Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

FY 2018 IPPS Final Rule
Overview of the Hospital IQR Program and Medicare and Medicaid EHR Incentive Programs Specific to eCQMs and MU Requirements

Questions & Answers

Moderator

Artrina Sturges, EdD, MS
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)

Speakers

Grace H. Snyder, JD, MPH
Program Lead, Hospital IQR Program and Hospital Value-Based Purchasing (VBP) Program
Quality Measurement and Value-Based Incentives Group (QMVIG)
Center for Clinical Standards and Quality (CCSQ), CMS

Mihir P. Patel, MHA
Lead, Hospital Inpatient and Outpatient Quality Reporting Program Data Validation
CCSQ, CMS

Shanna Hartman, MS, RN
Nurse Consultant, Division of Electronic and Clinical Quality, CMS
(Presenting on behalf of Lisa Marie Gomez, CMS)

Kathleen Johnson, BS, RN
Health Insurance Specialist, EHR Incentive Programs
Division of Health Information Technology (DHIT), CCSQ, CMS

Steven E. Johnson, MS
Health Insurance Specialist, EHR Incentive Programs, DHIT, CCSQ, CMS

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eCQM Data Validation

Question 1: **If the hospital was selected for electronic clinical quality measure (eCQM) validation, who will receive the notification email at the hospital? Is it the person who submitted the files to *QualityNet,* the legal authenticator, or another person in the facility?**

CMS directly notifies hospitals of their selection via an email notification from the Validation Support Contractor. Additionally, CMS posts a news article on the *QualityNet* website and releases a ListServe to notify the community that the selection has occurred.

Question 2: **On validation, what do you mean by cases? Is the term "case" referencing one extensible markup language (xml) file (one patient)?**

Yes. CMS is expecting one patient, per Quality Reporting Document Architecture (QRDA) Category I file, per quarter. CMS will validate up to eight cases (i.e., patient charts/medical records) per hospital among the eCQM measures reported.

Question 3: **Can you share the process timeline of eCQM validation? When would hospitals be notified they have been selected, when cases are due, etc.?**

The CY 2017 reporting period deadline is February 28, 2018. Validation of the CY 2017 eCQM data is anticipated to occur during the spring of 2018 and affects the FY 2020 payment determination. The exact timeline and due dates have not been determined.

Question 4: **Does the validation of eCQMs work similar to the validation for chart abstracted measures?**

The methods for validation will be similar to those conducted for the chart-abstracted measures. The Clinical Data Abstraction Center (CDAC) will review the medical records submitted to collect the data element values for each eCQM measure (independent of a review of the data provided on the QRDA I file). The identified discrepancies will be supplied to the hospital in the Case Detail Report. In contrast to chart-abstracted validation, the accuracy of the data will not impact a hospital's Validation Score for FY 2020.

As stated in the final rule on page 38401, "As finalized in the FY 2017 IPPS/LTCH PPS final rule (81 FR 57178) for the FY 2020 payment determination only, the accuracy of eCQM data (the extent to which eCQM data reported for validation matches the data previously reported in the QRDA I files for eCQM reporting) submitted for validation will not affect a hospital's validation score."

Question 5: **For data validation in the eCQM QRDA Category I files, what fields (patient name, address, hospital CCN, etc.) are you attempting to validate?**

CMS uses the validation process to assess the accuracy of (eCQM) data submitted under the Hospital IQR Program. CMS verifies that eCQM data submitted to the Clinical Warehouse can be reproduced by a trained abstractor using a standardized protocol. CMS will validate up to eight cases (i.e., patient charts/medical records) per hospital for the quarter selected by the hospital among the eCQM measures reported.

Question 6: **For those hospitals selected for eCQM validation, is this eight cases (patients) for one self-selected eCQM measure or eight cases (patients) for each of the four eCQM measures? Regarding records to be sent, will these cases (patient records) be sent per the IQR/Outpatient Quality Reporting (OQR) validation process or a different process?**

CMS will validate up to eight cases (i.e., patient charts/medical records) per hospital for the quarter selected by the hospital among the eCQM measures reported. Each case selected will require the entire medical record to be submitted in portable document format (PDF) file format through *QualityNet* using the Secure File Transfer (SFT).

Question 7: **How is the 120-day length of stay exclusion determined for the validation?**

Patient's with a length of stay that is greater than 120 days (Discharge Date minus Admission Date) are not included in validation. CMS did not want to create additional burden of abstraction for medical records that are larger, due to a longer length of stay.

Question 8: **How will CMS notify hospitals if they have been selected for eCQM validation (slide 21)?**

CMS directly notifies hospitals of their selection via an email notification from the Validation Support Contractor. Additionally, CMS posts a news article on the *QualityNet* website and releases a ListServe to notify the community that the selection has occurred.

Question 9: **How will they do validation of eCQM? Will they run the patient thru the Pre-Submission Validation Application (PSVA) tool and complete a data element match, like manual chart abstraction validation?**

CMS uses the validation process to assess the accuracy of eCQM data submitted under the Hospital IQR Program. CMS verifies that eCQM data submitted to the Clinical Warehouse can be reproduced by a trained abstractor using a standardized protocol.

