Hospital Inpatient Quality Reporting (IQR) Program

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

Questions and Answers

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to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

The following document provides actual questions from audience participants. Webinar attendees asked the following questions and subject-matter experts provided the responses during the live webinar.

Question 1:   **Are there any chart-abstracted measures required for calendar year (CY) 2019 by CMS?**

For this presentation today, CMS is focusing on electronic clinical quality measures (eCQMs) for the Hospital IQR Program. There are some chart-abstracted measures that would also still need to be reported for the Hospital IQR Program, such as the Sepsis measure.

You can find more detailed information on the *QualityNet.org* website where CMS has available measure tables for the programs, as well as information on the reporting periods and which fiscal year payment determinations they would impact, located at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473.

The Hospital IQR Program-specific information was from the May 9, 2018 webinar, which will be posted on the *QualityNet* website at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228773082615, as well as the *Quality Reporting Center* website at https://www.qualityreportingcenter.com/inpatient/iqr/events/, under Archived Events, in the coming weeks.

Question 2:   **When will the United States Health Information Knowledgebase (USHIK) links be updated with the 2019 reporting period information?**

As of earlier this week, the USHIK website is updated with the 2019 eCQM value set. So, you can access them as of now and be able to see them for compare features.

Question 3: **Does Clinical Quality Language (CQL) logic mean we are no longer using Systematized Nomenclature of Medicine–Clinical Terms (SNOMED CT) codes, Logical Observation Identifiers Names and Codes (LOINC), and RxNorm codes?**

The CQL is the logic that makes up the specification and there are still specific codes and sums used in the value set, such as SNOMED CT and RxNorm, as you mentioned. For those who want to review the CQL-specific information, that information begins around slide 19 in the slide deck.

Question 4: **For eCQMs, have eCQMs been developed that meet the needs of a specialty hospital, such as an orthopedic specialty hospital without an emergency department (ED)?**

In terms of measures that CMS has under development, and not just eCQMs, but various kinds of measures in development or under consideration for any of the CMS quality programs, please refer to the CMS website to visit the CMS Measures Inventory Overview web page for more information on the CMS Measures Inventory Tool (CMIT).

If you would like to see more specialty measures made available, CMS strongly recommends submitting a public comment. For the Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Proposed Rule, CMS encourages you to submit formal comments by June 25, 2018, to become a matter of record and receive response in the FY 2019 IPPS/LTCH PPS Final Rule.

Question 5: **When is the deadline for public comments?**

Public comments are being accepted until June 25, 2018. Slide 56 provides the listing of the four different methods of how comments could be submitted.

Question 6: **If this is a proposed rule, why is the name change to Promoting Interoperability effective immediately?**

CMS would like to clarify that changing the name of what was previously the EHR Incentive Program to the Promoting Interoperability Program is not a formal proposal; this is an opportunity to review the information outlined in the publication of the FY 2019 IPPS/LTCH PPS Proposed Rule. CMS will utilize the education and outreach materials to reinforce and clarify the program name change. Any questions or concerns can be directed to the CMS help desks and email boxes. CMS encourages anyone with questions specific to the proposed rule or any of the materials presented during this webinar to submit formal comments by June 25, 2018, to become a matter of record and receive response in the FY 2019 IPPS/LTCH PPS Final Rule.

The following questions were researched and answered by subject-matter experts after the live webinar.

Question 7: **Slide 13: Is 2019 referring to CY 2019 requirements?**

Yes, that is correct. The eCQM materials for the CY 2019 reporting period (for fiscal year [FY] 2021 payment determination) are located on the [Electronic Clinical Quality Improvement (eCQI) Resource Center](#) website.

Question 8: **When will CMS begin receiving eCQM data for 2018?**

At this time, the CMS data receiving system and the Pre-Submission Validation Application tool are not yet available to receive CY 2018 eCQM data. CMS will distribute notifications through the *QualityNet* ListServes and communicate using a number of outlets to notify data submitters.

