges for at least one reported eCQM
- Episodes of care that are longer than 120 days
- Cases with a zero denominator for each measure

Note: Criteria will be applied **before** the random selection of 200 hospitals for eCQM data validation, meaning the hospitals meeting any one of the aforementioned criteria are not eligible for selection.

eCQM Data Validation: Scoring

Continued the policy that the accuracy of eCQM data submitted for validation will **not affect** a hospital's validation score for FY 2021 payment determination.

Note: Continue previously finalized medical record submission requirements in order to meet validation requirements for the FY 2021 payment determination and subsequent years.

Lisa Marie Gomez, MPA, MPH

Health Insurance Specialist, Division of Electronic and Clinical Quality, CMS

Medicare EHR Incentive Program: CQM Requirements

Final Policies Regarding CQM Electronic Reporting to the Medicare and Medicaid EHR Incentive Programs for CY 2017

EHRs and CAHs reporting electronically and either:

- only participating in the EHR Incentive Program
- -OR-
- participating in both the Hospital IQR Program and the EHR Incentive Program:
 - Report on **at least four** (self-selected) of the available CQMs.
 - Report **one** self-selected quarter of CQM data in CY 2017.
 - Medicare EHR Incentive Program: Submission deadline remains February 28, 2018.

Note: CQM requirement fulfillment for the EHR Incentive Program also satisfies the eCQM reporting requirement for the Hospital IQR Program for all measures **except outpatient measure ED-3, National Quality Forum (NQF) #0496.**

Final Policies Regarding CQM Electronic Reporting to the Medicare and Medicaid EHR Incentive Programs for CY 2017

Attestation option for EHRs and CAHs participating in the Medicare EHR Incentive Program only:

- Any continuous 90-day period within CY 2017 if demonstrating meaningful use for the first time in 2017.
- Full CY 2017, consisting of four quarterly data reporting periods, if demonstrated meaningful use in any year prior to 2017.
- Report on all 16 available CQMs.
- Submission deadline remains February 28, 2018.

Medicare and Medicaid EHR Incentive Programs

CQM Reporting Requirements for CY 2018

For EHRs and CAHs reporting **electronically** for the EHR Incentive Program in CY 2018:

- The reporting period is **one** self-selected quarter of CQM if demonstrating meaningful use for the first time or demonstrated meaningful use any year prior to 2018.
- Report on **at least four** (self-selected) of the available CQMs.
- Medicare EHR Incentive Program: Submission deadline is-February 28, 2019 (two months following the close of the calendar year).

Medicare and Medicaid EHR Incentive Programs

CQM Reporting Requirements for CY 2018

Attestation is only an option available for EHRs and CAHs in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program:

- Full CY 2018, consisting of four quarterly data reporting periods.
- Report on all 16 available CQMs.
- The submission deadline would be February 28, 2019.

Note: For EHRs and CAHs demonstrating meaningful use for the first time under their State's Medicaid EHR Incentive Program, the reporting period is any continuous 90-day period within CY 2018.

CQM Reporting Form and Manner for Hospital IQR and Medicare EHR Incentive Programs CY 2018

This requires the following:

- Use of QRDA Category I for CQM electronic submissions
- EHR technology certified to the 2014 or 2015 Edition
 - Required to have the EHR technology certified to all 16 available CQMs
 - **Would not** require recertification each time updated to the most recent version of CQMs and continues to meet 2015 Edition certification criteria

Technical requirements:

- Use of eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and any applicable addenda; available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>
- 2018 CMS Implementation Guide for QRDA I for Hospital Quality Reporting; available at <https://ecqi.healthit.gov/qrda>

Note: QRDA Category I file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at <https://ecqi.healthit.gov/qrda>.

Medicaid EHR Incentive Program: CY 2017 and CY 2018

State Medicaid programs continue to be responsible for determining whether or how electronic reporting of CQMs would occur or if they wish to allow reporting through attestation.

