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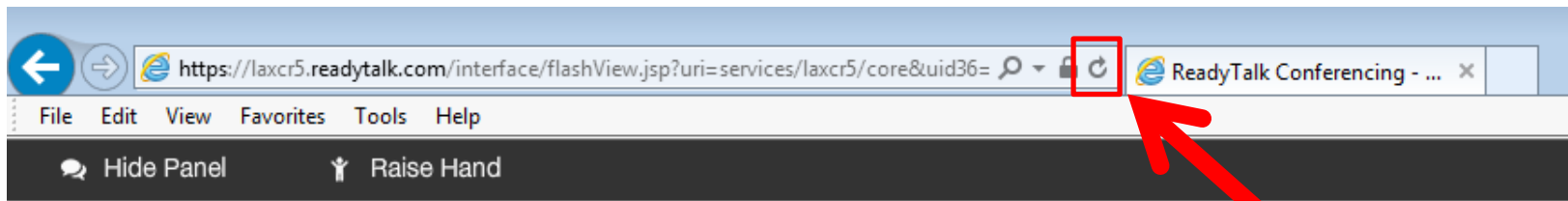


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– or –  
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 F5 Key  
Top Row of Keyboard

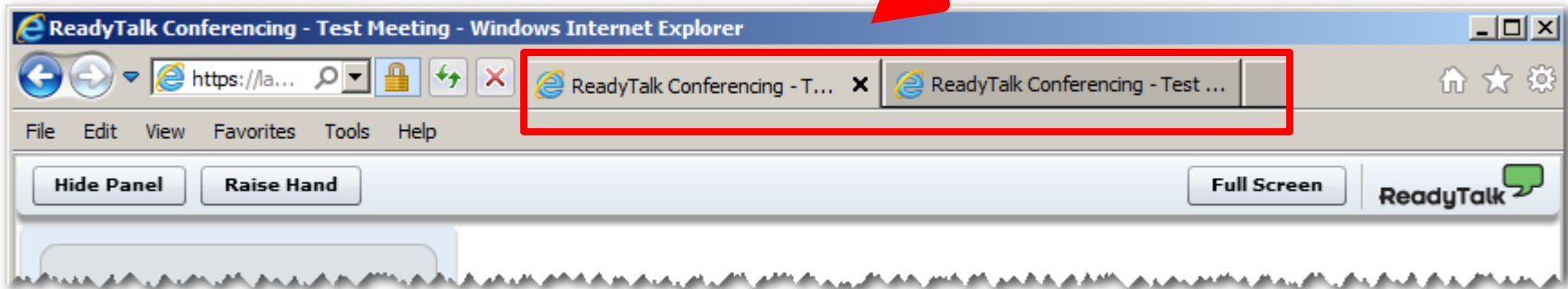


Location of Buttons

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# Troubleshooting Echo

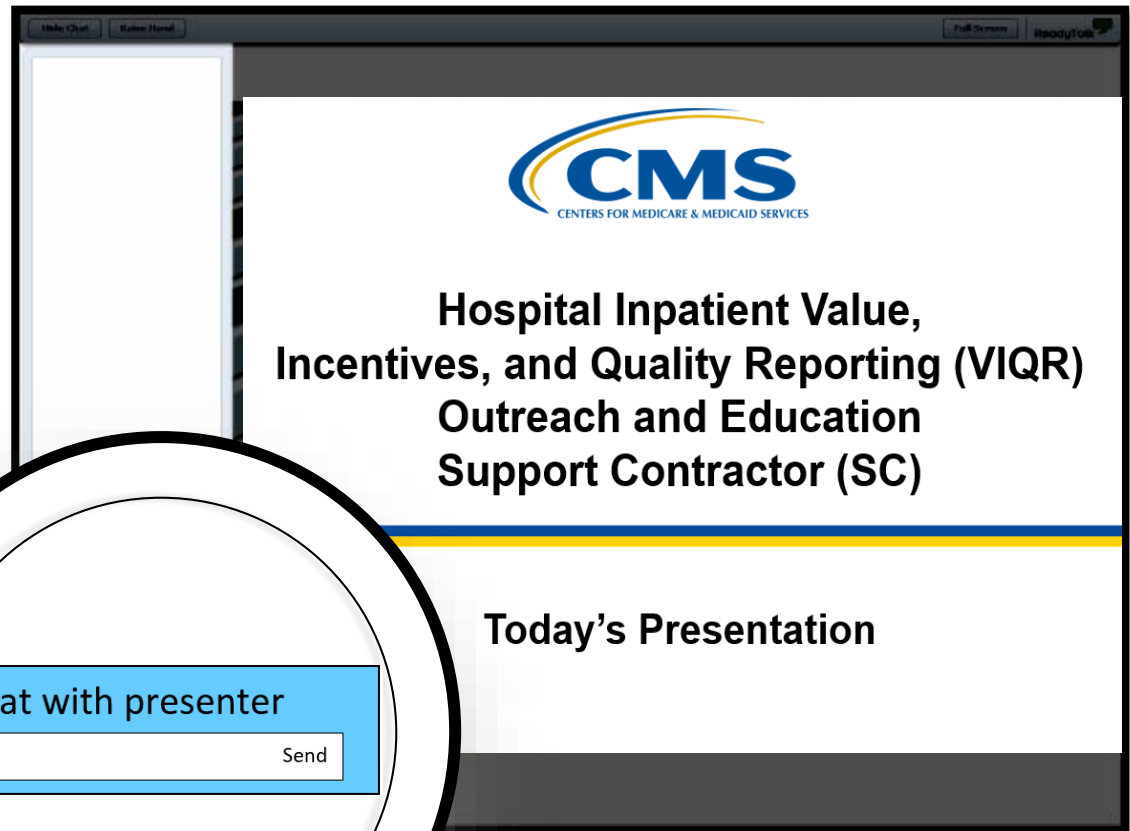
- Hear a bad echo on the call?
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# **FY 2019 IPPS/LTCH PPS Final Rule: Overview of eCQM Reporting and Promoting Interoperability Programs**

**September 26, 2018**

# Speakers

## **Shanna Hartman, MS, RN**

Nurse Consultant, Division of Electronic and Clinician Quality  
Center for Clinical Standards and Quality (CCSQ), CMS

## **Grace H. Snyder, JD, MPH**

Program Lead, Hospital Inpatient Quality Reporting (IQR) Program and  
Hospital Value-Based Purchasing (VBP) Program  
Division of Value, Incentives, and Quality Reporting, CCSQ, CMS

## **Jessica Wright, MS, RN, CNL, CPHQ**

Nurse Consultant, Division of Health Information Technology  
Quality Measurement and Value-Based Incentives Group, CCSQ, CMS

## **Speaker/Moderator**

### **Artrina Sturges, EdD**

Alignment of eCQMs Lead  
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)  
Outreach and Education Support Contractor (SC)

# Purpose

This presentation will provide participants with an overview of the Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule, focusing on finalized electronic clinical quality measure (eCQM) reporting requirements for the Hospital IQR Program and finalized requirements for the Medicare and Medicaid Promoting Interoperability Programs for hospitals (previously known as the Medicare and Medicaid Electronic Health Record Incentive Programs).

