FY 2017 IPPS Final Rule: IQR–EHR Incentive Program Requirements

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Purpose

This presentation will provide participants with an overview of the Fiscal Year (FY) 2017 Inpatient Prospective Payment System (IPPS) Final Rule, as it relates to the alignment of the Hospital Inpatient Quality Reporting (IQR) Program and the Electronic Health Record (EHR) Incentive Program for hospitals.

Objectives

Participants will be able to:

- Locate the FY 2017 IPPS Final Rule on the Federal Register

- Identify changes in the FY 2017 IPPS Final Rule regarding the alignment of reporting requirements for the IQR and EHR Incentive Programs for hospitals

Locating the FY 2017 IPPS/LTCH PPS Final Rule

- The FY 2017 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule went on display August 2, 2016

- The [CMS IPPS Final Rule Fact Sheet](#) was distributed August 2, 2016

- The PDF of Final Rule is currently available on the [Federal Register](#) and was distributed August 22, 2016

FY 2017 IPPS/LTCH PPS Final Rule Directory for Quality Programs

- Hospital IQR Program pages 57111-57182
- Clinical Quality Measurement for Eligible Hospitals and Critical Access Hospitals (CAHs) Participating in the EHR Incentive Programs in 2017 pages 57249-57257

HOSPITAL INPATIENT QUALITY REPORTING (IQR) PROGRAM

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CY 2017 Removal of eCQMs in the Hospital IQR Program

- Removed 13 electronic Clinical Quality Measures (eCQMs), beginning with the CY 2017 reporting period for the FY 2019 payment determination and subsequent years.

- Retained 15 eCQMs in the Hospital IQR Program available for EHR Incentive Program aligned credit.

Removal of eCQM Measures for the Hospital IQR Program

Measure	Criteria
AMI-2: Aspirin Prescribed at Discharge for AMI	Topped-out
AMI-7a: Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	Performance or improvement does not result in better patient outcomes
AMI-10: Statin Prescribed at Discharge	Topped-out
HTN: Healthy Term Newborn	No longer feasible to implement the measure specifications
PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	No longer feasible to implement the measure specifications
SCIP-Inf-1a: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	Topped-out
SCIP-Inf-2a: Prophylactic Antibiotic Selection for Surgical Patients	Topped-out

Removal of eCQM Measures for the Hospital IQR Program

Measure	Criteria
SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2 with Day of Surgery Being Day Zero	No longer feasible to implement the measure specifications
*STK-4: Thrombolytic Therapy	Topped-out
VTE-3: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	No longer feasible to implement the measure specifications
VTE-4: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	No longer feasible to implement the measure specifications
*VTE-5: Venous Thromboembolism Discharge Instructions	No longer feasible to implement the measure specifications
**VTE-6: Incidence of Potentially Preventable Venous Thromboembolism	No longer feasible to implement the measure specifications
*Removal in both eCQM and chart-abstracted forms * * Removal of only the eCQM form	

CY 2017 CQM Measures for Electronic Reporting to the Hospital IQR and EHR Incentive Programs

ED-1 CMS55v5 *Median Time from ED Arrival to ED Departure for Admitted ED Patients*	**ED-2** CMS111v5 *Admit Decision Time to ED Departure Time for Admitted Patients*	**ED-3*** CMS32v6 *Median Time from ED Arrival to ED Departure for Discharged ED Patients*	**STK -2** CMS104v5 *Discharged on Antithrombotic Therapy*	**STK-3** CMS71v6 *Anticoagulation Therapy for Atrial Fibrillation/Flutter*	**STK-5** CMS72v5 *Antithrombotic Therapy by the End of Hospital Day Two*
STK-6 CMS105v5 *Discharged on Statin Medication*	**STK-8** CMS107v5 *Stroke Education*	**STK-10** CMS102v5 *Assessed for Rehabilitation*	**AMI-8a** CMS53v5 *Primary PCI Received Within 90 Minutes of Hospital Arrival*	**VTE-1** CMS108v5 *Venous Thromboembolism Prophylaxis*	**VTE-2** CMS190v5 *Intensive Care Unit Venous Thromboembolism Prophylaxis*
PC-01 CMS113v5 *Elective Delivery*	**PC-05** CMS9v5 *Exclusive Breast Milk Feeding*	**CAC-3** CMS26v4 *Home Management Plan of Care Document Given to Patient/Caregiver*	**EHDI-1a** CMS31v5 *Hearing Screening Prior to Hospital Discharge*	* ED-3 is an Outpatient measure and is not applicable for IQR aligned credit.	