Question 10: **Isn't there usually a report posted on *QualityNet* that identifies hospitals selected for validation? Then hospitals can go look for their name.**

Yes. CMS directly notifies hospitals of their selection via an email notification from the Validation Support Contractor. Additionally, CMS posts a news article on the *QualityNet* website and releases a ListServe to notify the community that the selection has occurred.

Question 11: **Please clarify. If you are one of the 200 hospitals randomly chosen for data validation (eight cases in a quarter), what happens next if data validation does NOT affect the score? Is this just for CMS to start looking at how accurate/proper the data is?**

As stated in the final rule on page 38401, "As finalized in the FY 2017 IPPS/LTCH PPS final rule (81 FR 57178) for the FY 2020 payment determination only, the accuracy of eCQM data (the extent to which eCQM data reported for validation matches the data previously reported in the QRDA I files for eCQM reporting) submitted for validation will not affect a hospital's validation score."

Question 12: **Regarding the eight records for validation, does CMS or the hospital**

select them?

CMS selects the cases to be validated from the eCQM measures reported.

Question 13: **Slide 14 indicates calendar year (CY) 2017 reporting period (fiscal year [FY] 2019 payment determination). Slide 16 indicates CY 2018 reporting period (FY 2020 payment determination). Slide 20 indicates CY 2017 eCQM data (FY 2020 payment determination) and CY 2018 eCQM data (for FY 2021 payment determination). Please clarify that CY and FY are correct on these three slides. Please clarify when a facility may be selected for eCQM data validation and what time period will need to be reported.**

The CY and FY information is correct on these three slides. For validation of eCQMs, the data reported for CY 2017 discharges is due on February 28, 2018. From this data, cases will be selected for validation and will impact the FY 2020 payment.

Question 14: **When records are requested for eCQM validation, how does the validator know what is discrete data that can be pulled electronically versus dictated or narrative documentation that is unable to be pulled electronically?**

CMS uses the validation process to assess the accuracy of eCQM data submitted under the Hospital IQR Program. CMS verifies that eCQM data submitted to the Clinical Warehouse can be reproduced by a trained abstractor using a standardized protocol.

Question 15: **What is the time frame for being notified if you are selected for data validation?**

Updated: Starting with FY 2020 Annual Payment Update (APU) determination, CMS will randomly select an additional sample of up to 200 hospitals for eCQM validation, which is anticipated in the spring of 2018. This process, as outlined in the FY 2018 IPPS/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (pages 38398-38402), will cover the randomly selected portion of the CY 2017 eCQM data submitted by the submission deadline.

Question 16: **eCQM validation methodology with the public?**

CMS plans to provide hospitals with a Case Detail Report of their validation findings.

EHR Incentive Program-Attestation

Question 17: **Can a hospital attest to modified stage 2 of meaningful use if it has the 2015 edition of certified EHR technology (CEHRT)?**

Yes, a hospital can attest to modified stage 2 of meaningful use if it has the 2015 edition of CEHRT.

Question 18: **Is EHR attestation still completed through the CMS web-based portal, the registration and attestation system, for CY 2017 and CY 2018?**

Updated: Communication has been distributed that attestation will be performed through the *QualityNet Secure Portal* for CY 2017 and CY 2018 reporting. Starting in 2018, eligible hospitals and CAHs participating in the Medicare EHR Incentive Program must electronically report CQMs where feasible; and attestation to CQMs will no longer be an option except in certain circumstances where electronic reporting is not feasible. Visit the CMS.gov EHR Incentive Programs Eligible Hospital Information page to obtain additional information and webinar materials from December 2017 presentations.

Question 19: **Regarding the 2017 EHR Incentive Program reporting year for eligible hospitals, will a hardship exemption option be available for switching EHRs mid-year (as it has in past program years)?**

If it is for eligible hospitals, the application was due in July for 2017. However, beginning in 2018, if you are having vendor issues, you would still apply under that particular category. That would be opened up sometime next year; however, it'll be closed by July or a later date as specified by CMS.

Question 20: **Does the section 4002 of the 21st Century Cures Act have any provision or provider who only attests to the Medicaid EHR Incentive Program for the state? (Does it look like it should be at a state level, but is prevented by decertified CEHRT)?**

The authority was just for the Medicare EHR Incentive Program. Regarding CEHRTs that have been decertified, if we're hearing the question correctly, it appears that the hospital is a Medicaid-only hospital and it would have to follow the guidance as provided by state Medicaid agencies. However, as it relates to the exception that has been finalized in the 21st Century Cures Act, it is only relevant to the Medicare EHR Incentive Program.

Question 21: **Can hospitals submit their attestation for meaningful use (MU) using the EHR Incentive Program website before the December 31, 2017 date?**

Update: First time participants had until October 1, 2017 to attest under the CMS Registration and Attestation System located at CMS.gov. Returning participants will attest within the *QualityNet Secure Portal* beginning in January 2018. Visit the CMS.gov EHR Incentive Programs Eligible Hospital Information page to obtain additional information and webinar materials from December 2017 presentations.

Question 22: **Can a hospital attest with CQMs and objectives with different EHR vendors?**

CMS does not foresee any issues with doing so as long as the EHR is certified to the 2014 or 2015 Edition.

