



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

FY 2019 IPPS/LTCH PPS Final Rule: Overview of eCQM Reporting and Promoting Interoperability Programs

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: **What is the CQL [Clinical Quality Language] implication to hospitals? Will they need to make workflow or other changes, or is it more of a vendor implication?**

This is Shanna from CMS. The implications more directly impact vendors. CQL is the logic portion of eCQMs, which has changed from the Quality Data Model (QDM) to CQL for 2019. You should work with your vendor to ensure data elements are mapped appropriately and the eCQM specification is appropriately configured in your electronic health record (EHR). Hospitals shouldn't need to do anything other than ensure everything is lined up with your vendor.

Question 2: **Do we need to select our measures in advance and authorize our submission EHR vendor?**

This is Grace from CMS. For the eCQMs, you don't have to let us know in advance which eCQMs you plan to report. You just need to send us the data for the measures that you selected by the submission deadline. The processing of those files is how we will know which measures you ended up selecting. Hopefully, that also gives you time. For example, if you start out planning to send the data for four specific measures, circumstances change, and you need to use a different measure, you'd be able to do that, and you don't have to let us know in advance. Again, we'll know which measures you selected to report on by the processing of the Quality Reporting Document Architecture (QRDA) files that you send to us.

Question 3: **Do we have to authorize our vendor to submit our files?**

This is Grace again. A vendor who has been assigned the EHR Data Upload Role must be authorized by the hospital to be able to submit eCQM data on its behalf.

If you're working with a vendor, hopefully, you're on the same page with each other on which measures you're planning to report. Again, in terms of the decision of which specific eCQM measures to report, we really



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leave that up to you, as long as they're the measures that are included in the current eQMs to choose from.

Question 4: **Slide 31: If it says PI, which is Promoting Interoperability, for Fiscal Year [FY] 2019, what is the measure performance period?**

This is Grace again from CMS. I know it's a source of confusion when we talk about fiscal years and calendar years. Generally, when we talk about fiscal years, we're referring to the year in which the payment of claims will be impacted. That means, if not all of the requirements for a program are met and there is a reduction to the payment update for that fiscal year, that's what we're referring to.

How that tracks to the actual reporting period or the measurement period for the measure is, generally, you can go back two years. For example, the 2017 reporting period that we completed (the deadline was earlier this year) would impact the Fiscal Year 2019 payment updates. If you met all of the reporting requirements for 2017 (for eQMs that submission deadline was February of 2018), then, starting this October 1, which is the beginning of Fiscal Year 2019, you would see no changes in your payment update. When we talk about Fiscal Year 2020 on this table, it applies to the Calendar Year 2018 reporting period, which is underway right now. For the Fiscal Year 2021 payment year, that applies to the Calendar Year [CY] 2019 reporting period, which will be next year. The Fiscal Year 2022 payment year applies to the Calendar Year 2020 reporting period, which is also when we will be removing the eight eQMs, and there will be the other eight eQMs to choose from for the Promoting Interoperability Program. The EHR reporting period must occur within the calendar year.

Question 5: **What if you are a critical access hospital (CAH)? Are the selections for eQMs limited, or do we have to submit all four eQMs?**

This is Grace again from CMS. Critical access hospitals are required to participate in the Promoting Interoperability Program, including the CQM reporting requirements. We try to align all of the eQMs-related reporting requirements with the [Hospital] IQR Program. Whether you're a CAH or an eligible hospital, the requirement is still four eQMs to choose for eQMs reporting.



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Question 6: **Slide 31: I am interpreting that EHDI[-1a] and ED-1 could still be reported on in 2020 and 2021. Is that correct?**

This is Grace again. Actually, if we go to Slide 30, the ED-1 and the EHDI-1a measures are two of the eight measures that we have finalized to remove from both the [Hospital] IQR and Promoting Interoperability Programs. The last year that they'll be available to report is 2019. You can still use those measures to report for this year, reporting 2018 data, and next year, reporting 2019 data. After that, they will not be available for CMS program credit.

Question 7: **Has CMS directed the states to move to the Promoting Interoperability [Program] rather than to Stage 3 [Meaningful Use]?**

This is Jessica from CMS. I'm assuming this is a Medicaid question. I'd like to take it back to our subject-matter experts at the Medicaid program and get their feedback on it. So, when we do the transcript with the questions, I'll make sure that this one is answered there.