# Objectives

Participants will be able to:

- Locate the FY 2019 IPPS/LTCH PPS Final Rule text.
- Identify changes pertinent to eCQM reporting requirements for the Hospital IQR Program and the Medicare and Medicaid Promoting Interoperability Programs within the FY 2019 IPPS/LTCH PPS Final Rule.



# Acronyms and Abbreviations

<b>CAH</b>	critical access hospital	<b>HQMF</b>	Health Quality Measure Format
<b>CCSQ</b>	Center for Clinical Standards and Quality	<b>HWR</b>	hospital-wide readmission
<b>CE</b>	continuing education	<b>IPPS</b>	inpatient prospective payment system
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>IQR</b>	Inpatient Quality Reporting
<b>CQL</b>	Clinical Quality Language	<b>LTCH</b>	long-term care hospital
<b>CQM</b>	clinical quality measure	<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>CY</b>	Calendar Year	<b>PDMP</b>	Prescription Drug Monitoring Program
<b>ECE</b>	Extraordinary Circumstances Exception	<b>PPS</b>	prospective payment system
<b>eCQI</b>	electronic clinical quality improvement	<b>PT</b>	Pacific Time
<b>eCQM</b>	electronic clinical quality measure	<b>SC</b>	support contractor
<b>ED</b>	emergency department	<b>Q</b>	quarter
<b>EH</b>	eligible hospital	<b>QDM</b>	Quality Data Model
<b>EHR</b>	electronic health record	<b>QRDA</b>	Quality Reporting Document Architecture
<b>EP</b>	eligible professional	<b>VBP</b>	Value-Based Purchasing
<b>FY</b>	Fiscal Year	<b>VIQR</b>	Value, Incentives, and Quality Reporting

**Shanna Hartman, MS, RN**

Nurse Consultant, Division of Electronic and Clinician Quality, CCSQ, CMS

## **Review of 2019 eCQM Reporting Technical Specifications and Resources**

# eCQI Resource Center

The eCQI Resource Center is a one-stop shop for the most current resources to support electronic clinical quality improvement (eCQI). Resources include:

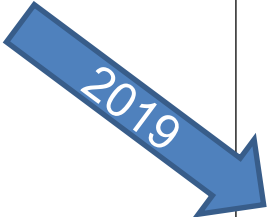
- eCQM specifications and supporting materials
- eCQI standards
  - Clinical Quality Language (CQL)
  - Quality Data Model (QDM)
  - Quality Reporting Document Architecture (QRDA)
- Tools and Resources
  - Education
  - Implementation resources
    - Checklists
    - eCQM measure logic and implementation guidance
    - Technical release notes
  - Tools library

# eCQI Resource Center

The screenshot shows the eCQI Resource Center website. At the top left, the logo reads "eCQI Resource Center" in green and blue. To the right is the CMS logo (Centers for Medicare & Medicaid Services) and the text "The Office of the National Coordinator for Health Information Technology". Below the logo is the tagline: "The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement." A navigation bar contains links for "eCQM", "EP/EC eQMs", "EH/CAH eQMs" (circled in red), "Tools and Resources", "eCQI Standards", "Learn More About", and "Contact Us". Below the navigation bar is a search bar with a "Search" button and a "Login" button. The main content area features a heading: "Learn about eCQI resources and connect with the community of professionals who are dedicated to clinical quality improvement for better health". There are four main content boxes: 1. "eQMs" with a document icon and text: "The who, what, when, where, and why of electronic Clinical Quality Measures (eQMs)". 2. "Eligible Hospital and Critical Access Hospital eQMs" with a hospital icon and text: "eQMs and supporting materials for use by Eligible Hospitals and Critical Access Hospitals". 3. "Education" with a graduation cap icon and text: "A selection of educational materials and resources to broaden your eCQI knowledge". 4. "Eligible Professional and Clinician eQMs" with a person icon and text: "eQMs and supporting materials for use by Eligible Professionals and Clinicians". At the bottom left, there is a link for "Latest News". At the bottom right, there is a link: "View the full event calendar [here](#)."

<https://ecqi.healthit.gov>

# Eligible Hospital/ Critical Access Hospital eCQMs



## Eligible Hospital / Critical Access Hospital eCQMs

The electronic clinical quality measures (eCQMs) are updated for calendar year 2019 reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare and Medicaid Promoting Interoperability programs for Eligible Hospitals and Critical Access Hospitals. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to the Hospital IQR Program and for aligned credit for reporting of eCQMs to the Promoting Interoperability programs requires that hospitals use the most current version of the eCQMs identified below for the applicable reporting period.

In addition, CMS may publish addenda to the eCQM updates. The addenda provide updates to the codes used in value sets based on code system changes.

CMS has updated eCQMs for potential inclusion in the following programs:

- [Hospital Inpatient Quality Reporting \(IQR\) Program](#) <sup>HP</sup>
- [Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals](#) <sup>HP</sup> (formerly known as the Medicaid Electronic Health Record (EHR) Incentive Program)
- [Medicare Promoting Interoperability Electronic Health Record \(EHR\) Incentive Programs for Eligible Hospitals and Critical Access Hospitals](#) <sup>HP</sup> (formerly known as the Medicare EHR Incentive Program)

Use the eCQM Materials and follow the [eCQM Implementation Checklist](#) to update your electronic health record and processes for eCQM use and reporting.