Question 9: **Why are measures being removed from eCQMs after we mapped the measures? Since ED-1, Median Time from ED Arrival to ED Departure for Admitted ED Patients, is one of the measures that has the fewest data points, why was that measure chosen?**

The ED-1 eCQM is proposed to be removed beginning with January 1, 2020 discharges, while the ED-2 eCQM will be retained in the programs.

Although ED-1 is an important metric for patients, ED-2 has greater clinical significance for quality improvement with regard to the inpatient setting because it provides more actionable information such that hospitals have greater ability to allocate resources to consistently reduce the time between decision to admit and time of inpatient admission. Hospitals have somewhat less control to consistently reduce wait time between ED arrival and decision to admit, as measured by ED-1, due to the need to triage and prioritize more complex or urgent patients. CMS encourages you to submit formal comments by June 25, 2018, to become a matter of record and receive response in the FY 2019 IPPS/LTCH PPS Final Rule.

Question 10: **What is the difference between IQR and core measures reporting (chart abstracted)?**

The Hospital IQR Program is a quality reporting program for participating hospitals to submit data on measures of inpatient quality of care. The submission of what are sometimes referred to as "core" measures (i.e., chart-abstracted clinical process of care measures aligned with The Joint Commission measures) on a quarterly basis is one of the requirements that hospitals must meet to receive their applicable percentage increase in their IPPS annual payment update for the applicable fiscal year.

Question 11: **What is the submission deadline for eCQMs; is it February 28, 2020, or February 29, 2020? The Promoting Interoperability Programs section of the proposed rule (83 FR 20539) has February 29, 2020 explicitly stated as the deadline.**

The submission deadline for CY 2019 reporting of eCQMs for the FY 2021 payment determination is February 29, 2020, as noted in the FY 2019 IPPS Proposed Rule.

Question 12: **Does CQL impact eCQMs submitted to The Joint Commission (TJC)? Will TJC be changing, as well?**

Please visit The Joint Commission website to determine if they will be incorporating CQL, located at https://www.jointcommission.org/topics/pioneers_in_quality.aspx. They can be contacted via email at pioneersinquality@jointcommission.org.

Question 13: **The new proposed Promoting Interoperability Program: Does this mean that if a hospital that was previously only attesting to Medicare EHR Incentive Program to avoid penalty because they've already exhausted all incentive payments from the meaningful use (MU) program now be eligible for incentive payment under the Promoting Interoperability Program?**

Only Puerto Rico hospitals are still eligible for incentive payments. CMS has changed the name of the program to focus on interoperability and improving patient access to health information. Eligible hospitals (EHs) and critical access hospitals (CAHs) must continue to attest to avoid the Medicare negative payment adjustments.

Question 14: **Where can a provider find details on how opioid-related adverse events would be defined?**

Please reference 83 FR 20493 within the FY 2019 IPPS/LTCH PPS Proposed Rule, posted on the *Federal Register*. For more information regarding the measure specifications, readers are referred to the Measure Authoring Tool header and framing document available at [https://www.cms.gov/Medicare/ Quality-Initiatives-Patient-Assessment-Instruments/MMS/Public-Comments.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Public-Comments.html). CMS encourages you to submit formal comments by June 25, 2018, to become a matter of record and receive response in the FY 2019 IPPS/LTCH PPS Final Rule.

Question 15: **Significant changes to the certified electronic health record technology (CEHRT) appear to be needed for new electronic prescribing (e-Prescribing) measure and for the new combined health information exchange (HIE) receive measure. However, no CEHRT proposed rule was released. When can we expect that rule?**

CMS refers you to the Office of the National Coordinator for Health Information Technology (ONC) on any proposals or information related to CEHRT. The ONC Health IT Certification Program questions can be directed to ONC.certification@hhs.gov.