Subject-matter experts researched the question and provided this response after the live webinar

The Medicaid Promoting Interoperability (PI) Program is the new name for the Medicaid EHR Incentive Program. Under the Medicaid PI Program, Eligible Professionals (EPs) and hospitals will have to meet Stage 3 Meaningful Use in 2019. For more information see: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

More information regarding 2019 requirements will be posted when they are finalized with the Physician Fee Schedule Final Rule.

Question 8: **Do hospitals have to be on the 2015 Edition of CEHRT [Certified EHR Technology] by January 1 of 2019 or just at the start of their 90-day reporting period within 2019?**

Specifically, for eCQM reporting for the Hospital IQR and Promoting Interoperability Programs, hospitals are required to have the entire CEHRT definition applicable for their program participation by the close of the calendar year in which the reporting period occurs. (For example,



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for the CY 2019 reporting period, hospitals would need to have the CEHRT definition in place by December 31, 2019.)

For the Promoting Interoperability Program objectives and measures, the health IT product must be certified to the 2015 Edition by the last day of the reporting period. The 2015 Edition functionality must be in place for the entirety of the EHR reporting period.

Question 9: **When will the new measure specifications be posted on the CMS web site? Will vendors have to re-certify or certify to the new measures?**

We are actively working on the measure specification sheets now and are hoping to have them posted as soon as possible. In terms of the nurse [vendor] having to re-certify or certify to the new measures, we're collaborating with our Office of the National Coordinator for Health Information Technology (ONC) counterparts to answer these questions. We plan on further guidance through the specifications sheets.

Question 10: **Slide 42: Are these six measures going to be removed starting in Calendar Year 2019? Do hospitals still need them for Calendar Year 2018?**

That is correct. The measures are removed starting for Calendar Year 2019, so they would still have to be done [submitted] for 2018.

Question 11: **If your state does not have a Prescription Drug Monitoring Program (PDMP), can the hospital be excluded from the query of the PDMP measure?**

There is not an exclusion available in 2019 because it is an optional measure. However, in 2020, when it becomes a required measure, there is an exclusion available for any eligible hospital or CAH that is unable to report on the measure in accordance with their applicable laws. There is an exclusion for any eligible hospital or CAH that does not have an internal pharmacy that accepts electronic prescriptions for controlled substances and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of its EHR reporting period.



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Question 12: **Where do we locate the specifications for the Promoting Interoperability Program objectives?**

We are actively working on those now. On the CMS website, there is a Promoting Interoperability Program [web page](#). On there, you can sign up for the Promoting Interoperability, or PI, Program ListServe. I would recommend signing up for that. When the specifications sheets are updated, a ListServe will go out, and we're working to get those updated as soon as possible.

Subject-matter experts researched and answered the following questions after the live webinar. The questions have been edited for grammar.

Alignment of eCQM Reporting

Question 13: **Can you clarify the date the retired eCQMs go into effect? There seems to be some confusion whether it is CY 2019 or CY 2020 when the seven eCQMs [plus an additional eCQM for the Promoting Interoperability Program] are retired.**

There are eight eCQMs finalized for removal from both the Hospital IQR and Promoting Interoperability Programs. The removal of the eight eCQMs begins with the CY 2020 reporting period, which affects the FY 2022 payment determination. In other words, CY 2019 data is the last year these eCQMs can be reported to CMS for program credit.

Question 14: **Are the measures finalized for EPs and not part of an eligible hospital or CAH?**

eCQM reporting for EHs and CAHs differ from the eCQM reporting completed by Medicaid EPs. Visit the eCQI Resource Center at <https://ecqi.healthit.gov/> to locate the resource tabs for each group. eCQMs available for Medicaid EPs in the 2019 performance period were finalized in the Physician Fee Schedule/Quality Payment Program final rule. (<https://federalregister.gov/d/2018-24170>) The Merit-based Incentive Program (MIPS)-eligible clinicians submit measures under the quality performance category.



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Question 15: Slide 30: Will December 31, 2018, or December 31, 2019, be the last date for reporting on the removed eCQMs?

The eCQM measure removals will take place for the CY 2020 reporting period; therefore, the last date in the CY 2019 reporting period where the eight eCQMs scheduled for removal will be available for use will be December 31, 2019.

Question 16: Is there a document that shows a summary of all the changes and remaining measures when finalized?