Select Reporting Period Search

2019

Search

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### 2019 REPORTING PERIOD ELIGIBLE HOSPITAL / CRITICAL ACCESS HOSPITAL ECQMS

For Use <span style="float: right;">⌵</span>	eCQM Materials	Published <span style="float: right;">⌵</span>	File Type <span style="float: right;">⌵</span>
2019 Q1-Q4	<a href="#">Implementation Checklist: eCQM Annual Update</a>	May 2018	link
2019 Q1-Q4	<a href="#">Guide for Reading eCQMs</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">Eligible Hospitals Table of eCQMs</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">eCQM Specifications for Eligible Hospitals</a>	May 2018	zip
2019 Q1-Q4	<a href="#">eCQM Value Sets</a> <sup>HP</sup>	May 2018	link
2019 Q1-Q4	<a href="#">Binding Parameter Specification (BPS)</a> <sup>HP</sup>	May 2018	zip
2019 Q1-Q4	<a href="#">eCQM Measure Logic Guidance v2.0</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">Technical Release Notes (pdf)</a>	May 2018	pdf

<https://ecqi.healthit.gov/eh>

# Eligible Hospital/ Critical Access Hospital eCQMs

## 2019 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

[View Archive](#)

For Use	eCQM Materials	Published	File Type
2019 Q1-Q4	<a href="#">Implementation Checklist eCQM Annual Update</a>	May 2018	link
2019 Q1-Q4	<a href="#">Implementation Checklist eCQM Addendum</a>	Sep 2018	link
2019 Q1-Q4	<a href="#">Guide for Reading eCQMs (pdf)</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">Eligible Hospitals Table of eCQMs (pdf)</a>	Jun 2018	pdf
2019 Q1-Q4	<a href="#">eCQM Specifications for Eligible Hospitals (zip)</a>	May 2018	zip
2019 Q1-Q4	<a href="#">eCQM Value Sets Addendum</a>	Sep 2018	link
2019 Q1-Q4	<a href="#">Binding Parameter Specification (BPS) Addendum</a>	Sep 2018	link
2019 Q1-Q4	<a href="#">eCQM Measure Logic Guidance v2.0 (pdf)</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">Technical Release Notes (code system updates only) Addendum (pdf)</a>	Sep 2018	pdf
2019 Q1-Q4	<a href="#">Technical Release Notes Addendum (pdf)</a>	Sep 2018	pdf
2019 Q1-Q4	<a href="#">Technical Release Notes (code system updates only) Addendum (zip)</a>	Sep 2018	zip
2019 Q1-Q4	<a href="#">Technical Release Notes Addendum (zip)</a>	Sep 2018	zip
2019 Q1-Q4	<a href="#">CMS QRDA I Implementation Guide for Hospital Quality Reporting (pdf)</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting (zip)</a>	May 2018	zip
2019 Q1-Q4	<a href="#">eCQM Annual Update Pre-Publication Document (pdf)</a>	Feb 2018	pdf
2019 Q1-Q4	<a href="#">eCQM Value Set Addendum FAQs (pdf)</a>	Jul 2018	pdf

← eCQM Materials

eCQM Specifications  
Technical Release Notes  
Implementation Guides  
QRDA Links

-USHIK Links are not updated for the 2019 Reporting Period.

Measure Name	Short Name	CMS eCQM ID	NQF ID	Meaningful Measure Area	USHIK Version Links
<a href="#">Anticoagulation Therapy for Atrial Fibrillation/Flutter</a>	STK-03	CMS71vB	None	Preventive Care	<a href="#">Version Detail</a> <a href="#">Version Compare</a>

← eCQM Table

Acronyms

# Eligible Hospital/Critical Access Hospital eCQMs – Measure Detail

## Elective Delivery

### eCQMs for 2018 Reporting Period

[CMS102v6 - Stroke10](#)  
[CMS104v6 - Stroke2](#)  
[CMS105v6 - Stroke6](#)  
[CMS107v6 - Stroke8](#)  
[CMS108v6 - VTE1](#)  
[CMS111v6 - ED2](#)  
[CMS113v6 - PC01](#)  
[CMS190v6 - VTE2](#)  
[CMS29v5 - HMPIC](#)  
[CMS31v6 - EHD1\\_1a](#)  
[CMS32v7 - ED3](#)  
[CMS53v6 - AMIBa](#)  
[CMS59v6 - ED1](#)  
[CMS71v7 - Stroke3](#)  
[CMS72v6 - Stroke5](#)  
[CMS9v6 - BF](#)

Last updated: October 25, 2017

**CMS Measure ID:** CMS113v6  
**Version:** 6  
**NQF Number:** 0469  
**Measure Description:** Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed  
**Initial Patient Population:** Patients age >= 18 years and < 65 admitted to the hospital for inpatient acute care to undergo a delivery procedure and had a length of stay less than or equal to 120 days that ends during the measurement period  
**Denominator Statement:** Patients delivering newborns with >= 37 and < 39 weeks of gestation completed  
**Denominator Exclusions:** Patients with conditions possibly justifying elective delivery prior to 39 weeks gestation  
**Numerator Statement:** Patients with elective deliveries by either:  
 - Medical induction of labor while not in labor prior to the procedure  
 - Cesarean birth while not in labor and with no history of a prior uterine surgery  
**Numerator Exclusions:** Not Applicable  
**Denominator Exceptions:** None  
**Measure Steward:** The Joint Commission  
**Short Name:** PC01  
**Previous Version:** CMS113v5  
**Improvement Notation:** Improvement noted as a decrease in the rate

**Guidance:** Stillbirth: v2017A of chart-abstracted measure PC-01: Elective Delivery contains a denominator exclusion data element for Stillbirth. The value set for eCQM Denominator exclusion data element Assessment, Performed: Conditions Possibly Justifying Elective Delivery includes SNOMED CT and ICD-10 CM concepts representing Stillbirth and history of Stillbirth.  
 Whenever the gestational age is mentioned with relative timing to delivery, the intent is to capture the estimated gestational age on the day of delivery.  
 It is acceptable to calculate Gestational Age using the American College of Obstetricians and Gynecologists ReVITALize guidelines, which define Gestational Age as calculated using the best obstetrical Estimated Due Date (EDD) based on the formula:  
 Gestational Age: (280-(EDD-Reference Date))/7  
 where Reference Date is the date on which you are trying to determine gestational age. For PC-01, Reference Date is the Date of Delivery.  
 Note however that the calculation may yield a non-whole number and gestational age should be rounded off to the nearest completed week. For example, an infant born on the 5th day of the 36th week (35 weeks and 5/7 days) is at a gestational age of 35 weeks, not 36 weeks.