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DHIT, CMS

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Medicare and Medicaid EHR Incentive Programs

Finalized Policies: 2018 IPPS Final Rule

- EHR Reporting Period in 2018
- 21st Century Cures Act
 - Exception from the Medicare payment adjustments for eligible providers (EPs), EOs, and CAHs that have a Certified EHR Technology (CEHRT) decertified by the ONC.
 - EPs who furnish 75 percent or more of their covered professional services in an ambulatory surgical center (ASC) will be exempted from the 2017 and 2018 Medicare payment adjustment.
- CEHRT 2015

2018 EHR Reporting Period

Modified the 2018 EHR reporting period from the full calendar year to a minimum of any continuous 90-day period for new and returning participants in the Medicare and Medicaid EHR Incentive Programs.

Decertification of Certified EHR Technology – Overview

Section 4002 of the 21st Century Cures Act added a new exception from the Medicare payment adjustments for EPs, EHRs, and CAHs who are unable to comply with the requirement for being a meaningful user because their certified EHR technology has been decertified under ONC's Health IT Certification Program.

Decertification of Certified EHR Technology – Eligible Professionals

Exception for Eligible Professionals (EPs)

- The exception is applicable for the CY 2018 payment adjustment year only.
 - EPs qualify for this exception if their certified EHR technology was decertified either before or during the applicable EHR reporting period for the CY 2018 payment adjustment year.
 - EPs may qualify if:
 - Decertification occurred at any time during the 12-month period preceding the applicable EHR reporting period for the CY 2018 payment adjustment year.
- OR-**
- Decertification occurred during the applicable EHR reporting period for the CY 2018 payment adjustment year.

The application must be submitted in the form and manner specified by October 1, 2017.

Decertification of Certified EHR Technology – Eligible Hospitals

Exception for Eligible Hospitals (EHs)

- The exception is applicable beginning with the FY 2019 payment adjustment year.
- Eligible hospitals qualify for this exception if their certified EHR technology was decertified either before or during the applicable EHR reporting period for the FY 2019 payment adjustment year.
 - EHs may qualify if:
 - Decertification occurred at any time during the 12-month period preceding the applicable EHR reporting period for the FY 2019 payment adjustment year.
 - OR-**
 - Decertification occurred during the applicable EHR reporting period for the FY 2019 payment adjustment year.
- The application must be submitted in the form and manner specified by CMS by July 1 of the year before the payment adjustment year or a later date specified by CMS.
 - For example, for the FY 2019 payment adjustment year, the application must be submitted by July 1, 2018.

Decertification of Certified EHR Technology – CAHs

Exception for Critical Access Hospitals (CAHs)

- The exception is applicable beginning with the FY 2018 payment adjustment year.
- CAHs qualify for this exception if their certified EHR technology was decertified either before or during the applicable EHR reporting period for the FY 2018 payment adjustment year.
 - CAHs may qualify if:
 - Decertification occurred at any time during the 12-month period preceding the applicable EHR reporting period for the FY 2018 payment adjustment year.
- **-OR-**
 - Decertification occurred during the applicable EHR reporting period for the FY 2018 payment adjustment year.
- The application must be submitted in the form and manner specified by CMS by November 30 after the end of the applicable payment adjustment year, or a later date specified by CMS.
 - For example, for the FY 2018 payment adjustment year, the application must be submitted by November 30, 2018.

Ambulatory Surgical Center (ASC)-based Eligible Professionals (EPs)

Section 16003 of the 21st Century Cures Act of 2016 finalized a policy that no payment adjustments will be applied for EPs who furnish “substantially all” of their covered professional services in an ASC.

- This policy is applicable for the CY 2017 and CY 2018 payment adjustment years.
- This policy applies for EPs that furnish 75 percent or more of his or her covered professional services in sites of service identified by place of service (POS) code 24.

CEHRT Flexibility

- CMS is allowing health care providers to use either 2014 Edition or 2015 Edition CEHRT, or a combination of 2014 Edition and 2015 Edition CEHRT, for an EHR reporting period in CY 2018.
 - Health care providers have the option to attest to the Modified Stage 2 objectives and measures using 2014 Edition CEHRT, 2015 Edition CEHRT, or a combination of 2014 and 2015 Edition CEHRT.
 - Health care providers have the option to attest to the Stage 3 objectives and measures using 2015 Edition CEHRT or a combination of 2014 and 2015 Edition CEHRT, as long as their EHR technology can support the functionalities, objectives, and measures for Stage 3.