Required Chart Abstracted Measures for the CY 2017 Reporting Period

Short Name	Measure Name
ED-1	Median Time From ED Arrival to ED Departure for Admitted ED Patients
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients
IMM-2	Influenza Immunization
PC-01	Elective Delivery
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism

*STK-4: Thrombolytic Therapy and VTE-5: VTE Discharge Instructions removed in the FY 2017 IPPS Final Rule, beginning with the CY 2017 reporting period (for FY 2019 payment determination).

CY 2017 - IQR Program eCQM Reporting Requirements

- Self-select a minimum of **8** of the **15** available eCQMs
  - Modification from the original rule proposal requiring reporting on all available eCQMs based on public comments received
  - Electronic reporting of the Outpatient Quality Reporting (OQR) Program CQM (ED–3, NQF 0496) is not applicable when reporting on CQMs for both programs, resulting in the reporting of 15 available CQMs

- Report four quarters of data on a quarterly, bi-annual, or annual basis from a certified EHR

- All data must be submitted **February 28, 2018, by 11:59 PM**
  - IQR eCQM requirement fulfillment also satisfies the CQM reporting option requirement for the Medicare EHR Incentive Program
  - CY 2017 reporting will apply to the FY 2019 payment update for IPPS subsection (d) hospitals

CY 2017 Certification and Specification Policies

For the CY 2017 reporting period (FY 2019 payment determination), hospitals must report using:

- Quality Reporting Data Architecture (QRDA) Category I file format (patient-level data)
- EHR technology certified to either the 2014 or 2015 edition
- April 2016 Update of CQM electronic specifications for Eligible Hospital eReporting for the 2017 reporting period
- 2017 CMS QRDA Implementation Guide (IG) for Hospital Quality Reporting published in July 2016

eCQM Reporting Standards Documentation and QRDA file specifications are on the eCQM Library page at:
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

CY 2018 - IQR Program eCQM Reporting Requirements

- Self-select a minimum of **eight** of the available eCQMs
- Report four quarters of data on a quarterly, bi-annual, or annual basis from a certified EHR
- All data must by submitted **February 28, 2019 by 11:59 PM**
  - IQR eCQM requirement fulfillment also satisfies the CQM reporting option requirement for the Medicare EHR Incentive Program
  - CY 2018 reporting will apply to the FY 2020 payment update for IPPS subsection (d) hospitals

CY 2018 Certification and Specification Policies

For the CY 2018 reporting period (FY 2020 payment determination), hospitals must report using:

- Quality Reporting Data Architecture (QRDA) Category I file format (patient-level data)
- EHR technology certified to the 2015 Edition
- Spring 2017 Update of CQM electronic specifications for Eligible Hospital eReporting for the 2018 reporting period. (Not yet available)
- 2018 CMS QRDA Implementation Guide (IG) for Hospital Quality Reporting to be published Summer 2017

eCQM Reporting Standards Documentation and QRDA file specifications are on the eCQM Library page at:
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Additional Considerations for eCQM Reporting

- Hospitals may continue to use a third party to submit QRDA Category I files on their behalf.

- Hospitals may continue to either use abstraction or pull the data from non-certified sources in order to then input these data into CEHRT for capture and reporting QRDA Category I files.

- Extraordinary Circumstances Extensions or Exemptions (ECE) Policy established a separate submission deadline for ECE requests related to eCQM reporting circumstances to be April 1 following the end of the reporting calendar year. For example, for data collected during the CY 2016 reporting period (through December 31, 2016), hospitals would have until April 1, 2017, to submit an ECE request.