**Notes:** Value Set content updated Sept 2017



### Specifications

[CMS113v6.html](#)  
[CMS113v6.xml](#)  
[CMS113v6\\_SimpleXML.xml](#)  
[EH\\_CAH\\_CMS113v6\\_NQF0469\\_PC01.zip](#)  
[CMS113v6\\_TRN\\_2018.xlsx](#)

### Release Notes

Header

## Specifications

 [CMS113v6.html](#)  
 [CMS113v6.xml](#)  
 [CMS113v6\\_SimpleXML.xml](#)  
 [EH\\_CAH\\_CMS113v6\\_NQF0469\\_PC01.zip](#)  
 [CMS113v6\\_TRN\\_2018.xlsx](#)

<https://ecqi.healthit.gov/ecqm/measures/cms113v6>



# Value Set Addendum

Select Reporting Period Search

2019

## 2019 Reporting Period Eligible Hospital / Critical Access Hospital eQMs

[View Archive](#)

For Use	eQm Materials	Published	File Type
2019 Q1-Q4	<a href="#">Implementation Checklist eQm Annual Update</a>	May 2018	link
2019 Q1-Q4	<a href="#">Implementation Checklist eQm Addendum</a>	Sep 2018	link
2019 Q1-Q4	<a href="#">Guide for Reading eQMs (pdf)</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">Eligible Hospitals Table of eQMs (pdf)</a>	Jun 2018	pdf
2019 Q1-Q4	<a href="#">eQm Specifications for Eligible Hospitals (zip)</a>	May 2018	zip
2019 Q1-Q4	<a href="#">eQm Value Sets Addendum </a>	Sep 2018	link
2019 Q1-Q4	<a href="#">Binding Parameter Specification (BPS) Addendum </a>	Sep 2018	link
2019 Q1-Q4	<a href="#">eQm Measure Logic Guidance v2.0 (pdf)</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">Technical Release Notes (code system updates only) Addendum (pdf)</a>	Sep 2018	pdf
2019 Q1-Q4	<a href="#">Technical Release Notes Addendum (pdf)</a>	Sep 2018	pdf
2019 Q1-Q4	<a href="#">Technical Release Notes (code system updates only) Addendum (zip)</a>	Sep 2018	zip
2019 Q1-Q4	<a href="#">Technical Release Notes Addendum (zip)</a>	Sep 2018	zip
2019 Q1-Q4	<a href="#">CMS QRDA I Implementation Guide for Hospital Quality Reporting (pdf)</a>	May 2018	pdf

Links to Value Sets

Technical Release Notes



# Value Set Addendum

## Discharged on Antithrombotic Therapy

eQMs for 2019 Reporting Period

Last updated: September 14, 2018

CMS104v7 - STK-10  
**CMS104v7 - STK-02**  
 CMS105v7 - STK-06  
 CMS107v7 - STK-08  
 CMS108v7 - VTE-1  
 CMS111v7 - FX3-3  
 CMS113v7 - PC-01  
 CMS190v7 - VTE-2  
 CMS264v6 - CAC-3  
 CMS291v7 - CHD+14  
 CMS324v6 - ED-3  
 CMS337v7 - AML-8a  
 CMS55v7 - ED-1  
 CMS774v6 - STK-03  
 CMS792v7 - STK-04  
 CMS8v7 - PC-05

**CMS Measure ID:** CMS104v7

**Version:** 7

**NQF Number:** None

**Measure Description:** Ischemic stroke patients prescribed or continuing to take antithrombotic therapy at hospital discharge

**Initial Patient Population:** Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days that ends during the measurement period

**Numerator Statement:** Patients with a principal diagnosis of ischemic stroke

**Denominator Exclusions:**  
 \*Patients with comfort measures documented  
 \*Patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations.  
 \*Patients discharged to another hospital  
 \*Patients who left against medical advice  
 \*Patients who expired  
 \*Patients discharged to home for hospice care  
 \*Patients discharged to a health care facility for hospice care

**Numerator Statement:** Patients prescribed or continuing to take antithrombotic therapy at hospital discharge

**Numerator Exclusions:** Not Applicable

**Denominator Exceptions:** Patients with a documented reason for not prescribing antithrombotic therapy at discharge

**Measure Steward:** The Joint Commission

**Short Name:** STK-02

**Previous Version:** CMS104v6

**Improvement Notation:** Improvement noted as an increase in rate

**Guidance:** The Non-elective Inpatient Encounter value set intends to capture all non-scheduled hospitalizations. This value set is a subset of the Inpatient encounter value set, excluding concepts that specifically refer to elective hospital admissions. Non-elective admissions include emergency, urgent and unplanned admissions.  
 The Medication, Discharge datatype refers to the discharge medication list and is intended to express medications ordered for post-discharge use.

**Meaningful Measure:** Preventive Care

### Specifications

[CMS104v7.html](#)  
[CMS104v7.zip](#)  
[CMS104v7\\_VBM.xlsx](#)

### Release Notes

#### Header

- Updated Version Number
- Measure Section:** Measure Version number
- Source of Change:** Measure Lead
- Updated Copyright
- Measure Section:** Copyright
- Source of Change:** Annual Update

#### Logic

- Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not Unchanged' so conform with QDM 5.3 changes.
- Measure Section:** Denominator Exclusions

Updated Specifications and  
 Technical Release Notes

# Eligible Hospital/Critical Access Hospital eCQMs – QRDA

## QRDA - Quality Reporting Document Architecture

About

Tools & Resources

Previous Versions

Education

Connect

The Quality Reporting Document Architecture (QRDA) is the data submission standard used for a variety of quality measurement and reporting initiatives. QRDA creates a standard method to report quality measure results in a structured, consistent format and can be used to exchange eCQM data between systems.

### Current QRDA Reference and Implementation Guides:

#### 2019 Reporting and Performance Period

[Find 2019 QRDA here and in eCQM materials](#)

The 2019 CMS QRDA Category I Implementation Guide for Eligible Hospitals for 2019 eCQM reporting is based on the HL7 Implementation Guide for Clinical Document Architecture (CDA) Release 2: Quality Reporting Document Architecture (QRDA) Category I, Release 1, Standard for Trial Use Release 5 (published December 2017).

- 2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting (pdf)
- 2019 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (zip)

#### 2018 Reporting and Performance Period

For 2018 reporting, there are two CMS QRDA Implementation Guides: one CMS Implementation Guide for Eligible Hospitals and a separate CMS Implementation Guide for Eligible Clinicians.

- 2018 CMS QRDA I Implementation Guide for Hospital Quality Reporting (pdf)
- 2018 CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting (zip)
- 2018 CMS QRDA III Implementation Guide for Eligible Professionals (EPs) and Eligible Clinicians (pdf) (Updated March 2018)
- 2018 CMS QRDA III Schematrons and Sample Files for Eligible Professionals (EPs) and Eligible Clinicians (zip)

#### 2017 Reporting and Performance Period

The CMS QRDA Category I Implementation Guide for Eligible Hospitals for 2017 eCQM reporting is based on the HL7 QRDA Category I, STU Release 3.1 and further constrains the base HL7 QRDA Category I standard by providing CMS-specific requirements for Eligible Hospitals, such as requiring the CMS Certification Number when submitting QRDA Category I reports.

<https://ecqi.healthit.gov/qrda>

# Contact the eCQI Resource Center

Submit news, events, content, and questions about the eCQI Resource Center to [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov).

