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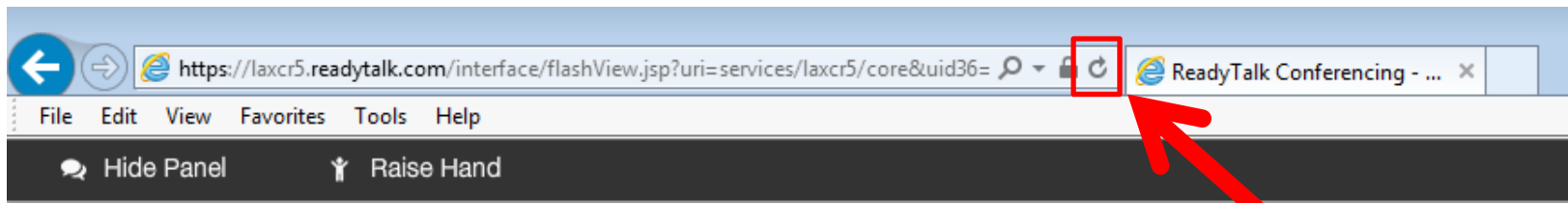


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**F5 Key**  
Top Row of Keyboard

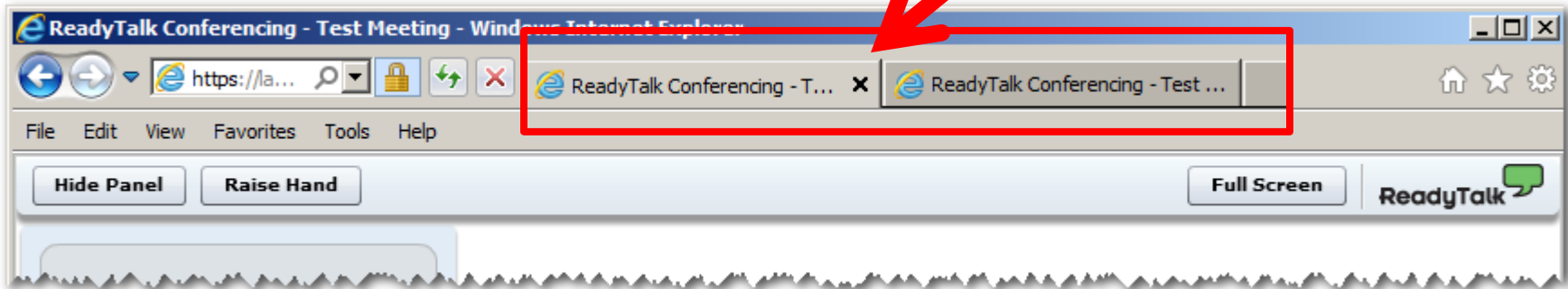


**Location of Buttons**

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# Troubleshooting Echo

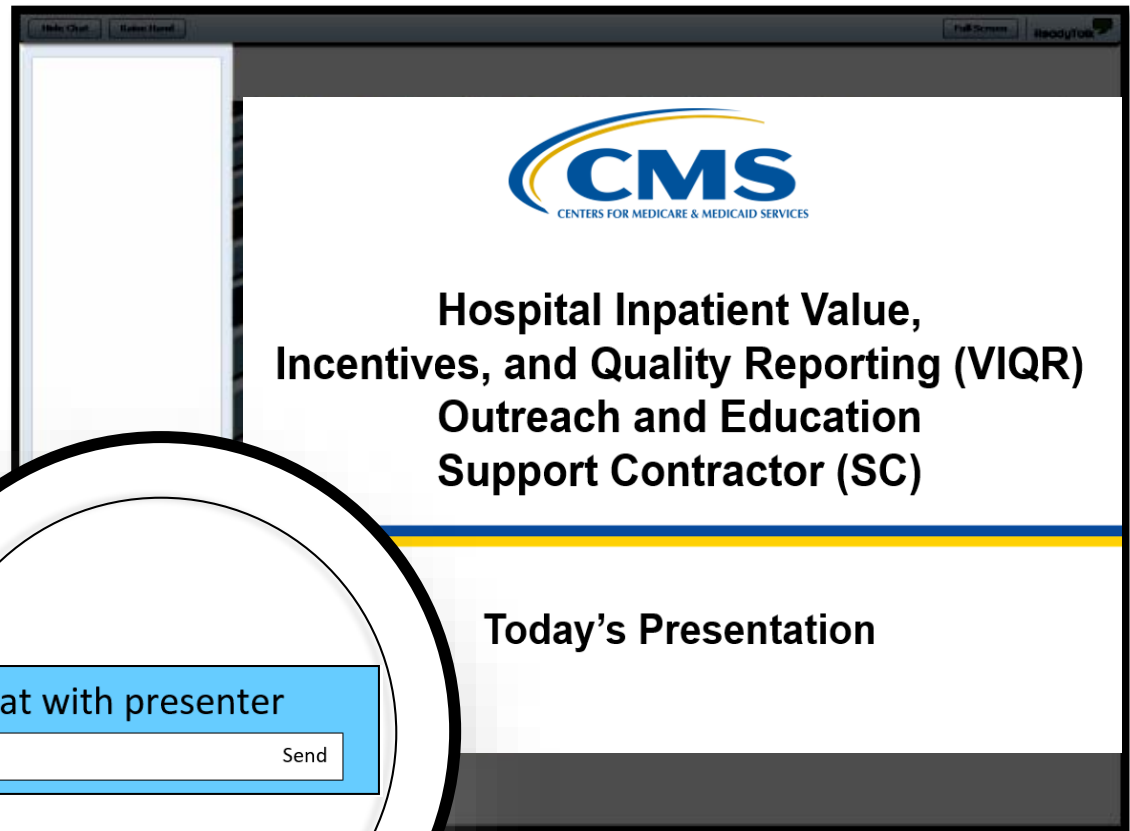
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# **FY 2019 IPPS Proposed Rule: Overview of eCQM Reporting and Promoting Interoperability Program Proposals**