Question 16: **On what date must we be using the Office of the National Coordinator for Health Information Technology (ONC) 2015 Edition certified technology? Can one implement by September 2019 so that they are on ONC 2015 Edition starting with the last quarter of 2019? Or does everyone need to be live on ONC 2015 Edition certified technology January 1, 2019, no matter what their reporting period is?**

The 2015 Edition must be implemented for an EHR reporting period in CY 2019; the 2015 Edition does not need to be implemented on January 1, 2019.

Question 17: **Slide 37: Does this slide apply to Medicaid as well as eligible hospitals and critical access hospitals (CAHs)?**

Yes, this slide is applicable to Medicaid eligible professionals (EPs), eligible hospitals (EHs), and CAHs.

Question 18: **There is no mention of information blocking in the FY 2019 IPPS Proposed Rule; will the three-part information blocking attestation continue to be part of attestation in 2019 and 2020 or is that going away?**

There are no proposed changes to the information blocking requirements under the Promoting Interoperability Programs in the FY 2019 IPPS/LTCH PPS Proposed Rule.

Question 19: **Isn't the Syndromic Surveillance Reporting measure required in the proposal plus two others of choice?**

CMS proposed that the Syndromic Surveillance measure be required and EHs and CAHs would report on one additional public health measure option of their choice.

Question 20: **Why do we specify eCQM reporting for 90 days in one area and one quarter in another? Why can't they be the same?**

CMS has proposed for the CY 2019 reporting period (FY 2021 payment determination) that hospitals must submit one self-selected calendar quarter of 2019 data for four self-selected eCQMs. This requirement would apply for meeting both the Hospital IQR Program requirements and the Medicare Promoting Interoperability Program clinical quality measure (CQM) electronic reporting requirement. Under this proposal, a 90-day data period would not meet eCQM reporting requirements.

Question 21: **Slide 37: Is the minimum 90-day reporting for both those that report electronically as well as those that must attest (because their state-level registry does not allow electronic reporting)?**

Slide 37 should state that CMS has proposed that EHs and CAHs must electronically report at least one self-selected calendar quarter of 2019 data for four self-selected CQMs. Under this proposal, a 90-day data period would not meet the CQM electronic reporting requirements. Slide 37 should also state February 29, 2020, as the submission deadline for CY 2019 CQM data.

Question 22: **When you say the Promoting Interoperability Program replaces the Medicare EHR Incentive Program, didn't the Merit-based Incentive Payment System (MIPS) Advancing Care Information (ACI) already replace that for 2017? So, what we know as ACI is now promoting interoperability, correct?**

Medicare EPs have moved to the MIPS Program ACI performance category (now called the Promoting Interoperability performance category). EHs and CAHs remained in the EHR Incentive Programs, which has been renamed the Promoting Interoperability Program. Both programs include a much stronger focus on interoperability.

Question 23: **When can we expect reform of the EP Medicaid MU program; what rule would address this?**

At this time CMS is not proposing changes to MU under the Medicaid Promoting Interoperability Program.

Question 24: **If your state does not currently have syndromic surveillance available, would this measure allow an exemption?**

CMS is proposing to retain the exclusion criteria for the Public Health and Clinical Data Exchange measures.

Question 25: **Will the [Common Clinical Data Set] CCDS stay as currently defined or will it change to match the United States Core Data for Interoperability (USCDI) for 2019 or 2020? Two new data types were proposed that appeared to be difficult without vendor and provider changes.**

CMS refers you to the ONC for additional information on the CCDS, using the following email address: ONC.request@hhs.gov.

Question 26: **For the proposed public health and the requirement for the Syndromic Surveillance Reporting measure, will there be an exclusion for those hospitals that do not have an emergency room (ER)?**

CMS is proposing to retain the exclusion criteria for the Public Health and Clinical Data Exchange measures.

Question 27: **What exclusions are you actually removing?**

CMS refers you to the proposed rule for additional information on exclusions at 83 FR 20525. The FY 2019 IPPS/LTCH PPS Final Rule is available on the *Federal Register* at https://www.gpo.gov/fdsys/pkg/FR-2018-05-07/pdf/2018-08705.pdf.