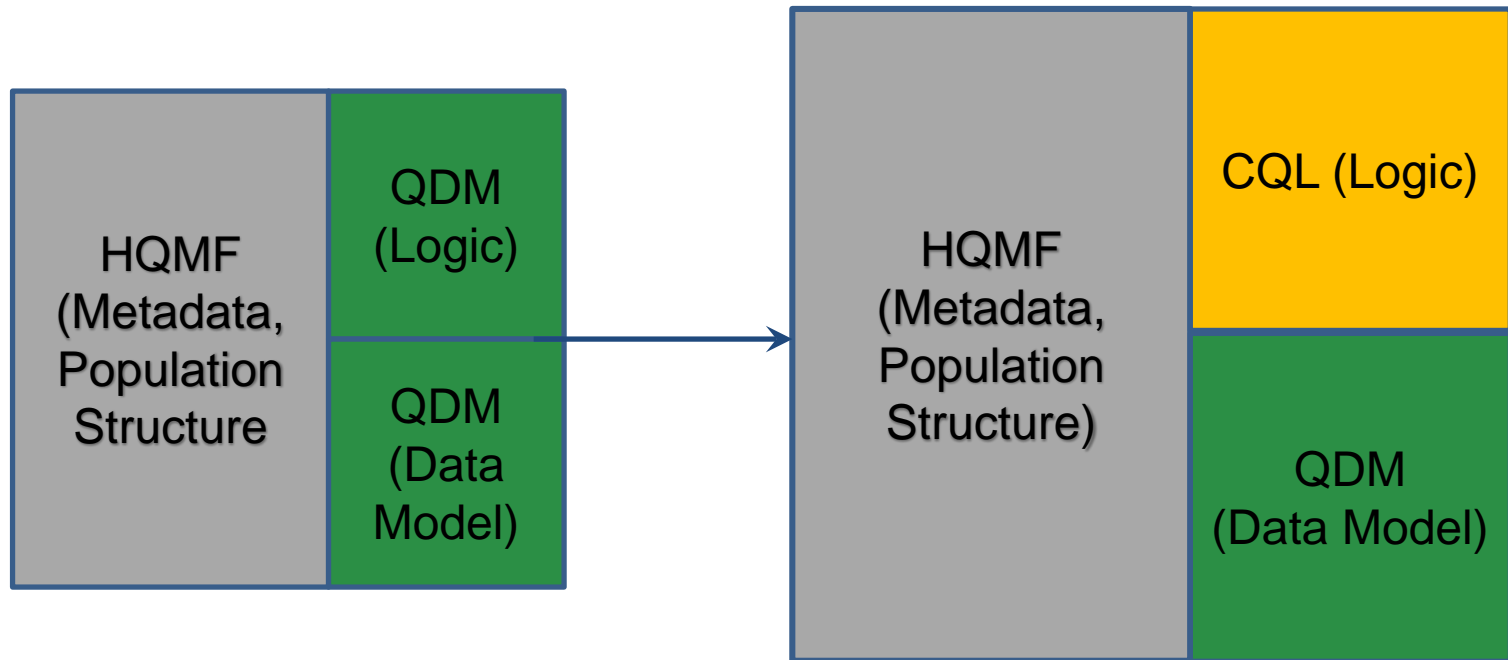
**Shanna Hartman, MS, RN**

Nurse Consultant, Division of Electronic and Clinician Quality CCSQ, CMS

## **Use of CQL Standard**

# What is CQL?

**Current (through CY 2018)**      **New (beginning CY 2019)**



**HQMF** = Health Quality Measure Format

**CQL** = Clinical Quality Language

**QDM** = Quality Data Model

# What is CQL?

- CQL is a Health Level Seven International standard that aims to unify the expression of logic for eCQMs and Clinical Decision Support (CDS).
- CQL provides the ability to better express logic defining measure populations to improve the accuracy and clarity of eCQMs
- CQL is a standard language for expressing clinical knowledge that is readable, shareable, and computable.

# What is CQL?

- eCQMs will be transitioned to use the CQL standard for logic expression beginning with the CY 2019 reporting period.
- Measure developers successfully tested CQL for expressing eCQMs from 2016 through 2017.
- CMS published CQL-based eCQMs on May 4, 2018.
- CQL is applicable to eligible hospitals (EHs), Critical Access Hospitals (CAHs), Eligible Professionals (EPs), and eligible clinicians participating in the following programs:
  - Hospital Inpatient Quality Reporting (IQR) Program
  - Medicare and Medicaid Promoting Interoperability Program (previously known as the Medicare and Medicaid Electronic Health Record Incentive Program)
  - Quality Payment Program: Merit-based Incentive Payment System and Advanced Alternative Payment Models
  - Comprehensive Primary Care Plus

# Benefits of CQL

CQL allows:

- Definition of exact time relationships needed (e.g., are the data elements separated by seconds, minutes, hours, or days).
- Clearer data element start and stop times that were often vague or ambiguous in QDM logic.
- Calculation in a format more suitable for computer processing.
- Simple calculations (e.g., stating basic addition, subtraction, or multiplication not possible with QDM logic).



# Intent of CQL

CQL more accurately represents clinical performance by allowing the use of more precise methods to define activities.

- Improves the ability to read, interpret, and understand measure logic
- Enables more automation to retrieve data with less data entry on the front end
- Allows for prospective evaluation of a patient's record to recommend actions as CDS

# Summary

- Transition to CQL begins with 2019 reporting period.
  - CQL replaces QDM logic.
  - CQL aims to improve usability and accuracy.
- Measures are available at the [eCQI Resource Center Eligible Hospital page](#).

**Grace H. Snyder, JD, MPH**

Program Lead, Hospital IQR Program and Hospital VBP Program  
Division of Value, Incentives, and Quality Reporting, CCSQ, CMS

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## **Hospital IQR Program**

# CY 2018 eCQM Reporting Period At A Glance

- No changes were made to the Calendar Year (CY) 2018 eCQM reporting requirements in the FY 2019 IPPS/LTCH PPS proposed or final rule.
- The CMS system is currently open for submission of QRDA Category I files for 2018 eCQM data, via the *QualityNet Secure Portal*.
  - Deadline for data submission is February 28, 2019, 11:59 p.m. Pacific Time (PT).
- The CMS system is currently open for submission of QRDA Category I files for the voluntary Hybrid Hospital-Wide Readmission (HWR) measure, via the *QualityNet Secure Portal*.
  - Deadline for data submission is December 14, 2018, 11:59 p.m. PT.

# CY 2018 eCQM Reporting Period At A Glance

- The Pre-Submission Validation Application tool is available to perform format checks and submit QRDA Category I test and production files for the following:
  - eCQMs
  - Hybrid HWR measure
- Visit the [eCQM Webpage](#) on the [QualityNet.org](#) website to locate the following:
  - [E-mail notifications](#)
  - [eCQM Resources and Self-Directed Tools](#)
- Visit the [EH/CAH eCQMs tab](#) on the [eCQI Resource Center](#) to obtain technical resources for the applicable reporting period.