**May 16, 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

## **Kathleen Johnson, RN**

Health Insurance Specialist, Division of Health Information Technology  
(DHIT), CCSQ, CMS

## **Steven E. Johnson, MS**

Health Insurance Specialist, DHIT, CCSQ, CMS

## **Speaker/Moderator**

## **Artrina Sturges, EdD**

Project Lead, Hospital IQR-Electronic Health Record (EHR) Incentive Program Alignment  
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 proposals in the recently released Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Proposed Rule, related to electronic clinical quality measure (eCQM) reporting requirements for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare and Medicaid Promoting Interoperability Programs (previously known as the Medicare and Medicaid Electronic Health Record [EHR] Incentive Programs). The overview will also provide the steps to submit public comments as a matter of record and receive a response in the final rule.

# Objectives

Participants will be able to:

- Locate the FY 2019 IPPS Proposed Rule text.
- Identify proposed program changes within the FY 2019 IPPS Proposed Rule.
- Identify the time period for submitting public comments to CMS on the FY 2019 IPPS Proposed Rule.
- Describe to the public how to submit formal comments to CMS regarding the FY 2019 IPPS Proposed Rule.



# Administrative Procedures Act

- Because CMS must comply with the Administrative Procedures Act, we are not able to provide additional information, clarification, or guidance related to the proposed rule.
- We encourage stakeholders to submit comments or questions through the formal comment submission process, as described in this webinar.

**Shanna Hartman, MS, RN**

Nurse Consultant, Division of Electronic and Clinician Quality

CCSQ, CMS

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## **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 with 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 several menu items: "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>HF</sup>
- [Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals](#) <sup>HF</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>HF</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

[View Archive](#)

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

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="#">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>HF</sup>	May 2018	link
2019 Q1-Q4	<a href="#">Binding Parameter Specification (BPS)</a> <sup>HF</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>

Select 2019

# Eligible Hospital/ Critical Access Hospital eCQMs

Select Reporting Period Search

2019

Apply

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2019 REPORTING PERIOD ELIGIBLE HOSPITAL / CRITICAL ACCESS HOSPITAL ECQMS

For Use	eCQM Materials	Published	File Type
2019 Q1-Q4	Implementation Checklist eCQM Annual Update	May 2018	link
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2019 Q1-Q4	Binding Parameter Specification (BPS)	May 2018	zip
2019 Q1-Q4	eCQM Measure Logic Guidance v2.0	May 2018	pdf
2019 Q1-Q4	Technical Release Notes (pdf)	May 2018	pdf
2019 Q1-Q4	Technical Release Notes (zip)	May 2018	zip
2019 Q1-Q4	eCQM Annual Update Pre-Publication Document	Feb 2018	pdf
2019 Q1-Q4	2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting	May 2018	pdf
2019 Q1-Q4	2019 CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting	May 2018	zip