Question 23: **Can you confirm that for the EHR Incentive Program, attestation only, hospitals are required to submit 90 days for objective measures and 365 days for CQMs (for both 2017 and 2018)?**

Update: For all new and returning participants, the EHR reporting period (meaningful use objectives and measures) is a minimum of any continuous 90 days between January 1 and December 31st in both CY 2017 and 2018.

For 2017 – Reporting CQMs by Attestation: For eligible hospitals and CAHs demonstrating meaningful use for the first time in 2017, the reporting period is any continuous 90-day period within CY 2017. For eligible hospitals and CAHs that demonstrated meaningful use in any year prior to 2017, the

reporting period is the full CY 2017 (consisting of four quarterly data reporting periods).

For 2018 – Reporting CQMs by Attestation under the Medicare EHR Incentive Program Due to Electronic Reporting Not Being Feasible, and under a State's Medicaid EHR Incentive Program: Eligible hospitals and CAHs have a CQM reporting period of the full CY 2018. For eligible hospitals and CAHs demonstrating meaningful use for the first time under their State's Medicaid EHR Incentive Program, the CQM reporting period is any continuous 90-day period within CY 2018. NOTE: Starting in 2018, eligible hospitals and CAHs participating in the Medicare EHR Incentive Program must electronically report CQMs where feasible; and attestation to CQMs will no longer be an option except in certain circumstances where electronic reporting is not feasible. For the Medicaid EHR Incentive Program, states continue to be responsible for determining whether and how electronic reporting of CQMs would occur, or if they wish to allow reporting through attestation. Any changes that States make to their CQM reporting methods must be submitted through the State Medicaid Health IT Plan (SMHP) process for CMS review and approval prior to being implemented.

Question 24: **CMS has said we can no longer attest for MU on the CMS Registration and Attestation web site and we must use the *QualityNet* website. When will CMS provide information on registration and attestation submission for eligible hospitals (EHs)/critical-access hospitals (CAHs)?**

Updated: CMS is currently in the process of updating the EHR Incentive Program website with information on registration and attestation through QualityNet (QNet). In addition, CMS has been hosting live demonstration webinars to walk through the registration, attestation, and objectives and measures submission process on QNet for the Medicare Hospital EHR Incentive Program. Visit the EHR Incentive Program Eligible Hospital Information CMS.gov webpage to obtain materials from the December 5 and December 20, 2017 webinars.

Question 25: **Could you confirm that hospitals reporting CQMs via attestation only are required to report on four quarterly data reporting periods?**

Updated: Reporting CQMs by Attestation in 2017: For eligible hospitals and CAHs demonstrating meaningful use for the first time in 2017, the reporting period is any continuous 90-day period within CY 2017. For eligible hospitals and CAHs that demonstrated meaningful use in any year prior to 2017, the reporting period is the full CY 2017 (consisting of four quarterly data reporting periods).

Question 26: **Does this include the hospital-based providers like a hospitalist and emergency department (ED) providers that are required to attest for Merit-based Incentive Payment System (MIPS)?**

Updated: Requirements for MIPS are separate and can be found on the CMS website at: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html.

Question 27: **Does your reporting period for eCQMs have to match the reporting period chosen for MU attestation, or can I choose a different 90-day period within CY 2017?**

Updated: No, eligible hospitals can choose a different reporting period for eCQMs and attestation.

Question 28: **How is the EHR Incentive Program attested, only via *QualityNet* or by manual attestation for the MU data?**

Returning participants to the EHR Incentive Program must attest via *QualityNet* if they are choosing to attest to their CQMs in addition to attesting to the objectives and measures.

Question 29: **For the EHR Incentive Program, is the requirement to choose one, either the eCQM submission OR the attestation, or is it required to do both?**

EHs can choose to either submit CQMs electronically or through attestation. There is no requirement to perform both actions.

Question 30: **Regarding the eRx objective, what determines if a facility attests using the inpatient eRx, ED eRx, or ED+IP eRx denominator/numerator?**

The denominator includes the number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR Reporting Period. The discharges would include both the inpatient setting as well as the emergency department.

Question 31: **If a first time attester chooses to submit CQMs electronically, will the registration and attestation system still be available to view to ensure the pending status has changed even after January 2?**

A first-year hospital attesting to CY 2017 to avoid the 2018 payment adjustments must have done so in the EHR Registration & Attestation website (RNA) ***by October 1, 2017***. eReporting is not available for first time attesters. Providers must have manually attested to their CQMs in the RNA. Contact the ehrhardship@provider-resources.com for additional questions.

Question 32: **If a provider decides to attest with a combination of 2014 and 2015 editions of CEHRT, can the Eligible Professional (EP) attest to a combination of modified stage 2 and stage 3 measures?**

The EP must choose either modified Stage 2 or Stage 3 measures, if they decide to attest with a combination of 2014 and 2015 CEHRT editions.

Question 33: **If an EH has attested to modified stage 2 for 2 years previously, can they attest for an additional year in 2018?**

Yes, an EH who has previously attested to modified stage two the two prior years can attest in 2018.

Question 34: **If you are dual eligible (Medicare and Medicaid) for the EHR Incentive Program, can you manually attest CQMs via manual attestation to meet Meaningful Use requirements in CY 2017 and CY 2018?**

Updated: Yes for 2017. Starting in 2018, eligible hospitals and CAHs participating in the Medicare EHR Incentive Program must electronically report CQMs where feasible; and attestation to CQMs will no longer be an option except in certain circumstances where electronic reporting is not feasible. For the Medicaid EHR Incentive Program, states continue to be responsible for determining whether and how electronic reporting of CQMs would occur, or if they wish to allow reporting through attestation.