Question 28: **Is the Promoting Interoperability score out of 100? Is there any overall score threshold (e.g., 50)?**

CMS proposed the scores for each of the individual measures would be added together to calculate the total Promoting Interoperability score of up to 100 possible points for each EH or CAH. A total score of 50 points or more would satisfy the requirement to report on the objectives and measures of MU.

Question 29: **What exactly is considered electronic referral loops by receiving and incorporating health information?**

This proposed new measure combines the functionality of the existing Request/Accept Summary of Care and Clinical Information Reconciliation measures into a new measure, Support Electronic Referral Loops by Receiving and Incorporating Health Information.

Question 30: **Will you give an example of meeting the electronic referral loop from the hospital setting?**

Due to the Administrative Procedures Act, CMS is unable to provide additional guidance or clarification that is not currently in the proposed rule. CMS encourages you to submit formal comments by June 25, 2018, to become a matter of record and receive response in the FY 2019 IPPS/LTCH PPS Final Rule.

Question 31: **Can you confirm that the measures that will be removed or retired from the IPPS will continue to be reported to CMS via one program or another, whether used for payment adjustment or not? We believe that reducing duplication is great, but also feel that many (not all) of the 39 measures provide meaningful data and we want to continue to be able to find this data in the public reporting space.**

Based on the measure-removal proposals across the Hospital IQR, Hospital Value-Based Purchasing (VBP), Hospital-Acquired Condition (HAC) Reduction, and Hospital Readmissions Reduction Programs, 21 of the 39 measures would be "de-duplicated." This means that each of the 21 measures would continue to be used in at least one CMS quality program whether it is a public reporting program or a payment program based on

performance. For example, all 10 of the measures proposed for removal from the Hospital VBP Program would be retained in the Hospital IQR Program or the HAC Reduction Program. This aligns with one of the Meaningful Measures objectives to minimize level of burden for providers.

Using the Meaningful Measures framework helps to refine the measure sets used in each of the programs so that CMS uses a smaller number of measures that are most meaningful and high impact, yet also least burdensome, well understood by external stakeholders, and aligned across other programs when possible. Most of the 18 measures that CMS has proposed for removal and would not be in any other CMS program are because performance is already very high and are of lower value compared to the measures that would remain in the program.

For the Promoting Interoperability Programs, CMS stated in the proposed rule that while the measures would no longer need to be attested to if they are finalized for removal, healthcare providers may still continue to use the standards and functions of those measures, based on their preferences and practice needs. CMS encourages submission of formal comments.

Question 32: **What if your state does not have a prescription drug monitoring program (PDMP)? Is there an exclusion or will we be required to query another state's PDMP?**

CMS proposed that both the Query of PDMP and Verify Opioid Treatment Agreement proposed measures would be optional for CY 2019 and be required beginning in CY 2020.

CMS proposed the following exclusion for both measures beginning in CY 2020: Any EH or CAH that does not have an internal pharmacy that can accept electronic prescriptions for controlled substances and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of their EHR reporting period.

CMS encourages submission of formal comments for additional exclusions that should be considered, if any.

Question 33: **When do you think narcotic e-prescribing will be a focus of requirement?**

Due to the Administrative Procedures Act, CMS is unable to provide additional guidance or clarification that is not currently in the proposed rule. CMS encourages submission of formal comments.

Question 34: **Would single sign-on connection from an EHR from a clinician be acceptable for the Query of PDMP measure?**

Due to the Administrative Procedures Act, CMS is unable to provide additional guidance or clarification that is not currently in the proposed rule. CMS encourages submission of formal comments.

Question 35: **How does the eCQM and Medicare Programs account for EH's and eligible clinicians (ECs) who are a multispecialty, including a long-term care (LTC) facility, that will be referring to their own facilities and specialties for the electronic exchange of key clinical information?**

Please contact the *QualityNet* Help Desk to obtain additional details regarding your specific situation as a multispecialty hospital at qnetsupport@hcqis.org or (866) 288-8912.