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
Exclusive Breast Milk Feeding	PC-05	CMS9v7	0480	Preventive Care	<a href="#">Version Detail</a> <a href="#">Version Compare</a>
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	CAC-3	CMS26v6	None	Preventive Care	<a href="#">Version Detail</a> <a href="#">Version Compare</a>
Hearing Screening Prior To Hospital Discharge	EHDI-1a	CMS31v7	1354	Preventive Care	<a href="#">Version Detail</a> <a href="#">Version Compare</a>
Median Time from ED Arrival to ED Departure for Discharged ED Patients	ED-3	CMS32v8	0496	Patients Experience of Care	<a href="#">Version Detail</a> <a href="#">Version Compare</a>

eCQM Table

# 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  
 CMS20v5 - HMPIC  
 CMS31v6 - EHD1.1a  
 CMS32v7 - ED3  
 CMS53v6 - AMIBa  
 CMS55v6 - 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.  
 Wherever 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>

Downloadable specifications

# 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

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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

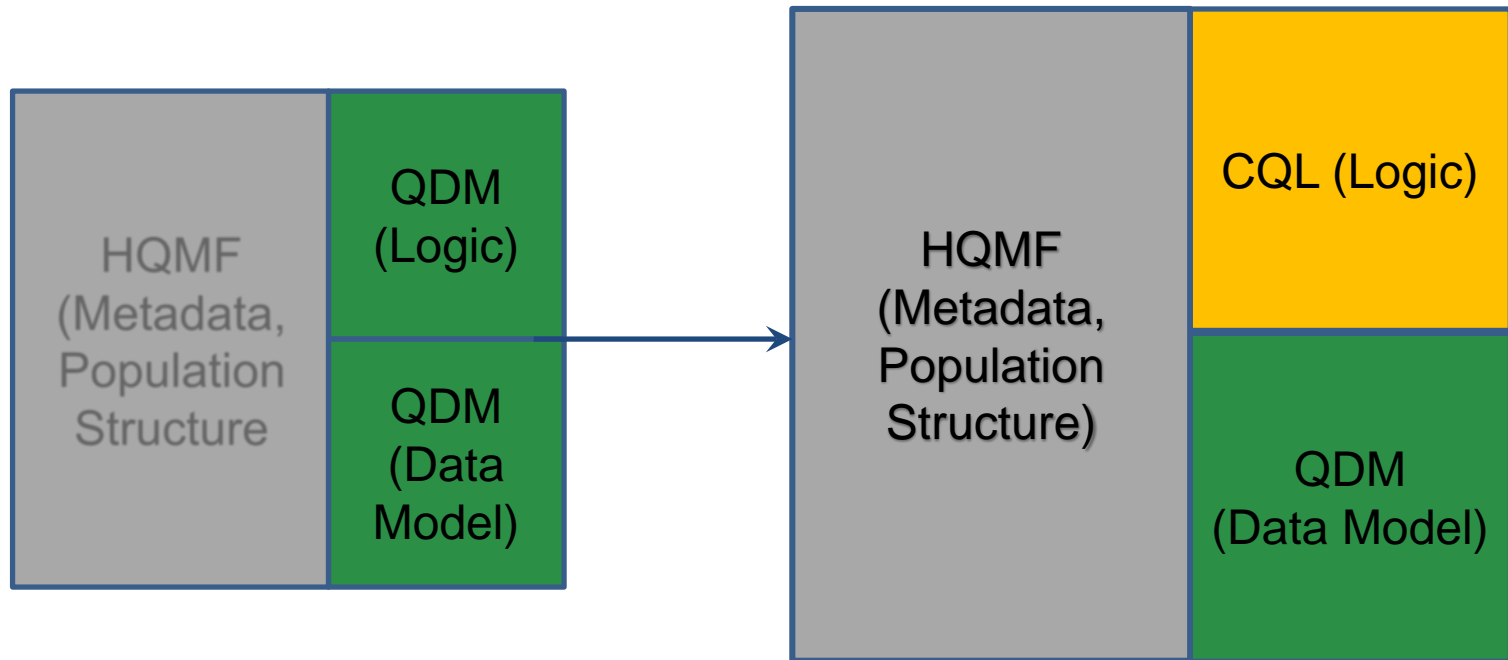
CCSQ, CMS

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## **Use of Clinical Quality Language (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 (HL7) 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, 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 EHR Incentive Program)
  - Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
  - Comprehensive Primary Care Plus (CPC+)

# 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
  - 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**

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

For hospitals participating in the Hospital IQR Program:

- Report on 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:
  - EHR technology certified to the **2015 Edition** ((Office of the National Coordinator for Health Information Technology [ONC] standards)
  - Use of eCQM specifications published in the 2018 eCQM annual update for CY 2019 reporting and any applicable addenda, available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>
  - 2019 CMS QRDA I Implementation Guide, available at <https://ecqi.healthit.gov/qrda>

**Note:** Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program (previously known as the Medicare EHR Incentive Program).