Question 35: **Is the flexibility for 2018 regarding attesting to modified stage 2 or stage 3 applicable to EHs as well as EPs?**

Updated: Yes, all new and returning participants attesting to CMS or their state Medicaid agency have the option to attest to Modified Stage 2 or Stage 3 for an EHR reporting period in 2018. This includes Medicare Eligible Hospitals and CAHs, Dual-Eligible Hospitals attesting to CMS as well as Medicaid EPs, eligible hospitals and CAHs.

Question 36: **Can you confirm that for a Medicare hospital, we would be attesting to stage 2 for a 90-day period in CY 2018?**

Yes, that is correct, Medicare EHs can attest to stage 2 for a 90-day period for CY 2018 EHR Incentive Program reporting

Question 37: **On slide 27, regarding submission via attestation for each of the 16 measures, will an EH/CAH submit the data for each of the four quarters versus a full CY reporting period for each of the 16 CQMs?**

The reporting period consists of four quarterly data reporting periods (which equates to a full calendar year).

Question 38: **If our hospital is dually eligible as Medicare and Medicaid, but does not anticipate any future Medicaid payments, does it still have to attest to Medicaid, or will we only submit our Medicare attestation through *QualityNet*?**

The hospital can choose to either attest to Medicare or Medicaid in order to avoid a payment adjustment. The hospital needs to attest to either one.

Question 39: **The presentation seems to suggest that we can attest to modified stage 2 even though it would be our 5th year at stage 2. Is that allowed?**

A hospital can attest to Modified Stage 2 objectives and measures.

Question 40: **What should an EHR attest to in 2018 — CEHRT 2014, 2015, or a combination — if they can meet all of the MU stage 3 requirements, except for one due to a vendor sun-setting a module and not seeking 2015 CEHRT?**

The health care provider should attest to the objectives and measures using an EHR system that is certified to the 2014 Edition of CEHRT if the 2015 Edition of CEHRT is not available.

Question 41: **Will there be an option for electronic submission of objective measures for the EHR Incentive Program or will it be attestation only?**

Attestation is the only manner to submit objectives and measures. This would be done through the *QualityNet Secure Portal* for the 2017 program year.

Question 42: **Must CAHs report on 16 CQMs for 2017 for the entire year if they have previously attested for the EHR Incentive Program? Can this be done via the MU attestation procedure?**

Updated: Yes. For eligible hospitals and CAHs that demonstrated meaningful use in any year prior to 2017, the reporting period is the full CY 2017 (consisting of four quarterly data reporting periods) to attest CQMs.

Question 43: **Which version of quality measures are reported if using attestation method of MU for CAHs?**

Most recent version of CQMs available, in other words for 2017 reporting period, the Spring 2016 version of the eCQM specifications and any applicable addenda.

EHR Incentive Program – General

Question 44: **What is a decertified CEHRT?**

A decertified CEHRT is a product that has had its status changed to a "decertified" status under ONC's Health IT Certification Program and may include any of the following certification statuses:

Withdrawn by ONC-ACB: The listing's certification was withdrawn by the developer's ONC-ACB. These listings are no longer considered a certified product.

Withdrawn by Developer Under Surveillance/Review: The listing's certification was withdrawn by the developer while the product was under ONC-ACB surveillance or ONC direct review. These listings are no longer considered a certified product.

Terminated by ONC: The listing's certification has been terminated by ONC under the ONC Health IT Certification Program. These listings are no longer considered a certified product.

Additional information can be found on ONC's website at https://www.healthit.gov/providers-professionals.

Question 45: **Does a decertification exemption apply if certification has lapsed (is not renewed) or only if certification has been revoked?**

The decertification exemption applies of certification has been revoked.

Question 46: **For MU stage 3 submission in 2019, can an EH claim hardship if switching vendors in calendar year 2019, even if both EHRs are certified?**

Hardship applications are reviewed on a case by case basis. Please note that if both CEHRTs are certified, the eligible hospital risks not being in alignment with the requirements for the hardship.

Question 47: **I am not sure that I understand the decertification of Certified EHR Technology. Is this allowing EHs to stay on 2014–2015 technology and still meet MU for 2018?**

The decertification hardships are for those eligible hospitals and EPs who have CEHRTs that have been decertified by the Office of the National Coordinator Certification Program.

Question 48: **Can the eCQM and the objective measures (e-prescribing, medication reconciliation, etc.) be reported on different quarters?**

Yes, eCQM and objective measures can be reported for different quarters.

Question 49: **Can we select first quarter 2017 for eCQM reporting and a consecutive 90-day period later in the year (after first quarter) for the MU objective measure reporting?**

Yes, hospitals can select first quarter 2017 for eCQM reporting and a consecutive 90-day period, after first quarter, for the MU objective measure reporting.

Question 50: **Can you clarify that you can use a combination of 2014 and 2015 CEHRT in 2018 for EHR Incentive Program eCQMs, as well as for IQR eCQMs?**

You can use a combination of the 2014 and 2015 Edition of CEHRT in 2018 for the EHR Incentives Program.