Question 36: **Clinical decision support (CDS) and computerized provider order entry (CPOE) are both noted on the EH and CAH Medicaid EHR Incentive Program Stage 3 objectives and measures. However, I do not see them addressed in the proposed rule.**

CMS did not propose any changes to the Medicaid Promoting Interoperability Program in this proposed rule. However, CMS does propose to give states the option to adopt the performance-based scoring methodology along with the measure proposals of this proposed rule for their Medicaid Promoting Interoperability Programs through their State Medicaid Health Information Technology Plans should they be finalized.

Question 37: **Patient education will be required in the 2019 performance year, but not 2020?**

CMS is proposing to remove the Patient-Specific Education measure beginning with CY 2019.

Question 38: **Am I to understand that Quality Reporting Document Architecture (QRDA) Category I formats are being replaced with CQL format for submissions?**

The QRDA I Category I file format will continue to be used. What the CQL standard will replace is the logic expression formerly performed by the Quality Data Model. CQL offers improved usability and accuracy. Slides 19–24 provide greater details regarding the use of CQL, the benefits, etc.

Please refer to the CMS QRDA I Implementation Guide, schematrons, and sample files for 2019 reporting, which are now available on the eCQI Resource Center at https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms.

Question 39: **When will the specification sheets be available for the new Promoting Interoperability Program measures?**

CMS is planning to have the new specification sheets available on the CMS.gov website prior to January 2019. Please visit CMS.gov for updates on the Promoting Interoperability Programs, located at https://www.cms.gov/ Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html.

Question 40: **Can you elaborate on the proposed scoring system (i.e., how do percentages translate to points earned)?**

Additional information regarding the scoring methodology and examples can be found within the FY 2019 IPPS/LTCH PPS Proposed Rule on the following pages: 83 FR 20518 through 20524. The FY 2019 IPPS/LTCH PPS Proposed Rule is published on the *Federal Register* at https://www.gpo.gov/fdsys/ pkg/FR-2018-05-07/pdf/2018-08705.pdf.

Question 41: **Did Steven Johnson say that there would be four eCQMs required in 2019?**

For the CY 2019 reporting period (FY 2021 payment determination), CMS has proposed that hospitals submit at least four eCQMs from one self-selected quarter (Q) of 2019 data (Q1, Q2, Q3, or Q4) by the February 29, 2020 submission deadline. The successful submission of eCQMs will meet the Hospital IQR Program eCQM requirement and the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program.

Question 42: **When do you anticipate having a 2019 proposed rule for ambulatory surgical centers?**

The CY 2019 Outpatient Prospective Payment System/Ambulatory Surgical Center Prospective Payment System Proposed Rule is anticipated to be on display at the Office of the *Federal Register* this summer 2018. Visit the CMS.gov website for updates at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html.

Question 43: **Will objective/eCQM information be made available to the public for CY 2019?**

eCQM reporting requirements for the CY 2019 reporting period (FY 2021 payment determination) under the Hospital IQR and Promoting Interoperability Programs, as well as other measures and objectives required for the Promoting Interoperability Programs, have been proposed in the FY 2019 IPPS/LTCH PPS Proposed Rule and is currently in the public comment period through June 25, 2018. Finalized requirements will be published in the FY 2019 IPPS/LTCH PPS Final Rule, which is anticipated to be displayed around August 1, 2018.

Please note the eCQM Annual Update for 2019 reporting, as well as the CMS QRDA I Implementation Guide, schematrons, and sample files for 2019 reporting, are now available on the eCQI Resource Center at https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms.

Question 44:   **I am confused about what we need to report on for performance year 2019. Do both slides 38 and 39 apply to performance year 2019?**

Slide 38 provides a visual of the current Stage 3 requirements whereas slide 39 provides a visual of the proposed new scoring methodology beginning in CY 2019 for Medicare EHs and CAHs.