# Proposed Measure Removals from the Hospital IQR Program

- As part of CMS' Meaningful Measures Initiative, goal to create a parsimonious measure set that focuses on the most critical quality issues with the least burden for clinicians and providers.
- Proposed to remove a total of 39 measures from the Hospital IQR Program over four fiscal years:
  - Including 7 eCQMs, beginning with the CY 2020 reporting period (FY 2022 payment determination)
- eCQMs proposed for removal under new removal factor that the costs associated with a measure outweigh the benefit of its continued use in the program.
- Considered proposing to remove eCQMs earlier beginning with the CY 2019 reporting period.

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

Short Name	Measure Name
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
EHDI-1a	Hearing Screening Prior to Hospital Discharge
PC-01	Elective Delivery
STK-08	Stroke Education
STK-10	Assessed for Rehabilitation

\* The ED-3 eCQM is proposed for removal by the Medicare Promoting Interoperability Program.

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

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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

# Possible New Quality Measures

We invite public comment on the potential inclusion of the following measures in the Hospital IQR Program:

- Claims-Only Hospital-Wide Mortality Measure and/or Hybrid Hospital-Wide Mortality Measure with Electronic Health Record Data
- Hospital Harm – Opioid-Related Adverse Events eCQM

# Seeking Comment on eCQMs

We are seeking public input on the future development and adoption of eCQMs.

More generally:

- What aspects of the use of eCQMs are most costly to hospitals and health IT vendors?
- What program and policy changes would have the greatest impact on addressing eCQM costs?
- What are the most significant barriers to the availability and use of new eCQMs today?
- What specifically would stakeholders like to see us do to reduce costs and maximize the benefits of eCQMs?

# Seeking Comment on eCQMs

- How could we encourage hospitals and health IT vendors to engage in improvements to existing eCQMs?
- Would hospitals and health IT vendors be interested in or willing to participate in pilots or models of alternative approaches to quality measurement?
- In what ways could we incentivize or reward innovative uses of health IT that could reduce costs for hospitals?
- What additional resources or tools would hospitals and health IT vendors like to have publicly available to support testing, implementation, and reporting of eCQMs?



**Kathleen Johnson, RN**

Health Insurance Specialist, DHIT, CCSQ, CMS

**Steven E. Johnson, MS**

Health Insurance Specialist, DHIT, CCSQ, CMS

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## **Medicare and Medicaid Promoting Interoperability Programs (previously known as the Medicare and Medicaid EHR Incentive Programs)**

# Proposals

- Name Change
  - Promoting Interoperability Program
- EHR reporting period in 2019 and 2020
- Scoring methodology proposal
- Objective/measure proposals
- CQM proposals
- Puerto Rico hospitals
- Medicaid proposals

# Medicare and Medicaid Promoting Interoperability Programs

- Formerly referred to as Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs
- Aligns with the overhaul of the EHR Incentive 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

# Certification Requirements Beginning in 2019

- The 2018 IPPS/LTCH PPS Final Rule allowed for Certified Electronic Health Record Technology (CEHRT) flexibility in 2018.
- Reiterate that Stage 3 objectives and measures are required beginning in CY 2019
- Requirements align with goal of interoperability.

# EHR Reporting Period in 2019 and 2020

Report on at least four CQMs for a minimum of any continuous 90-day EHR reporting period in 2019 and 2020 via the *QualityNet Secure Portal*

- CY 2019 submission deadline of February 29, 2020
- CY 2020 submission deadline of February 28, 2021

**Note:** Meeting the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program (previously known as the Medicare EHR Incentive Program) also satisfies the Hospital IQR Program eCQM requirement.