Question 51: **Could you clarify slides 24 and 25? If a hospital is participating in the IQR and EHR Incentive Programs, it's confusing whether the hospital needs to submit four CQMs for one quarter or a full calendar year of all 16 CQMs.**

For CY 2017 and 2018, eligible hospitals and CAHs participating in both the EHR Incentive Program and the Hospital IQR Program, electronically report on at least four self-selected CQMs of the available CQMs from the table in the FY 2017 IPPS/LTCH PPS final rule.

Question 52: **Do EPs, as part of a Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO) have to report their eCQMs individually, or will the reporting be done as a group?**

Updated: Please contact the MSSP help desk for additional assistance. General questions regarding the shared savings program ACOs can be submitted to ACO@cms.hhs.gov. For region-specific inquiries, please visit the CMS.gov MSSP webpage to obtain public contact information.

Question 53: **For hospitals that are dual eligible for Medicare and Medicaid, will CMS send the data to the state early (e.g., if a hospital submits eCQM data by October 1, 2017), so the state will receive the data in a timely manner and the hospital will receive credit for eCQMs? Last year, because CMS delayed the submission and review to March 13, the states would not "guarantee" that our submission of the eCQMs would meet the state's requirement of March 31, even though we had the QRDA files in hand. We had to revert back to submitting all 16 quality measures manually, creating a huge burden on our reporting team. Please comment on how CMS will/can guarantee the states will receive the information in a timely manner. Our state (Arkansas) places the responsibility on the hospital.**

Updated: Attestation and eReporting data will be sent from HQR to Medicaid states on a daily basis.

Question 54: **The FY 2018 IPPS/LTCH PPS Final Rule states, "CMS is adopting final policies to allow healthcare providers to use either 2014 Edition CEHRT, 2015 Edition CEHRT, or a combination of 2014 Edition and 2015 Edition CEHRT, for an EHR reporting period in 2018." Does "healthcare providers" refer to EPs?**

In the FY 2018 IPPS/LTCH PPS Final Rule, in this scenario, the term healthcare provider refers to EPs, eligible hospitals and CAHs.

Question 55: **How can we find the status of our "Vendor Issues" hardship exemption application that was submitted before July 1, 2017?**

Please email ehrhardship@provider-resources.com to check on the status of your EHR Incentive Program hardship exemption application.

Question 56: **One slide states the reporting period is a full calendar year for EHs, and the most recent slide says it is a 90-day reporting period for returning EHs. Could you please clarify?**

Updated: Without information on exactly which slide is being referenced in this question, we are assuming one slide was related to attesting to CQMs and the other slide was related to attesting to an EHR reporting period (meaningful use objectives and measures).

For all new and returning participants, the EHR reporting period (meaningful use objectives and measures) is a minimum of any continuous 90 days between January 1 and December 31st.

For 2017 – Reporting CQMs by Attestation: For eligible hospitals and CAHs demonstrating meaningful use for the first time in 2017, the reporting period is any continuous 90-day period within CY 2017. For eligible hospitals and CAHs that demonstrated meaningful use in any year prior to 2017, the reporting period for attestation is the full CY 2017 (consisting of four quarterly data reporting periods).

Question 57: **Is there also a 90-day reporting period for EPs in the Medicaid EHR Incentive Program in CY 2017?**

The 90-day reporting period for EPs in the Medicaid EHR Incentive Program is a minimum of any continuous 90 days in 2017.

Question 58: **Our hospital is going through EHR migration. The new EHR won't be live until the end of 2018. Our current vendor will not install 2017 eCQM specs at the beginning of 2018. Does that mean we will have to file a hardship exception for eCQMs for MU?**

Updated: The hospital should review the hardship exception information on the CMS website regarding their circumstances. Please keep in mind, there is a separate ECE request process related to eCQM reporting for the IQR Program. Those details are available on the QualityNet.org webpage under the Extraordinary Circumstances Exceptions Policy tab.

Question 59: **When will hardship forms for EHs be available for the 2017 program year of the Medicare EHR Incentive Program?**

The deadline for 2017 hardship forms for EHs was July 1, 2017. The application for the 2018 program year will be available beginning in early spring of 2018 with a due date of July 1, 2018 or a later date. Visit the CMS Payment Adjustments and Hardship Information page for additional details.

Question 60: **Regarding slide 27, what "specific circumstances" warrant NOT reporting electronically to the EHR Incentive Program?**

Updated: Electronic reporting of CQMs may not be feasible for circumstances such as a data submission system failure, natural disaster, or certification issue outside the control of the provider.

Question 61: **For CAHs, how will Meaningful Use data and clinical quality measures be reported for the 2017 reporting period? What are the CQMs available for CAHs?**

Updated: The objectives and measures under the Medicare EHR Incentive Program are to be reported via the *QualityNet Secure Portal* beginning January 2, 2018. The same set of CQMs are available for CAHs to report as for Eligible Hospitals. Available CQMs for 2017 can be found on the eCQI Resource Center website.

Question 62: **Regarding the EHR Incentive Program and CEHRT flexibility for CY 2018, do CAHs have the option to attest to stage 2 objectives and measures using 2014 edition CEHRT, or a combination of 2014 and 2015?**

Updated: They can attest using either the 2014, the 2015, or a combination of the 2014/2015 edition of CEHRT.