The Hospital IQR Program page on *QualityNet* provides a measures tab where information regarding the applicable program measures is annually updated. A document outlining the program measures based on reporting period and fiscal year payment determination will be posted at this link: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473>.

For the Promoting Interoperability Program, we refer you to the table located in the final rule on pages 41647–41648:

Measures retained from Stage 3 with no modifications*:

- e-Prescribing
- Immunization Registry Reporting
- Syndromic Surveillance Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting
- Electronic Reportable Laboratory Result

Measures retained from Stage 3 with modifications:

- Supporting Electronic Referral Loops by Sending Health Information (formerly Send a Summary of Care)
- Provide Patients Electronic Access to Their Health Information (formerly Provide Patient Access)



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Removed measures:

- Request/Accept Summary of Care
- Clinical Information Reconciliation
- Patient-Specific Education
- Secure Messaging
- View, Download or Transmit
- Patient Generated Health Data

New measures:

- Query of Prescription Drug Monitoring Program (PDMP)
- Verify Opioid Treatment Agreement
- Support Electronic Referral Loops by Receiving and Incorporating Health Information

*Security Risk Analysis is retained but not included as part of the scoring methodology.

Question 17: **Do the reporting requirements for Puerto Rico also apply to hospitals in the US Territories? The requirements for the US Territories for these programs are not clear.**

The reporting requirements are the same for all Medicare-eligible hospitals and CAHs. There is no difference for Puerto Rico or the US territories. Medicare hospitals in Puerto Rico that successfully attest may earn an incentive payment.

Question 18: **Please confirm that the changes reviewed are specific to CAHs and not Long-Term Care Hospitals (LTCHs).**

This webinar pertains to hospitals that receive payment under the CMS Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS). While CAHs are not eligible to participate in the Hospital IQR Program, they may participate in the Medicare Promoting Interoperability Program. CAHs and cancer hospitals were eligible to participate in the Medicaid Promoting Interoperability Program.



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Question 19: I submitted an Extraordinary Circumstances Exceptions (ECE) application almost 90 days ago. How can I get a status update on that application?

Hospital IQR Program ECE applications for the CY 2017 eCQM reporting period were due by April 1, 2018. Contact the Hospital Inpatient Support Team for additional assistance at <https://cms-ip.custhelp.com> or (844) 472-4477.

Question 20: Does the eCQM 90-day reporting period need to be the same as the 90 days we choose to use to attest for the objectives and measures?

Eligible hospitals and CAHs can choose a different reporting period for the electronic reporting of eCQMs and attestation for the objectives and measures.

Please note that the eCQM reporting requirement is one self-selected calendar quarter of discharge data, not 90 days.

Question 21: Does the EHR vendor have to be an authorized user of *QualityNet*? Is a vendor authorization guide available online?

The vendor is required to have a *QualityNet* account. In addition, the vendor must be authorized by the hospital to upload EHR data on its behalf. That will allow the *QualityNet* Help Desk to assign the EHR Data Upload Role to the vendor. Contact the *QualityNet* Help Desk for additional assistance and for reference to any online documentation at qnetssupport@hcqis.org or (866) 288- 8912.

Question 22: Can a facility begin capturing 2019 eCQM data before a 2015-certified product is implemented?

Specifically, for eCQM reporting to the Hospital IQR and Promoting Interoperability Programs, hospitals are required to have the entire CEHRT definition applicable for their program participation by the close of the calendar year in which the reporting period occurs. (For example, for the CY 2019 reporting period, hospitals would need to have the CEHRT definition in place by December 31, 2019.)



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For the Promoting Interoperability Program objectives and measures, the health IT product must be certified to the 2015 Edition by the last day of the reporting period. The 2015 Edition functionality must be in place for the entirety of the EHR reporting period.

Question 23: **What if we don't have four eCQMs for the reporting period? We are sometimes lucky to meet two or three in any given period.**

The following eCQM reporting policy will continue for the CY 2019 reporting period: Hospitals utilizing an EHR certified to report on all 16 eCQMs can achieve successful submission with a combination of the following for four eCQMs:

- Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

Contact the *QualityNet* Help desk with additional questions at qnetssupport@hcqis.org or (866) 288-8912.