# Proposed Scoring Methodology for Eligible Hospitals and CAHs Attesting to Medicare

## Existing Stage 3 Objectives, Measures, and Reporting Requirements for the Medicare EHR Incentive Program for Eligible Hospitals and CAHs

Objective	Measure (Stage 3 Threshold)	Reporting Requirement
Protect Patient Health Information	<ul style="list-style-type: none"> <li>Security Risk Analysis ( Yes/No)</li> </ul>	Report
Electronic Prescribing	<ul style="list-style-type: none"> <li>e-Prescribing (&gt;25%)</li> </ul>	Report and meet threshold
Patient Electronic Access to Health Information	<ul style="list-style-type: none"> <li>Provide Patient Access (&gt;50%)</li> <li>Patient Specific Education (&gt;10%)</li> </ul>	Report and meet thresholds
Coordination of Care Through Patient Engagement	<ul style="list-style-type: none"> <li>View, Download or Transmit (at least one patient)</li> <li>Secure Messaging (&gt;5%)</li> <li>Patient Generated Health Data (&gt;5%)</li> </ul>	Report all, but only meet the threshold for two
Health Information Exchange	<ul style="list-style-type: none"> <li>Send a Summary of Care (&gt;10%)</li> <li>Request/Accept Summary of Care (&gt;10%)</li> <li>Clinical Information Reconciliation (&gt;50%)</li> </ul>	Report all, but only meet the threshold for two
Public Health and Clinical Data Registry Reporting	<ul style="list-style-type: none"> <li>Immunization Registry Reporting</li> <li>Syndromic Surveillance 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>	Report Yes/No to three registries

# Proposed Scoring Methodology for Eligible Hospitals and CAHs Attesting Under Medicare in 2019

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	5 points bonus
	Bonus: Verify Opioid Treatment Agreement	5 points bonus
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>Syndromic Surveillance Reporting (Required)</p> <p><u>Choose one or more additional:</u></p> <ul style="list-style-type: none"> <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

# Proposed Scoring Methodology for Eligible Hospitals and CAHs Attesting Under Medicare in 2020

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	5 points
	Query of Prescription Drug Monitoring Program (PDMP)	5 points
	Verify Opioid Treatment Agreement	5 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	35 points
Public Health and Clinical Data Exchange	<p>Syndromic Surveillance Reporting (Required)</p> <p><u>Choose one or more additional:</u></p> <ul style="list-style-type: none"> <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



# Proposed Scoring Methodology Example

Objectives	Measures	Numerator/ Denominator	Performance Rate	Score
e-Prescribing	e-Prescribing	200/250	80%	8 points
	Query of Prescription Drug Monitoring Program	150/175	86%	5 bonus points
	Verify Opioid Treatment Agreement	N/A	N/A	0 points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	135/185	73%	15 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	145/175	83%	17 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	350/500	70%	28 points
Public Health and Clinical Data Exchange	Syndromic Surveillance Reporting (Required)	Yes	N/A	10 points
	<u>Choose one or more additional:</u> <ul style="list-style-type: none"> <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		
<b>Total Score</b>				<b>83 points</b>

# Objective/Measure Proposals for Eligible Hospitals and CAHs Attesting Under the Medicare Promoting Interoperability Program

- Objective proposals
  - Removal of objectives
  - Changes to objectives
  - Maintain objectives
- Measure proposals
  - New measures
  - Remove measures
  - Changes to name
  - Maintain measures
- Exclusion criteria proposals
- Request for comment

# New Measure Proposals

- e-Prescribing objective
  - Query of Prescription Drug Monitoring Program (PDMP)
  - Verify Opioid Treatment Agreement
- Health Information Exchange objective
  - Support Electronic Referral Loops by Receiving and Incorporating Health Information
    - Includes functionalities of Request/Accept Summary of Care and Clinical Information Reconciliation measures

# New Measure Proposals Table

Objective	New Measures Proposed
e-Prescribing	Query of PDMP Verify Opioid Treatment Agreement
Health Information Exchange	Support Electronic Referral Loops by Receiving and Incorporating Health Information

# Measures Proposed for Removal

- Proposals to Remove
  - Coordination of Care through Patient Engagement Objective and all associated measures
  - Patient Electronic Access to Health Information Objective measure Patient Specific Education
  - Health Information Exchange measures Request/Accept Summary of Care and Clinical Information Reconciliation

# Measures Proposed for Removal Table

Current Objective for Stage 3	Measures Proposed for Removal
Patient Electronic Access to Health Information	Patient-Specific Education
Coordination of Care Through Patient Engagement (objective proposed for removal)	View, Download, or Transmit Secure Messaging Patient Generated Health Data
Health Information Exchange	Request/Accept Summary of Care Clinical Information Reconciliation

# Change Proposals

- Change Proposals
  - Change name and requirements of Public Health Reporting objective
  - Change name of Patient Electronic Access to Health Information Objective to Provider to Patient Exchange
  - Change name of Provide Patient Access Measure
  - Change name of Send a Summary of Care Measure
- Maintain Proposals
  - e-Prescribing
  - Public Health and Clinical Data Exchange measures (changing requirements for reporting only)