Question 63: **If a CAH (that is not a first-time attester and has demonstrated MU in previous years) is going to submit its quality measures by attestation, does it need to submit all four quarters for the quality measures and only 90 days for the functional measures?**

Updated: The reporting period for the meaningful use objectives and measures under the Medicare and Medicaid EHR Incentive Programs is a minimum of any continuous 90 days. A returning CAH will submit four quarters of data (one full calendar year) for CQM reporting by attestation.

Question 64: **If an EH or CAH submits through the MU program, will this data transfer over to the IQR eCQM program, or does it have to submit through the *QualityNet Secure Portal* for the IQR eCQM program?**

Updated: eCQM data submission to CMS will occur through the *QualityNet Secure Portal* and will count for both the IQR and EHR Incentive Programs.

Question 65: **We have a medical doctor (MD) and a certified nurse practitioner (CNP) beginning at our CAH and rural health clinic (RHC) now. Neither has been enrolled in Medicare before. They are both newly licensed. Do we need to apply for the hardship exemption before October 1 for either or both of them? We will not have any data to attest to as they have not seen patients previously.**

Updated: If you are a CAH, you have until November 30th to apply for an EHR Incentive Program hardship exception. Visit the CMS.gov EHR Incentive Program Payment Adjustments Hardship Information to review the payment adjustment fact sheets for additional details. CAHs do not need to request an Extraordinary Circumstance Exemption for the IQR Program.

Question 66: **Where do I go to sign up for the *QualityNet* ListServes?**

Updated: Visit the QualityNet.org website and locate the **Join ListServes** box on the left side of the page to sign up for notifications and discussions.

Question 67: **Are eCQMs just for hospital reporting? Are EPs required to report, too? What other organizations require eCQM reporting?**

Updated: As an overview, eCQMs are associated with EH/CAH and EP quality reporting. eCQMs are reported to CMS, The Joint Commission, and insurance payers. Visit the eCQI Resource Center for greater details regarding the EP reporting requirements and to obtain the history of eCQM development, etc.

Question 68: **Are there any exemptions according to the size of a hospital or if the hospital is classified as an EH versus a CAH? We are concerned our facility may not meet all four of the fifteen eCQMs.**

Updated: As it relates to electronically reporting CQMs to the Hospital IQR Program and/or the EHR Incentive Program, EHs and CAHs must log into the *QualityNet Secure Portal* and access the denominator declaration screen to enter information in order to utilize case threshold exemption (five or fewer cases) and zero denominator declaration (if they find eCQMs may not be applicable to them for the specified reporting period) if their EHR is certified to the proper edition (2014 and/or 2015 edition of CEHRT) to report the measure. Although CMS encourages facilities to report on measures representative of their patient population, utilizing the aforementioned exemption and declaration helps facilities to meet the minimum reporting requirement of four of the fifteen eCQMs.

Question 69: **Are the exact same eCQMs available for reporting for CY 2017 and CY 2018? Does electronically reporting CQMs for the EHR Incentive Program meet the electronic requirement for the Hospital IQR Program and vice versa?**

Updated: There are a total of 16 eCQMs available for reporting for CY 2017 and CY 2018 reporting. Of the 16 eCQMs, 15 are aligned for reporting to the Hospital IQR and the EHR Incentive Programs, where successful submission via QRDA Category I file, case threshold exemption and/or zero denominator declarations provide credit to both programs for the electronic reporting requirement. The exception is the ED-3 measure, Median Time from ED Arrival to ED Departure for Discharged ED Patients, which is an outpatient measure and not applicable for IQR aligned credit. The list of measures for CY 2017 and CY 2018 reporting are posted on the QualityReportingCenter.com website.

Question 70: **If eCQM data are reported for Q1 and Q2, but we want Q2 data to be used, how can we do that?**

Updated: The CMS data receiving system within the *QualityNet Secure Portal* processes data as they are received. If a facility reports Q2 data first, then submits Q1 data at a later date, the Q2 data are processed to fulfill the electronic reporting requirement for the Hospital IQR and the EHR Incentive Programs. If a facility submits Q1 and Q2 data simultaneously, both quarters of data would be processed to determine successful submission and represented when generating the EHR reports.

If a hospital chooses to remove previously submitted data from the HQR system, the hospital can delete that file (instructions regarding the EHR Batch/File deletion instructions are available in the HQR Online Help Manual available when logging into the *QualityNet Secure Portal*) or reference the succession management details (pg. 5) within the 2017 CMS QRDA I Implementation Guide to resubmit a file intended to overwrite the original file. Contact the QualityNet Help Desk for additional guidance: qnetsupport@hcqis.org; 1-866-288-8912.

Question 71: **Do you know when the eCQM Submission Status Report will be updated to reflect the changes of four eCQMs for one quarter instead of the current setting of six eCQMs and two quarters?**

Updated: CMS distributed a ListServe to the submitter community on November 14, 2017. This ListServe indicated that eCQM Submission Status Report was updated to reflect eCQM reporting requirements finalized in the fiscal year (FY) 2018 inpatient prospective payment system (IPPS) final rule to report on at least four eCQMs for one quarter (Q1, Q2, Q3, or Q4) of CY 2017 data by the February 28, 2018 submission deadline.