FY 2018 IPPS Final Rule

Page Directory

Download the FY 2018 IPPS final rule from the *Federal Register* at <https://www.gpo.gov/fdsys/pkg/FR-2017-08-14/pdf/2017-16434.pdf>.

Details regarding various quality programs can be found on the pages listed below.

- Hospital Inpatient Quality Reporting (IQR) Program:
pp. 38323–38411
- Clinical Quality Measurement for EHs and CAHs Participating in the EHR Incentive Programs: pp. 38474–38485
- Changes to the Medicare and Medicaid EHR Incentive Programs:
pp. 38487–38493

Questions

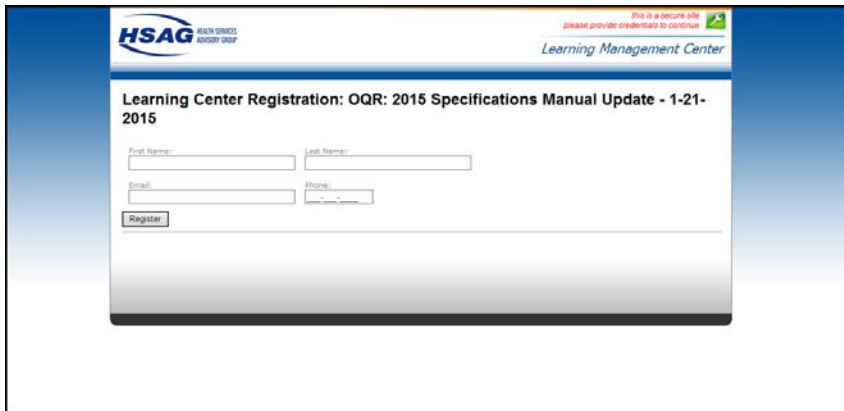
Continuing Education

- This event has been approved for 1.0 continuing education (CE) unit by the California Board of Registered Nursing (Provider #16578).
- Report your credit to your own board.
- Complete the survey and register for credit.
- Registration is automatic and instantaneous.

Register for Credit

New User

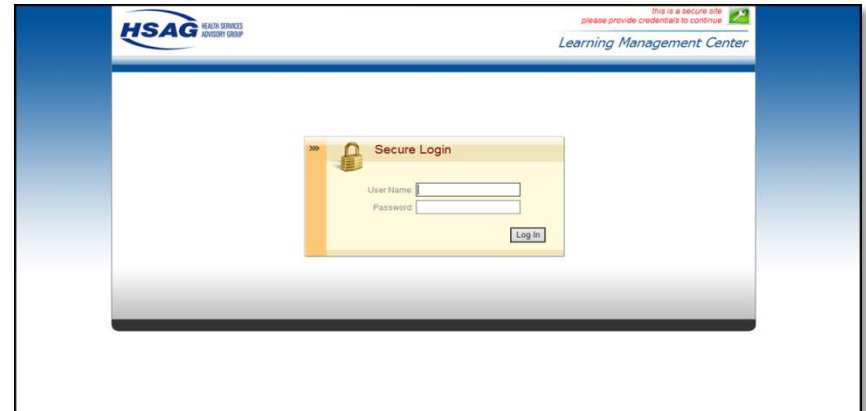
- Use personal email and phone
- Go to email address;
finish process



The screenshot shows the registration page for the Learning Management Center. At the top, there is a blue header with the HSAG logo (Health Services Advisory Group) and the text "Learning Management Center". Below the header, the page title is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes fields for "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located at the bottom of the form. A security warning at the top right states "This is a secure site please provide credentials to continue".

Existing User

- Entire email is your user name
- You can reset your password



The screenshot shows the secure login page for the Learning Management Center. At the top, there is a blue header with the HSAG logo (Health Services Advisory Group) and the text "Learning Management Center". The main content area features a yellow box titled "Secure Login" with a padlock icon. Inside the box, there are input fields for "User Name" and "Password", and a "Log In" button. A security warning at the top right states "This is a secure site please provide credentials to continue".

Disclaimer

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