Promoting Interoperability Program

Question 24: **Will there be other [Promoting Interoperability Program] measures added? Our volumes are very small and don't really give good data for some of the other measures.**

For the Promoting Interoperability Program, we are not adding any additional measures for CY 2019 beyond those finalized in the FY 2019 IPPS/LTCH PPS Final Rule. For a list of finalized measures, please see slide 42. CMS is partnering with ONC to promote interoperability with a focus on reducing provider burden, improving quality of care, and sharing data with patients.

CMS encourages collaboration with stakeholders through the annual call for measure submission to promote interoperability and health information exchange. This is an annual process; the deadline to submit measures for the 2020 performance period closed on June 29, 2018. CMS will conduct a review of the call for measure submissions in collaboration with ONC to determine recommendations for the 2020 Promoting



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Interoperability Program and Promoting Interoperability performance category proposed rules.

Question 25: **These [Promoting Interoperability Program] regulations are for eligible hospitals. Will CMS do the same for the Eligible Professionals (EPs) that still qualify for meaningful use (MU)?**

The measures discussed on the webinar were finalized for eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program. The requirements for Medicaid EPs are included in the Physician Fee Schedule/Quality Payment Program final rule that was released on November 1, 2018 (<https://federalregister.gov/d/2018-24170>). The requirements for 2019 for MIPS-eligible clinicians were finalized in the same final rule.

Question 26: **Are the “up to 5” bonus points based on performance, or is it a flat five points no matter the performance?**

We would like to reiterate what we stated in the final rule on page 41644: The Query of Prescription Drug Monitoring Program (PDMP) measure is optional in CY 2019, worth up to five bonus points, and is a required measure beginning in CY 2020, worth up to five points. The Verify Opioid Treatment Agreement measure is optional in CY 2019 and 2020, and worth up to five bonus points.

For an example of how we will be scoring the measure, we ask that you review the scoring example in the final rule on page 41642.

Question 27: **What if e-prescribing is against state law for opioids?**

As we stated in the final rule on page 41649, CMS is finalizing its proposal: Eligible hospitals and CAHs have the option to include or exclude controlled substances in the e-Prescribing measure denominator as long as they are treated uniformly across patients, all available schedules, and in accordance with applicable law. If an eligible hospital or CAH is reporting on the two new measures, Query of PDMP and Verify Opioid Treatment Agreement, they would have to include Schedule II opioid prescriptions in the numerator and denominator of the measures.



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The actions of the measures must be done in accordance with applicable laws. Therefore, if e-prescribing is against state law for opioids, the eligible hospitals or CAHs would not report on the measures. Both of these measures are optional for 2019 and we will consider if additional exclusions are needed in our 2020 rulemaking cycle.

Question 28: **For the Provider to Patient Exchange measure, do you receive 40 points for just one accessing patient, or does the measure ensure all (or as many as possible, but at least one of your patients) have access?**

The scoring for the Provide Patients Electronic Access to their Health Information measure is performance based; the score earned is based upon the numerator and denominator that are submitted.

The eligible hospital or CAH must submit at least one unique patient in the numerator or claim an applicable exclusion to satisfy the requirement to report on all the required objectives and measures of meaningful use.

Question 29: **What is an example of electronic case reporting?**

Public health agencies collect “reportable conditions,” as defined by the state, territorial, and local public health agencies, to monitor disease trends and support the management of outbreaks (e.g., reporting Zika cases).

Question 30 **How does rounding work for the scoring?**

As stated in the IPPS/LTCH PPS final rule (83 FR 41641), when calculating the performance rates and measure and objective scores, we stated that we would generally round to the nearest whole number.

Question 31: **Is VDT [View, Download, or Transmit] still required via Provider to Patient Exchange?**

The measure is not required for an EHR reporting period in 2019. **However**, the functions and standards related to measures that are no longer required for the Promoting Interoperability Programs could still hold value for some healthcare providers and may be utilized as best suits their practice and the preferences of their patient population. The removal of measures is not intended to discourage the use of the standards, the



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implementation of best practices, or conducting and tracking the information for providers' own quality improvement goals (83 FR 41664).

Question 32: Since the ONC EHR certification program doesn't define any reports for Query of PDMP or Verify Opioid Treatment Agreement, what type of calculated results will be acceptable for submission of these measures?

We are in the process of drafting sub-regulatory guidance and will be able to provide further clarity soon. If you would like to receive notification when the guidance has been posted, please sign up for the Promoting Interoperability, or PI, Program ListServe for updates, which can be found on the *CMS.gov* [Promoting Interoperability page](#).