Question 72: **Were the eCQM value set changes released for Q4 of CY 2017 eCQM reporting?**

Updated: CMS distributed a ListServe to the submitter community on September 15, 2017, stating that CMS issued an addendum to the eCQM annual update specifications which includes eCQM value sets, technical release notes, and the binding parameter specifications for the Q4 2017 reporting period. CMS continues to encourage hospitals to select one quarter from Q1–Q3 2017 to meet the reporting requirements if integrating the Q4 2017 value set addendum into EHR products is not feasible before the February 28, 2018 deadline. The addendum is available on the eCQI Resource Center for EHs and CAHs.

Question 73: **For CY 2018, if you are able to submit via electronic means, all measures must be electronically submitted, as in no chart abstraction?**

Updated: The reporting of eCQMs is one portion of other Hospital IQR Program reporting requirements, which include clinical and healthcare-associated infections (HAI), structural measures, and Perinatal Care (PC-01) web-based submissions. For a small subset of quality measures, specifically, ED-1, ED-2, and PC-01, the Hospital IQR Program currently requires the chart-abstracted forms of these measures to be reported to CMS so that the quality information is available to the public on the *Hospital Compare* website, while the electronic forms of these measures are also available for hospitals to select among the eCQM measure set.

Visit the QualityNet.org website to locate the Hospital IQR Program Important Dates and Deadlines document and other reference material to obtain the full list of Hospital IQR Program reporting requirements.

Question 74: **Can hospitals submit four measures for one quarter of data to meet the electronic reporting requirements for the EHR Incentive Program and the Hospital IQR Programs? What else is required to meet the IQR program requirements?**

Updated: Yes. The reference to successfully submitting four eCQMs for one quarter of data by the February 28, 2018 deadline references the aligned electronic reporting requirement for the Hospital IQR and EHR Incentive Programs if hospitals want to fulfill that portion of the overall program requirements for both programs with one submission.

The full details regarding additional CY 2017 IQR Program requirements (both eCQM and non-eCQM requirements) are posted on the IQR page of the QualityNet.org website.

Question 75: **For the regular eCQM submission, do we need to notify CMS in advance what measures we will be submitting? If we had already selected the measures to submit, are we stuck with those measures?**

CMS does not require hospitals to signal the measures they intend to submit for eCQM reporting and hospitals are not required to submit the same eCQMs for each calendar year of reporting.

Question 76: **Last year CMS did not look to the CMS program specified in the QRDA I files to give credit to either the Hospital IQR or Medicare EHR Incentive Program. Will that stay the same this year or will CMS only give credit based on the program name included in the QRDA I file?**

Updated: The criteria remain the same for CY 2017 eCQM reporting. Therefore, whether the data submitter reports the data through the HQR_EHR or the HQR_EHR_IQR CMS program, the data will continue to be processed as aligned credit for both programs. It is recommended to utilize the EHR-IQR option when reporting for both programs.

Question 77: **We submitted our four eCQMs, but we see "No" on the eCQM Submission Status Report for meeting requirements. Is it true that we will see "No" until it is processed?**

Updated: Data submitters were notified by CMS on November 14, 2017 that the report has been updated to reflect eCQM reporting requirements finalized in the fiscal year (FY) 2018 inpatient prospective payment system (IPPS) final rule to report on at least four eCQMs for one quarter (Q1, Q2, Q3, or Q4) of CY 2017 data by the February 28, 2018 submission deadline. CMS recommends hospitals re-run their eCQM Submission Status Report to review the most current status of their data submissions.

Question 78: **What if we've already submitted more than the revised eCQM reporting requirement? Do we need to let you know which quarter we want to use?**

Updated: The CMS data receiving system within the *QualityNet Secure Portal* processes data as they are received. As an example, if a hospital submits Q1 data first and Q2 data at a later date, the system processes the initial submission to determine if it fulfills the definition of successful submission. In a different scenario, a hospital may feel patient data was submitted in error and would like to revise their submission. Instructions regarding the EHR Batch/File deletion process are available in the HQR Online Help Manual available when logging into the *QualityNet Secure Portal.* Hospitals can also reference the succession management details (pg. 5) within the 2017 CMS QRDA I Implementation Guide to resubmit a file intended to overwrite the original file. Contact the *QualityNet* Help Desk for additional guidance: qnetsupport@hcqis.org; 1-866-288-8912.

Question 79: **You only mentioned the eCQM measures. Doesn't the final rule still include six mandated manually-abstracted measures?**

Updated: That is correct for the Hospital IQR Program. The six manually abstracted measures required for CY 2017 reporting are ED-1; ED-2; IMM-2; PC-01; Sepsis; and VTE-6. Note hospitals will be required to submit population and sample size data only for those measures submitted as chart-abstracted under the Hospital IQR Program. Visit the Hospital IQR Program page on the QualityNet.org website to review the full program reporting requirements.

Question 80: **Does CMS plan to place CY 2017 or CY 2018 eCQM reported data from hospitals on *Hospital Compare*?**

Updated: When CMS intends to begin publicly reporting eCQM data outcomes on *Hospital Compare*, notice will be provided to stakeholders in future rulemaking.