# Proposed Revisions Table

Current Objective and Measure Name	Proposed Revision
<p><b>Objective:</b> Patient Electronic Access to Health Information</p> <p><b>Measure:</b> Provide Patient Access</p>	<p><b>Proposed Objective Name:</b> Provider to Patient Exchange</p> <p><b>Proposed Measure Name:</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>Proposed Measure Name:</b> Supporting Electronic Referral Loops by Sending Health Information</p>
<p><b>Objective:</b> Public Health and Clinical Data Registry Reporting</p>	<p><b>Proposed Objective Name:</b> Public Health and Clinical Data Exchange</p> <p><b>Required Measure:</b> Syndromic Surveillance (Eligible hospitals and CAHs would report on one additional measure option of their choice.)</p>



# Exclusion Criteria

We are proposing to remove exclusion criteria from all measures except for:

- e-Prescribing objective
  - e-Prescribing measure
  - Query of PDMP measure
  - Verify Opioid Treatment Agreement measure
- Health Information Exchange objective
  - Support Electronic Referral Loops by Receiving and Incorporating Health Information under Health Information Exchange measure
- Public Health and Clinical Data Exchange objective measures

# Request for Comment

Seeking comment on potential new measures under Health Information Exchange objective

- Health Information Exchange Across the Care Continuum
  - Support Electronic Referral Loops by Sending Health Information Across the Care Continuum
  - Support Electronic Referral Loops By Receiving and Incorporating Health Information Across the Care Continuum

Includes health care providers in care settings such as:

- Long-term care facilities
- Post-acute care providers such as skilled nursing facilities, home health, and behavioral health settings

# Promoting Interoperability Program: Future Direction

- Seeking comment:
  - The PI Program support HHS goals
  - Trusted Exchange Framework and Common Agreement (TEFCA) Health IT activity
  - Ways to reduce burden
  - What other activities should CMS consider in the next phase of the PI Program?

# CQM Proposals for the Medicare and Medicaid Promoting Interoperability Programs

- No changes for CQM reporting for CY 2019 under the PI Program
- We encourage eligible hospitals and CAHs to submit their CQMs electronically through the QualityNet Secure Portal
- Proposal for CY 2020 – alignment with Hospital IQR reducing the number of CQMs available from 16 to eight

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

- Proposing to formalize the Medicare PI Program for eligible hospital hospitals in Puerto Rico
- Previously implemented in 2016 through guidance
- Proposing to align the requirements with the requirements for other eligible hospitals in the Medicare PI Program

**Artrina Sturges, EdD**

Project Lead, Hospital IQR-EHR Incentive Program Alignment  
Hospital Inpatient VIQR Outreach and Education SC

## **FY 2019 IPPS Proposed Rule Page Directory and Submission of Comments**

# FY 2019 IPPS Proposed Rule

## Page Directory

Download the FY 2019 IPPS Proposed Rule from the *Federal Register*:  
<https://federalregister.gov/d/2018-08705>

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

- Hospital IQR Program **pp. 20470–20500**
- Clinical Quality Measurement for Eligible Hospitals and Critical Access Hospitals (CAHs) Participating in the Medicare and Medicaid Promoting Interoperability (PI) Programs **pp. 20537–20541**
- Proposed Changes to the Medicare and Medicaid EHR Incentive Programs (now referred to as the Medicare and Medicaid Promoting Interoperability Programs) **pp. 20515–20544**

# Commenting on the FY 2019 IPPS Proposed Rule

- CMS is accepting comments on the FY 2019 IPPS Proposed Rule until **June 25, 2018**.
- Comments can be submitted via four methods\*:
  - Electronically
  - Regular mail
  - Express or overnight mail
  - Hand courier
- CMS will respond to comments in the final rule scheduled to be issued by August 1, 2018.

\***NOTE:** Please review the proposed rule for specific instructions for each method and submit by **only** one method.



# 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
- Medicare and Medicaid 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 Proposed Rule: Overview of eCQM Reporting and Promoting Interoperability Program Proposals

# 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 a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form 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 page is framed by a blue and yellow border.

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

Learning Management Center

**Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:



# CE Credit Process: Existing User

The screenshot shows the HSAG Learning Management Center login interface. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, there is a security warning: "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The main content area features a "Secure Login" box with a padlock icon, a "User Name:" label and input field, a "Password:" label and input field, and a "Log In" button.

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