Question 33: Where can I find the exclusion criteria for the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure?

The exclusion for the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure was finalized in the 2019 IPPS final rule (83 FR 41661) exclusion: any eligible hospital or CAH that is unable to implement the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure.

Question 34: Regarding the performance score calculation, the rule states CMS would generally round to the nearest whole number for PI [Program] score calculations. Where does this rounding occur? Would the measure performance rate be rounded to the nearest whole number? Is that rounded whole number used in the points awarded, or does rounding only happen after the points awarded toward the total PI score calculation is performed?

As stated in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41641), when calculating the performance rates and measure and objective scores, we stated that we would generally round to the nearest whole number.

Question 35: In 2020, are the eight CQMs required for the Promoting Interoperability Program if a hospital is not submitting electronically via the Hospital IQR Program?



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CMS will propose CY 2020 eCQM reporting requirements for the Hospital IQR and the Promoting Interoperability Programs in the FY 2020 IPPS/LTCH PPS Proposed Rule in spring 2019.

Question 36: For 2018, are we required to submit our measures for MU electronically or can we do this manually through *QualityNet*? Is there a difference in the number of measures we must do for each?

If you are referring to the measures required to become an EHR meaningful user, the measures must be submitted through *QualityNet*.

If you are referring to the submission of CQMs, it is preferred that the submission be electronic. However, if you are unable to submit them electronically, you may submit them manually through *QualityNet* and the submission would count for the Medicare Promoting Interoperability Program but would not count for the Hospital IQR Program.

Question 37: Do all four objectives need to be met to receive credit for the category, or can a provider choose to not do an objective?

Eligible hospitals and CAHs must report on all required measures or claim an exclusion(s). If exclusions are claims, the points for that measure are redistributed to another measure. If you choose not to report on an objective, you will earn a zero and will be subject to a downward payment adjustment.

Question 38: What is the formula for the new Promoting Interoperability Program scoring methodology?

Please review the scoring tables and examples from the webinar presentation, specifically, slides 42–45.

Question 39: Regarding the Promoting Interoperability Program, when will certification guidance for vendors become final?

We are in the process of drafting sub-regulatory guidance and will be able to provide further clarity soon. If you would like to receive notification when the guidance has been posted, please sign up for the Promoting Interoperability, or PI Program, ListServe for updates on the [CMS.gov Promoting Interoperability page](#).



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Question 40: How will the “up to five bonus points” for PDMP be calculated for 2019?

We would like to reiterate what we stated in the final rule on page 41644: The Query of Prescription Drug Monitoring Program (PDMP) measure is optional in CY 2019, worth up to five bonus points, and is a required measure beginning in CY 2020, worth up to five points. The Verify Opioid Treatment Agreement measure is optional in CYs 2019 and 2020 and worth up to five bonus points. For an example of how we will be scoring the measure, we ask that you review the scoring example in the final rule on page 41642.

Question 41: Could you elaborate on the thresholds for receiving and incorporating health information in the Health Information Exchange (HIE) objective?

The IPPS final rule removed the threshold-based scoring methodology and replaced it with a performance-based scoring methodology beginning with an EHR reporting period in CY 2019. To fulfill a measure, you must submit a numerator of at least 1 or claim an exclusion.

Question 42: Where are the specifications for each PI Program objective? The MU objectives had published specification sheets, but I cannot find published specification sheets for the new PI Program objectives.

We are in the process of drafting sub-regulatory guidance and will be able to provide further clarity soon. If you would like to receive notification when the guidance has been posted, please sign up for the Promoting Interoperability Program ListServe for updates, which can be found on the [CMS.gov Promoting Interoperability page](https://www.cms.gov/Promoting-Interoperability).

Question 43: Regarding “verifying” an opioid treatment agreement, can a provider just ensure that there is one in the CEHRT chart, or does each hospital have to query other hospitals to see if one exists for the patient somewhere?

We are in the process of drafting sub-regulatory guidance and will be able to provide further clarity soon. If you would like to receive notification when the guidance has been posted, please sign up for the Promoting



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Interoperability Program ListServe for updates, which can be found on the [CMS.gov Promoting Interoperability page](https://www.cms.gov/PromotingInteroperability).