Voluntary Hybrid HWR Measure

Question 81: **Would there be any outcome data that would be available if the hospital participates in the Hybrid Hospital Wide Readmission (HWR) measure?**

Updated: A great deal of this is dependent on the volume of data CMS is able to receive through the voluntary reporting effort. It is the intention of CMS to provide confidential hospital-specific reports with as much feedback as available including measure results if possible. A webinar was held December 6, 2017 providing more specific, detailed information regarding the hybrid HWR measure, such as the specifications, QRDA Category I file format, etc. Visit the eCQM archived events section of the QualityReportingCenter.com website to obtain the December 6, 2017 webinar materials.

Question 82: **Are specifications for the hybrid HWR measure QRDA Category I file available?**

Updated: The electronic specifications are posted on the eCQI Resource Center on the EH/CAH Measures page under the 2018 Reporting Period tab.

Question 83: **Are the hybrid measures up for consideration as future mandatory measures?**

Updated: CMS indicated in the FY 2018 IPPS/LTCH PPS Final Rule that the Hybrid HWR measure could potentially be considered for mandatory reporting in the future. This would be proposed as a new, mandatory measure with the opportunity for public comment in future rulemaking.

Question 84: **Can a vendor be utilized for the voluntary reporting of the hybrid measure?**

Updated: Vendors can submit the voluntary HWR measure data on the hospital's behalf using an EHR certified to the 2014 edition, the 2015 Edition or a combination of the 2014 and 2015 editions via QRDA Category I files.

Question 85: **How does a hospital sign up to be involved in the voluntary hybrid HWR measure?**

Updated: Hospitals are not required to sign up or otherwise notify CMS in advance to indicate their interest to voluntarily submit the Hybrid HWR measure. CMS anticipates hospitals will be able to submit their data from late summer through early fall 2018 via the *QualityNet Secure Portal*. CMS will notify submitters of any changes to the submission timeframes.

Question 86: **How many cases would be required for the hybrid measures?**

Updated: There is no minimum number of cases to submit as part of this voluntary reporting effort. CMS asks that EHs and CAHs voluntarily submit the data for at least 50 percent of these patients with a measurement period of January 1 to June 30, 2018 (Q1 + Q2 of CY 2018).

Question 87: **Is there a CMS/NQF number for the Hybrid HWR measure?**

Updated: The National Quality Forum (NQF) number for the Hybrid HWR Measure with Claims and EHR Data is # 2879.

Question 88: **Does this include observation patients? Does this include initial or all vital signs and lab results from admission?**

The voluntary hybrid HWR measure includes data from observation patients that become hospital inpatient admissions during the same episode of care. The electronic specifications only request the initial vital signs and lab results on a patient subsequently admitted as an inpatient. This can include vital signs and lab results recorded during an observation stay or emergency department visit, up to 24-hours prior to the inpatient admission time. For a complete list of vital signs and lab results required for the voluntary hybrid HWR measure, see the electronic specifications on the eCQI Resource Center.

Question 89: **We see patients for congestive heart failure (CHF), then they come back in less than 30 days for a fractured tibia. Is this a readmission that would result in lower reimbursement rates? Does the patient have to come back for CHF or one of the other core measures to truly constitute a readmission where payment is reduced to the hospital?**

Updated: The CMS 30-day Hybrid hospital-wide readmission (HWR) measure assesses all-cause readmissions; that is, it considers unplanned readmissions for any reason, not just only those that are due to the same or a "related" condition. Importantly, planned readmissions are not considered in the measure outcome. The hybrid HWR measure uses the planned readmission algorithm to identify admissions that are typically planned and may occur within 30 days of discharge from the hospital.

For the details of the planned readmission algorithm, please refer to Appendix E of the 2017 claims-based Hospital-Wide Readmission Measures Updates and Specifications Report available on the QualityNet.org webpage. We reference the claims-based HWR measure report because the planned readmission algorithm is aligned for both the hybrid and claims-based HWR measures.

The assumption is that your reference to reimbursement rates pertains to the Hospital Readmissions Reduction Program. Please note that neither the claims-based HWR measure nor the hybrid HWR measure are implemented in the Hospital Readmissions Reduction Program. The hybrid HWR measure is a voluntary measure for the Hospital IQR Program. A hospital's annual payment determination would not be affected by this voluntary measure.

Question 90: **When a patient is readmitted for any other reason than one of these five core measures, is it truly a readmission?**

Updated: The CMS 30-day Hybrid HWR measure assesses all-cause readmissions; that is, it considers unplanned readmissions for any reason, not just only those that are due to the same or a "related" condition. Importantly, planned readmissions are not considered in the measure outcome. The hybrid HWR measure uses the planned readmission algorithm to identify admissions that are typically planned and may occur within 30 days of discharge from the hospital.

For the details of the planned readmission algorithm, please refer to Appendix E of the 2017 claims-based Hospital-Wide Readmission Measures Updates and Specifications Report available on QualityNet.org. We reference the claims-based HWR measure report because the planned readmission algorithm is aligned for both the hybrid and claims-based HWR measures.

Question 91: **Does this voluntary submission also apply to CAHs? Are CAHs eligible since our payment is different from IPPS hospitals?**

Updated: EHs and CAHs are invited to voluntarily submit the Hybrid HWR Measure data to CMS. The anticipated data submission period is late summer through fall 2018. CMS will communicate any changes to the data submission timeframe. Because this is a voluntary measure, participation will not impact payments to hospitals.