# Finalized eCQM Removals for CY 2020 Reporting Period (FY 2022 Payment Determination)

Short Name	Measure Name
AMI-8a	Primary Percutaneous Coronary Intervention Received Within 90 Minutes of Hospital Arrival
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver
ED-1	Median Time from Emergency Department (ED) Arrival to ED Departure for Admitted ED Patients
ED-3*	Median Time from ED Arrival to ED Departure for Discharged ED Patients
EHDI-1a	Hearing Screening Prior to Hospital Discharge
PC-01	Elective Delivery
STK-08	Stroke Education
STK-10	Assessed for Rehabilitation

\* Removed by the Medicare and Medicaid Promoting Interoperability Programs

# EHR-Based Clinical Process of Care Measures (eCQMs) By Fiscal Year

Measure ID	Measure Name	Hospital IQR Program					Promoting Interoperability Programs				
		Fiscal Year					Fiscal Year				
		19	20	21	22	23	19	20	21	22	23
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	✓	✓	✓			✓	✓	✓		
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver	✓	✓	✓			✓	✓	✓		
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients						✓	✓	✓		
EHDI-1a	Hearing Screening Prior to Hospital Discharge	✓	✓	✓			✓	✓	✓		
PC-01	Elective Delivery	✓	✓	✓			✓	✓	✓		
PC-05	Exclusive Breast Milk Feeding and the Subset Measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-02	Discharged on Antithrombotic Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-06	Discharged on Statin Medication	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-08	Stroke Education	✓	✓	✓			✓	✓	✓		
STK-10	Assessed for Rehabilitation	✓	✓	✓			✓	✓	✓		
VTE-1	Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

# Potential Inclusion of New EHR-Based Quality Measures

CMS invited public comment on the potential inclusion of the following measures in the Hospital IQR and Promoting Interoperability Programs:

- Hybrid Hospital-Wide Mortality Measure with Electronic Health Record (EHR) Data (as well as a fully claims-based version of the same measure)
- Hospital Harm – Opioid-Related Adverse Events eCQM

We thank commenters and will consider their views as we develop future policy regarding the use of these measures.

A summary of public comments can be viewed on pp. 41581–41592 of the FY 2019 IPPS/LTCH PPS Final Rule published in the *Federal Register* (vol. 83).



# Future Development and Use of eCQMs

CMS requested public input on the future development and use of eCQMs generally.

We thank all commenters for their feedback and suggestions. All feedback will be taken into account and considered regarding the potential future development and use of eCQMs and for future years of CMS programs.

Comments will be shared with the Office of the National Coordinator for Health Information Technology (ONC) and other partners.

A summary of public comments can be viewed on pp. 41592–41597 of the FY 2019 IPPS/LTCH PPS Final Rule published in the *Federal Register* (vol. 83).

# eCQM Reporting Requirements for the CY 2019 Reporting Period (FY 2021 Payment Determination)

For hospitals participating in the Hospital IQR Program:

- Report on at least four of the available eCQMs for one self-selected quarter (i.e., 1Q, 2Q, 3Q, or 4Q 2019).
- The submission deadline is February 29, 2020.
- Technical requirements:
  - Use EHR technology certified to the **2015 Edition** (ONC standards).
  - Use eCQM specifications published in the 2018 eCQM annual update for 2019 reporting and any applicable addenda, available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>.
  - 2019 CMS QRDA Category I Implementation Guide, available at <https://ecqi.healthit.gov/qrda>.

**Note:** Meeting the Hospital IQR Program eCQM requirement also satisfies the clinical quality measure (CQM) electronic reporting requirement for the Medicare Promoting Interoperability Program (previously known as the Medicare Electronic Health Record Incentive Program).

# Definition of Successful eCQM Data Submission

- Hospital IQR Program policy will continue for the CY 2019 reporting period/FY 2021 payment determination.
- To successfully submit the four self-selected eCQMs, report them as any combination of the following:
  - Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures
  - Zero denominator declarations
  - Case threshold exemptions

# Hospital IQR Program eCQM ECE Policy

- Hospital IQR Program policy will continue for CY 2019 reporting period/FY 2021 payment determination.
- EHs may request an exception from the Hospital IQR Program's eCQM reporting requirement for the applicable program year based on hardships preventing hospitals from electronically reporting.
- Extraordinary Circumstances Exception (ECE) requests are evaluated on a case-by-case basis.
- For additional information about eCQM-related ECE requests, visit the *QualityNet* website at:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775554109>

**NOTE:** The Promoting Interoperability Hardship Exception Application is a separate application process from the Hospital IQR Program eCQM ECE application process. Visit the *Payment Adjustments & Hardship Information* tab on the *CMS.gov* [Promoting Interoperability webpage](#) for additional details.

**Jessica Wright, MS, RN, CNL, CPHQ**

Nurse Consultant, Division of Health Information Technology,  
Quality Measurement and Value-Based Incentives Group, CCSQ, CMS

**Medicare and Medicaid Promoting Interoperability  
Programs (previously known as the Medicare and  
Medicaid Electronic Health Record Incentive Programs)**

# Promoting Interoperability Final Rule Topics

- Name change
  - Promoting Interoperability Programs
- EHR reporting period in 2019 and 2020
- Performance-based scoring methodology
- Final objectives/measures
- CQMs
- Participation by Puerto Rico hospitals
- Medicaid

# Program Name Change

- Formerly referred to as Medicare and Medicaid Electronic Health Record Incentive Programs
- Aligns with the overhaul of the Electronic Health Record Program
- Focuses on measures and objectives that focuses the program on interoperability
- Signals a change in how we view patient data and the safe transmission in health record systems

# Promoting Interoperability Programs

- Certification requirements beginning in CY 2019
  - Requiring 2015 Edition of Certified Electronic Health Record Technology
- EHR Reporting Period for CYs 2019 and 2020
  - A minimum of any continuous 90-day period
- Scoring Methodology
  - New performance-based scoring methodology for EHs and CAHs
  - Must earn a minimum total score of 50 points to satisfy the requirement to report on the objectives and measures of meaningful use



# Objective and Measure Name Changes

2018 Promoting Interoperability Objectives and Measures	2019 Promoting Interoperability Objectives and Measures
<p><b>Objective:</b> Patient Electronic Access to Health Information</p> <p><b>Measure:</b> Provide Patient Access</p>	<p><b>Objective:</b> Provider to Patient Exchange</p> <p><b>Measure:</b> Provide Patients Electronic Access to Their Health Information</p>
<p><b>Objective:</b> Health Information Exchange</p> <p><b>Measure:</b> Send a Summary of Care</p>	<p><b>Objective:</b> Health Information Exchange</p> <p><b>Measure:</b> Supporting Electronic Referral Loops by Sending Health Information</p>
<p><b>Objective:</b> Public Health and Clinical Data Registry Reporting</p>	<p><b>Objective:</b> Public Health and Clinical Data Exchange</p>