Question 44: **If a hospital's medical staff physicians report to a Qualified Clinical Data Registry (QCDR), does that count as clinical data registry reporting for the public health and clinical data exchange objective?**

No. A QCDR is a CMS-approved vendor that collects clinical data on behalf of clinicians for data submission. Examples include, but are not limited to, regional collaborates, specialty societies, or large healthcare systems. Please note that QCDRs cannot be owned or managed by an individual, locally-owned specialty group. Clinicians work directly with their chosen QCDR to submit data on the selected measures or specialty set of measures they have picked.

To be considered under the Qualified Clinical Data Registry reporting measure for the Public Health and Clinical Data Exchange Objective, the QCDR must have publicly declared its intention to serve as a clinical data registry. It must have an available registration process and a process to test and validate the electronic submission of data and then accept ongoing submission of electronic submission of clinical data. The data must be used to improve population health outcomes.

Question 45: **On slide 42, the removed measures are listed as Patient Specific Education; View, Download, or Transmit; Secure Messaging; Patient Generated Health Data; Request/Accept Summary of Care; and Clinical Information Reconciliation. Will this apply to MU/PI/EP reporting and MIPS-Advancing Care Information? If yes, will this take effect in the 2019 or 2020 reporting year?**

The measures discussed on the webinar were finalized for eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program. Measures for 2019 for MIPS-eligible clinicians will be finalized in the Physician Fee Schedule/Quality Payment Program final rule (<https://federalregister.gov/d/2018-24170>).

Question 46: **Is a participant given five bonus points even though the numerator/denominator is less than 100%? If they do one query of PDMP or verify one opioid treatment plan, will they be awarded the full five bonus points?**



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We would like to reiterate what we stated in the final rule on page 41644: The Query of Prescription Drug Monitoring Program (PDMP) measure is optional in CY 2019, worth up to five bonus points, and is a required measure beginning in CY 2020, worth up to five points. The Verify Opioid Treatment Agreement measure is optional in CYs 2019 and 2020, and worth up to five bonus points.

For an example of how we will be scoring the measure, we ask that you review the scoring example in the final rule on page 41642.

Question 47: **If my current vendor does not have the 2015 Edition of CEHRT ready, will there be a hardship exception for an eligible hospital to submit for the Promoting Interoperability Program? If so, is there a limit to the number of hardship exceptions that a provider can submit?**

There are hardship exceptions under the uncontrollable circumstances category for vendor issues. Eligible hospitals are limited to five years of hardship exceptions for the Promoting Interoperability Program.

Question 48: **Will there be an exception to receiving and incorporating health information for hospitals that do not receive inbound transfers?**

As we stated in the final rule on page 41661, we finalized an exclusion for eligible hospitals and CAHs that could not implement the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure for an EHR reporting period in CY 2019.

Question 49: **The slide said any two reporting options for Public Health and Clinical Data Exchange would be acceptable; however, I thought the final rule said Syndromic Surveillance reporting is required with an additional reporting option. Which is correct?**

In the proposed rule, we had proposed to require the Syndromic Surveillance measure and one other Public Health and Clinical Data Exchange measure. However, based on feedback we received during the comment period, we did not finalize this. Instead, we finalized eligible hospitals and CAHs may report on any two Public Health and Clinical Data Exchange measures of their choosing (83 FR 41667).



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Question 50: In the state of Missouri, in 2020, will there be an exclusion for Query of PDMP since the state does not have a PDMP that can be queried? Is there a possibility that participation with the Saint Louis County PDMP will satisfy this measure?

The two new opioid measures are optional for 2019. We will consider if additional exclusions are needed in our 2020 rulemaking cycle.

Question 51: Can you refer me to the measure description for the HIE referral loops measures?

The HIE measure descriptions can be found in the final rule on pages 41656 through 41661.

Question 52: Slide 40 notes a minimum total score of 50 points is required to satisfy the Promoting Interoperability Program for CY 2019 and CY 2020. Is partial credit available to hospitals that score 48 or 49?

No. There is no partial credit. In order to earn a score greater than zero, an eligible hospital or CAH must complete the activities required by the Security Risk Analysis measure; submit their complete numerator and denominator or yes/no data for all required measures (83 FR 41641); and earn a minimum total score of 50 points in order to be considered a meaningful EHR user and avoid a Medicare downward payment adjustment, or if located in Puerto Rico, to earn an incentive payment.

Question 53: For the Supporting Electronic Referral Loops by Sending Health Information measure, is it required to complete the reconciliation component electronically from the Consolidated Clinical Document (CCD), or can the provider complete reconciliation by any means they deem appropriate?