Expansion of IQR Program Data Validation

eCQM data validation begins with CY 2017 data reported in the spring of 2018 and will:

- Continue to include up to 600 hospitals for chart-abstracted validation for the IQR Program
- Include up to 200 additional hospitals selected via random sample for eCQM data validation (Hospitals selected for chart-abstracted measures validation or granted an ECE for eCQM reporting would be excluded)
- Require submission of timely and complete medical record information from the EHR for at least 75% of sampled records
- Will not be scored on the basis of measure accuracy (for the first year of eCQM data validation only)

NOTE: Timely and complete submission of medical record information will impact FY 2020 payment updates for IPPS hospitals

eCQM Data Validation: Submission Requirements

- 32 cases (individual patient–level reports) randomly selected from the QRDA Category I file submitted per hospital selected for validation (within 30 days of the medical records request date)

- Sufficient patient level information to match the requested medical record to the original submitted eCQM measure data

- Defined as the entire medical record that sufficiently documents the eCQM measure data elements, including but not limited to:
  - Arrival date and time
  - Inpatient admission date
  - Discharge date from inpatient episode of care

Public Reporting of eCQM Data

- Public reporting of eCQM data on *Hospital Compare* has been delayed in conjunction with the implementation of the eCQM data validation process
- Public reporting of eCQM data will be addressed in a future CMS IPPS rule

FY 2017 IPPS Final Rule:
IQR – EHR Incentive Program Requirements

IQR – EHR INCENTIVE PROGRAM ALIGNMENT

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CY 2017 Electronic Reporting Requirements Medicare EHR Incentive and Hospital IQR Programs

If participating in both the Medicare EHR Incentive and the Hospital IQR Programs:

- Self-select 8 of 15 available CQMs

  Electronic reporting of the OQR Program CQM (ED–3, NQF 0496) is not applicable when reporting on CQMs for both programs, resulting in the reporting of 15 available CQMs

- Electronically submit QRDA Category I files through the *QualityNet Secure Portal*

- Submission deadline: **February 28, 2018, 11:59 PM**

CY 2017 Medicare EHR Incentive Program Requirements – Reporting via Attestation

Eligible hospitals and CAHs participating in the Medicare EHR Incentive Program Only:

- Report on all 16 available CQMs
- Attest to CQMs through the EHR Registration & Attestation System
- For those who are demonstrating meaningful use for the first time in 2017:
  - Reporting period is any continuous 90-day period within CY 2017
  - Submission period is 2 months following the close of the calendar year, ending February 28, 2018, 11:59 PM
- For those who have demonstrated meaningful use in any year prior to 2017:
  - Reporting period is the full CY 2017, consisting of four quarterly reporting periods
  - Submission period 2 months following the close of the calendar year, ending February 28, 2018 11:59 PM

CY 2017 Medicare EHR Incentive Program Requirements – Reporting Electronically

Eligible hospitals and CAHs participating in the Medicare EHR Incentive Program Only:

- Report on 8 of the available CQMs
- Electronically report CQMs through the *QualityNet Secure Portal*
- For those who are demonstrating meaningful use for the first time in 2017 or have demonstrated meaningful use in any year prior to 2017:
  - Reporting period is the full CY 2017, consisting of four quarterly data reporting periods
  - Submission period begins in late spring 2017 and continues through the 2 months following the close of the calendar year, ending February 28, 2018, 11:59 PM

CY 2017 Medicaid EHR Incentive Program

- Eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program that report electronically:
    - Report on 8 of the available CQMs
- CMS provides States with the flexibility to determine the submission periods for reporting CQMs
- States continue to be responsible for determining whether and how electronic reporting of CQMs occurs, or if States wish to allow reporting through attestation

NOTE: Any changes that States make to CQM reporting methods must be submitted through the State Medicaid Health IT Plan (SMHP) process for CMS to review and approve prior to being implemented

CY 2018 & Future Years – Medicare EHR Incentive Program

Starting in 2018, eligible hospitals and CAHs participating in the Medicare EHR Incentive Program:

- Must electronically report CQMs using CEHRT where feasible
- **Note**: Attestation will no longer be an option, except in certain circumstances where electronic reporting is not feasible

For questions regarding the EHR Incentive Programs, please contact the EHR Information Center (EHRIC):

> 1.888.734.6433, 7:30 a.m. − 6:30 p.m., CT Monday through Friday

Definition of Successful eCQM Data Submission

To successfully submit the 8 self-selected eCQMs, report them as any combination of:

- Accepted QRDA Category I files with patients meeting the Initial Patient Population (IPP) of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

Zero Denominator Declarations

For the EHR Incentive and Hospital IQR Programs a Zero Denominator can be used when both:

- A hospital's EHR system is certified for an eCQM
- A hospital does not have patients that meet the denominator criteria of that CQM

NOTE:

- A Zero Denominator submission counts as successful for that eCQM for both the Medicare EHR Incentive Program and the Hospital IQR Program
- Zero Denominator Declarations are entered on the Denominator Declaration screen within the *QualityNet Secure Portal*

Case Threshold Exemptions

For the EHR Incentive and Hospital IQR Programs, the Case Threshold Exemption can be used when both:

- A hospital's EHR system is certified to report data
- Five or fewer discharges have occurred during the relevant EHR reporting quarter

NOTE:

- An eCQM counts toward meeting the program requirement, if the eligible hospital or CAH qualifies for an exemption for that eCQM
- Hospitals do not have to utilize the Case Threshold Exemption; they can submit applicable QRDA Category I files, if they choose
- Case Threshold Exemptions are entered on the Denominator Declaration screen within the *QualityNet Secure Portal*

CY 2017 QRDA Category I File Format Expectations

- One file, per patient, per quarter
- File should include all the episodes of care and the measures associated with the patient file in that reporting period
- Files can be submitted quarterly, bi-annually, or annually
- Maximum individual file size of 5 MB
- Files uploaded by Zip file (.zip)
- Maximum submission of 15,000 files per zip file (If a hospital has more than 15,000 patient files per quarter, hospitals can submit additional zip files)

CY 2017 Availability of CMS Data Receiving System in *QualityNet Secure Portal*

Accommodations to facilitate data reporting for a calendar year on a quarterly, bi-annual, or annual basis include:

- The CMS data receiving system in *QualityNet Secure Portal* is opening in late spring of 2017 for test and production files (The CMS data receiving system submission period was extended to provide flexibility)

- The Pre-Submission Validation Application (PSVA) Testing Tools will continue to be available

Pre-Submission Validation Application (PSVA) Tool

- Allows submitters to locate and correct QRDA Category I file formatting errors prior to data submission to CMS

- Serves as a voluntary tool − CMS recommends vendors and facilities test early and often

- Downloadable from the Secure File Transfer in the *QualityNet Secure Portal* and installs on your system

- Available as Version 1.1.2

  - Version 1.2 will be released late September 2016 – ListServe will be distributed shortly outlining tool upgrades

  Please contact the QualityNet Help Desk for additional information

    - QNetSupport@hcqis.org
    - 1-866-288-8912, 7 AM - 7 PM CT, Monday through Friday

Resources

QualityNet Help Desk – PSVA and Data Upload

Qnetsupport@hcqis.org

1-866-288-8912, 7 AM - 7 PM CT, Monday through Friday

eCQM General Program Questions – IQR Program & Policy

https://cms-ip.custhelp.com

1-866-800-8765 or 1-844-472-4477, 7 AM–7 PM CT Monday through Friday (except holidays)

EHR (Meaningful Use) Information Center – EHR Incentive Program

1-888-734-6433, 7:30 AM – 6:30 PM, CT Monday through Friday

JIRA – Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System

http://oncprojectracking.org

Resource to submit questions and comments regarding:

- o Issues identified with eCQM logic
- o Clarification on specifications
- o The Combined QRDA IG for 2017

FY 2017 IPPS Final Rule:
IQR – EHR Incentive Program Requirements

QUESTION AND ANSWER SESSION