# Measures Removed

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

# New Measures

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

# CY 2019 Scoring Methodology for EHS and CAHs Attesting Under Medicare

Objectives	Measures	Maximum Points
Electronic Prescribing	e-Prescribing	10 points
	<i>Bonus:</i> Query of PDMP	5 bonus points
	<i>Bonus:</i> Verify Opioid Treatment Agreement	5 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	<u>Choose any two of the following:</u> <ul style="list-style-type: none"> <li>• Syndromic Surveillance Reporting</li> <li>• Immunization Registry Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Electronic Reportable Laboratory Result Reporting</li> </ul>	10 points

# CY 2019 Scoring Methodology Example

Objective	Measures	Numerator/ Denominator	Performance Rate	Max Points Available	Score
e-Prescribing	e-Prescribing	200/250	80%	10 points	8 points
	<i>Bonus:</i> Query of PDMP	25/75	33%	5 bonus points	5 bonus points
	<i>Bonus:</i> Verify Opioid Treatment Agreement	N/A	N/A	5 bonus points	N/A
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	135/185	73%	20 points	15 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	145/175	83%	20 points	17 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	350/500	70%	40 points	28 points
Public Health and Clinical Data Exchange	<u>Choose any two:</u> <ul style="list-style-type: none"> <li>• Syndromic Surveillance Reporting</li> <li>• Immunization Registry Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Electronic Reportable Laboratory Result Reporting</li> </ul>	Yes	N/A	10 points	10 points
<b>Total Score</b>					<b>83 points</b>

# CY 2020 Scoring Methodology for EHS and CAHs Attesting Under Medicare

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	5 points
	Query of PDMP	5 points
	<i>Bonus: Verify Opioid Treatment Agreement</i>	5 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	<p><u>Choose any two:</u></p> <ul style="list-style-type: none"> <li>• Syndromic Surveillance Reporting</li> <li>• Immunization Registry Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Electronic Reportable Laboratory Result Reporting</li> </ul>	10 points

# CY 2020 Scoring Methodology Example

Objective	Measures	Numerator/ Denominator	Performance Rate	Max Points Available	Score
e-Prescribing	e-Prescribing	200/250	80%	5 points	4 points
	Query of PDMP	150/175	86%	5 points	4 points
	<i>Bonus:</i> Verify Opioid Treatment Agreement	57/352	N/A	5 bonus points	5 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	135/185	73%	20 points	15 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	145/175	83%	20 points	17 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	350/500	70%	40 points	28 points
Public Health and Clinical Data Exchange	<u>Choose any two:</u> <ul style="list-style-type: none"> <li>• Syndromic Surveillance Reporting</li> <li>• Immunization Registry Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Electronic Reportable Laboratory Result Reporting</li> </ul>	Yes	N/A	10 points	10 points
<b>Total Score</b>					<b>83 points</b>

# Exclusions

Objectives	Measures	CY 2019 Exclusion Available	CY 2020 Exclusion Available
Electronic Prescribing	e-Prescribing	Yes	Yes
	Query of PDMP	No <i>Bonus</i>	Yes
	Verify Opioid Treatment Agreement	No <i>Bonus</i>	No <i>Bonus</i>
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	No	No
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Yes	No
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No	No
Public Health and Clinical Data Exchange	<u>Choose any two:</u> <ul style="list-style-type: none"> <li>• Syndromic Surveillance Reporting</li> <li>• Immunization Registry Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Electronic Reportable Laboratory Result Reporting</li> </ul>	Yes	Yes



# CQMs for the Medicare and Medicaid Promoting Interoperability Programs

- CQMs
  - 2019: No Changes
  - 2020: reducing the number of CQMs from 16 to 8
- Reporting period is one, self-selected calendar quarter of CY 2019 data. Must be submitted by February 29, 2020.
- We encourage EHs and CAHs to submit their CQMs electronically through the *QualityNet Secure Portal*.

# Participation in the Medicare Promoting Interoperability Program for Subsection (d) Puerto Rico Hospitals

- Formalizing the Medicare Promoting Interoperability Program for eligible hospitals in Puerto Rico
- Previously implemented in 2016 through guidance
- Aligning the requirements with the requirements for other eligible hospitals in the Medicare Promoting Interoperability Program

**Artrina Sturges, EdD**

Alignment of eCQMs Lead

Hospital Inpatient VIQR Outreach and Education SC

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## **FY 2019 IPPS/LTCH PPS Final Rule Page Directory**

# FY 2019 IPPS/LTCH PPS Final Rule Page Directory

- Download the FY 2019 final rule from the *Federal Register* at <https://federalregister.gov/d/2018-16766>.
- Details regarding various quality programs can be found on the pages listed below:
  - Hospital IQR Program — pp. 41538–41609
  - Clinical Quality Measurement for EHS and CAHs Participating in the Medicare and Medicaid Promoting Interoperability Programs — pp. 41669–41672
  - Changes to the Medicare and Medicaid EHR Incentive Programs (now referred to as the Medicare and Medicaid Promoting Interoperability Programs) — pp. 41634–41677

# Program Resources

- Hospital IQR Program
  - <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>
  - Contact Support Contractor at <https://cms-ip.custhelp.com> or (844) 472-4477
- Promoting Interoperability Programs (previously known as the EHR Incentive Programs)
  - <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
  - Contact the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912

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

## Questions

# Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

**Please Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

# CE Credit Process

- Complete the ReadyTalk<sup>®</sup> survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
  - This is a separate registration from ReadyTalk<sup>®</sup>.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.



# CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

\*Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

# CE Credit Process: Survey

No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by [SurveyMonkey](#)  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

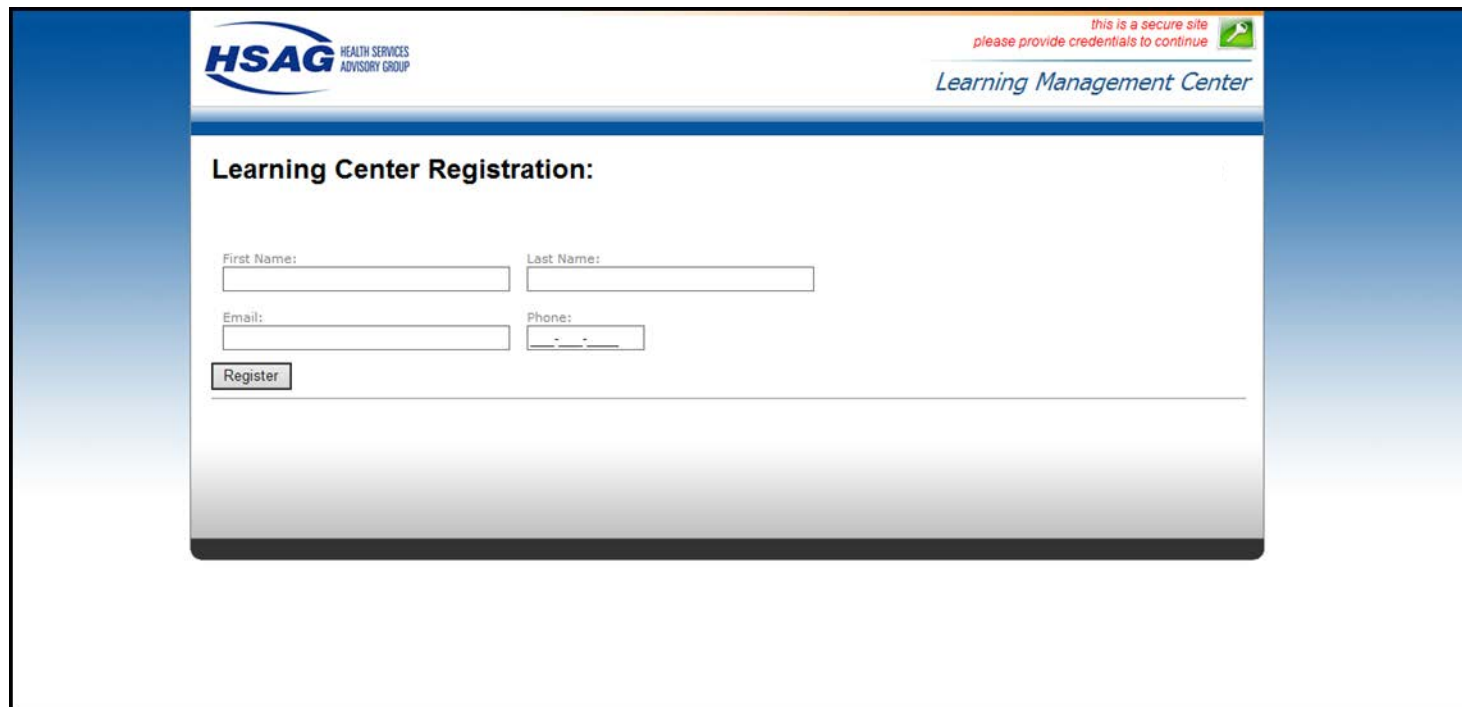
**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Existing User Link:**  
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User



The screenshot shows a web browser window displaying the registration page for the HSAG Learning Management Center. The page has a blue header with the HSAG logo (Health Services Advisory Group) on the left and a security warning on the right: "this is a secure site please provide credentials to continue" with a green lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration:" and contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire page is framed by a blue border.

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

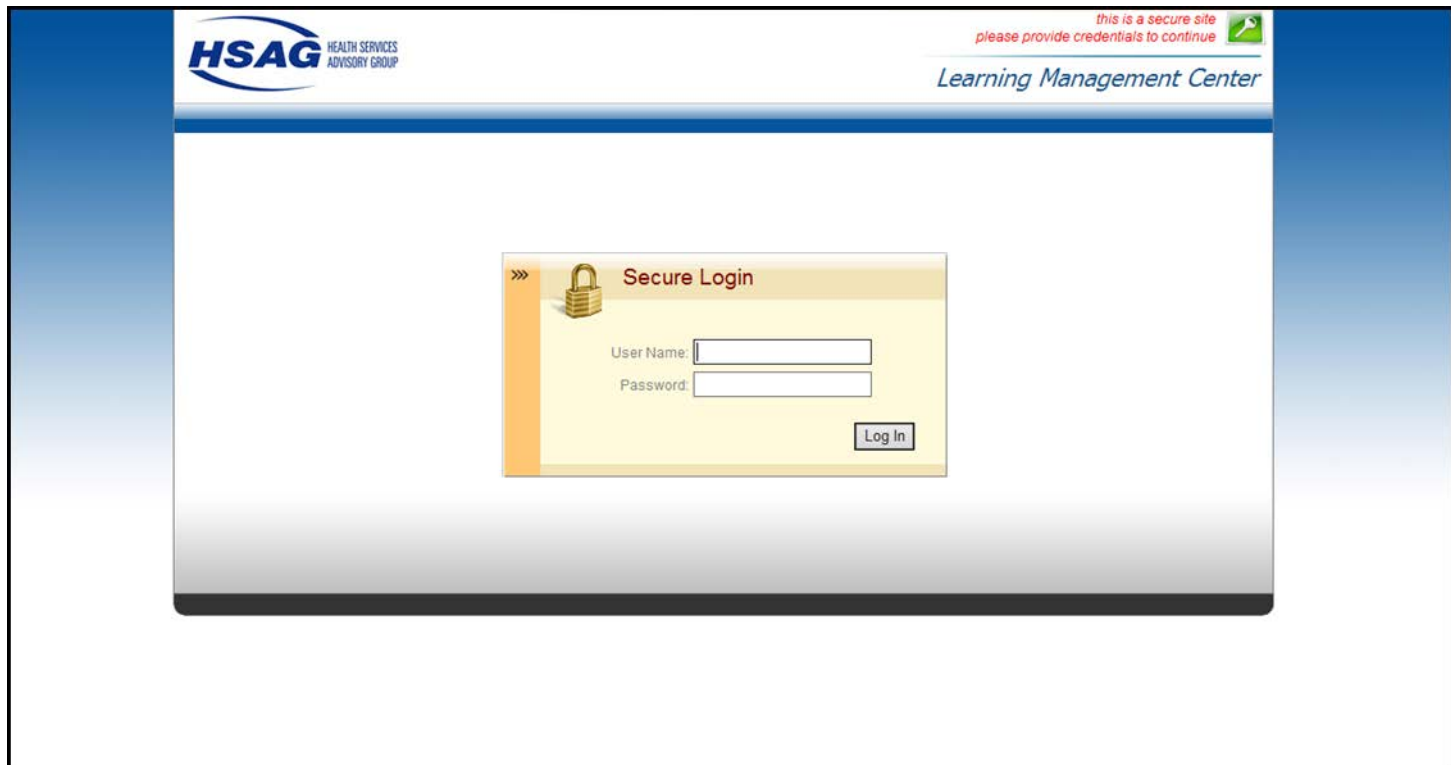
Learning Management Center

**Learning Center Registration:**

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

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