An eligible hospital or CAH must use the capabilities and standards as defined for CEHRT at 45 CFR 170.315(b)(1) and (b)(2).



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Question 54: **If Patient Specific Education; View, Download, or Transmit; Secure Messaging; Patient Generated Health Data; Request/Accept Summary of Care; and Clinical Information Reconciliation are no longer appropriate for hospitals, why are they still required for providers in the Medicaid PI Program? Since it is no longer required that hospitals exchange information, it's even more difficult to find exchange partners.**

CMS believes that the requirements for Stage 3 Meaningful Use are most appropriate for the Medicaid Promoting Interoperability Program. We note that we did propose some revisions for meaningful use in 2019 within the proposed rule titled “Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program” at this direct link:

<https://www.federalregister.gov/documents/2018/07/27/2018-14985/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>). We also note that HIE is still required under the Medicare Promoting Interoperability Program under the Support Electronic Referral Loops by Sending Health Information measure.

Question 55: **If we do not report data to the Promoting Interoperability Program, what is the penalty?**

If an eligible hospital or CAH chooses not to report for the Promoting Interoperability Program and/or does not meet the requirements to be considered a meaningful EHR user, they may be subject to a Medicare downward payment adjustment. For eligible hospitals, the adjustment to the applicable percentage increase to the IPPS payment rate is 75%.

Question 56: **Are there any plans to change or make the Promoting Interoperability Program's e-Prescribing objective Query of PDMP measure optional in 2020 to allow for states to implement the PDMP queries? There are still states that have not implemented PDMP queries. Of the ones that have, some have only portal access and others do not allow the capture of the information queried. There are quite a few challenges for both facilities and vendors to capture needed information for the objective if states have not actually implemented the query or if there is not a way for a facility/vendor to capture the query within an EHR.**



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As we stated in the final rule, the Query of PDMP measure is optional for reporting periods in 2019 and will be required for reporting periods in 2020. There will be exclusions available beginning in CY 2020, when the measure is required including:

- Any eligible hospital or CAH that is unable to report on the measure in accordance with applicable law may be excluded from the measure.
- 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.

Note: If an exclusion is claimed for the e-Prescribing measure, an exclusion is automatically given for the Query of PDMP measure.

Question 57: **With the removal of the Secure Messaging measure from the Promoting Interoperability Program, is an eligible hospital or a CAH still required to have a certified Secure Messaging capability?**

The functions and standards related to measures that are no longer required for the Promoting Interoperability Programs could still hold value for some healthcare providers and may be utilized as best suits their practice and the preferences of their patient population. The removal of measures is not intended to discourage the use of the standards, the implementation of best practices, or conducting and tracking the information for providers' own quality improvement goals (83 FR 41664).

Question 58: **For 2019 and 2020 reporting years, will the opioid measures be added for facilities attesting to the current Medicaid objectives if their states do not implement the new 2019 Promoting Interoperability Program measures for Medicare/dual-eligible reporting?**

The opioid measures will be included for Medicare/dual-eligible hospitals that attest to CMS. If a state does not choose to adopt the new scoring and measures, Medicaid-only hospitals will be required to attest to Stage 3 Meaningful Use, as previously defined.

Question 59: **Will CMS provide information on audit documentation for the PI Program?**



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Any eligible hospital or CAH that attests to the Medicare Promoting Interoperability Program may be subject to an audit. CMS recommends that facilities save all relevant supporting documentation (in either paper or electronic format). They do not need to submit a copy of the report when they report on the measure, but they should have it available if they are asked to provide it.

Question 60: **To earn Query of PDMP bonus points in 2019, does the hospital need to transmit the Schedule II drug, or is it enough to e-prescribe?**

Due to the nature of inquiries regarding the new Query of PDMP and Verify Opioid Treatment Agreement measures, CMS is in the process of drafting a frequently asked questions (FAQ) document. We will post the document to the Promoting Interoperability website within the next two months. We recommend those interested in receiving updates sign up for the CMS PI Program ListServe.

Other

Question 61: **Is this portal-based and an API [Application Programming Interface], or just API?**

Please submit the question to the *QualityNet* Help Desk by emailing qnetssupport@hcqis.org or calling (866) 288-8912 so we may fully understand the context of your question and provide a thorough response.