



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

Speaker(s)

Shanna Hartman, MS, RN

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

Grace H. Snyder, JD, MPH

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

Jessica Wright, MS, RN, CNL, CPHQ

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

Speaker/Moderator

Artrina Sturges, EdD

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

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Artrina Sturges: Thank you Matt and good afternoon everyone. My name is Artrina Sturges and I'm your host for today's event. We have a few announcements for you. This presentation is being recorded and a transcript of the presentation, along with the questions and answers will be posted to the inpatient web site which is the *qualityreportingcenter.com* web site and also posted to *QualityNet* in the coming weeks. If you've registered for the event, a reminder email, as well as the link to the slides, was distributed on Tuesday. If you did not receive the email, the slides are available for download on our inpatient web site, again *qualityreportingcenter.com*.

I'd like to introduce our speakers for today. Shanna Hartman is a Nurse Consultant for the CMS Division of Electronic and Clinician Quality; Center for Clinical Standards and Quality. Grace Snyder is the CMS Program Lead for the Hospital Inpatient Quality Reporting and Hospital Value-Based Purchasing Programs; Division of Value, Incentives and Quality Reporting; CCSQ. Jessica Wright is a Nurse Consultant for the CMS Division of Health Information Technology; Quality Measurement and Value-Based Incentives Group; CCSQ.

Today's presentation provides an overview of the Fiscal Year 2019 Inpatient Prospective Payment System/Long-Term Care Health Prospective Payment System Final Rule that was published in the *Federal Register* August 17th. Our focus will be on the electronic clinical quality measure reporting requirements for the Hospital IQR and the Medicare and Medicaid Promoting Interoperability Programs, previously known as the Medicare and Medicaid EHR Incentive Programs.

We are hopeful this presentation will assist you to quickly locate the Fiscal Year 2019 IPPS/LTCH PPS Final Rule text and identify the changes within the fiscal year 2019 IPPS final rule relative to the eCQM Reporting Requirements for the Hospital IQR and the Promoting Interoperability Programs.

We have provided a list of acronyms and abbreviations to assist you as you review the slide deck material. At this time, I will turn the webinar

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over to Shanna Hartman to review the 2019 eCQM Reporting Technical Specifications and Resources.

Shanna Hartman: Good afternoon everyone. My name is Shanna Hartman, and I'm a Nurse Consultant with the Center for Medicare and Medicaid Services. And today I'll be reviewing the 2019 eCQM Reporting, Technical Specifications and Resources.

Updated eCQM Specifications for the 2019 reporting period are found on the eCQI Resource Center. The eCQI Resource Center is the one stop shop for the most current resources to support electronic clinical quality improvement. The site provides the most current information regarding eCQI, such as eQMs, eCQI standards, tools and resources.

The eligible hospital and critical access hospital eQMs are located on the hospital page of the eCQI Resource Center, shown here.

The eQMs for use in the 2019 reporting period are found on the Eligible Hospital/Critical Access Hospital eCQM page of the eCQI Resource Center. This page default is the 2019 reporting period. To select another year of reporting period, use the arrow dropdown to select the applicable year and hit APPLY.

eCQM materials shown at the top of this screenshot include the Implementation Checklist, eCQM Specifications, eCQM Measure Logic and Guidance Document, Technical Release Notes, and links to the QRDA Implementation Guides and more. The eCQM table on this page shown at the bottom is dynamic and can be sorted by various column headers by selecting the up and down arrow at the top of each column.

Each eCQM also has an individual measure detail page. Individual specifications are available for download from these pages shown here.

CMS has issued an addendum to the electronic clinical quality measure value sets for the 2019 reporting period. The reason for this is because several terminologies have been updated since the eCQM value sets were published previously in May 2018. The addendum to the eCQM value sets

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will allow eligible hospitals and eligible clinicians to use their updated codes for reporting. All changes to the 2019 reporting period eCQM value sets are available through the National Library of Medicine's Value Set Authority Center, the VSAC. Shown above, value set addendums, links to the updated value sets and technical release notes are also found on the eCQI Resource Center.

Updated specifications and technical release notes are also found on the individual measure page shown above. For information about eCQM specifications, technical release notes, frequently asked questions and supplemental materials, please visit the eCQI Resource Center.

QRDA implementation guides and schematrons are available on the QRDA page of the eCQI Resource Center and are also available within eCQM material list located on the EH measure page.

As always, the eCQI Resource Center welcomes the sharing of eCQI related news, events and content. Send items for posting and consideration as well, as questions and suggestions for improvements to our site, to the ecqi-resource-center@hhs.gov.

Now I'm going to provide an overview of the use of the new Clinical Quality Language, or CQL, standard.

Beginning with the 2019 performance period, eCQMs will begin using Clinical Quality Language, CQL. eCQMs will still utilize the quality data model as the data model, but the logic components have been removed and will instead now use CQL to express eCQM logic.

What is CQL? CQL is the HL7 International standard that aims to unify the expression of logic for eCQMs and clinical decision support. It provides a framework and standard for the exchange, integration, sharing and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. CQL provides the ability to better express logic defining measure population to improve the accuracy and clarity of eCQMs. It is the standard language for expressing clinical knowledge that is readable, sharable and computable.

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eCQMs will be transitioned to use the CQL standard for logic beginning with this calendar year 2019 reporting period. CMS has published CQL-based eCQMs in May 2018. CQL is applicable to the following programs: The Hospital Inpatient Quality Reporting Program; Medicare and Medicaid Promoting Interoperability Programs; the Quality of Payment Program and Comprehensive Primary Care Plus.

The benefits of CQL is that: CQL allows definition of exact time relationships needed; more clear data elements; start and stop times that were often vague or ambiguous in the QDM logic; calculation in a format more suitable for computer processing and; simple calculations.

CQL also more accurately represents clinical performance by allowing the use of more precise methods to define activities. It improves the ability to read, interpret and understand measure logic, enables more automation to retrieve data with less data entry on the front end and allows for a prospective evaluation of a patient's record to recommend actions as clinical decision support.

So, in summary, the transition to CQL begins with the 2019 reporting period. CQL replaces the QDM logic previously used in our eCQMs. CQL aims to improve usability and accuracy of the eCQMs. And measures can be found on the eCQI Resource Center Eligible Hospital page. And that concludes my presentation. And at this time, I will hand the presentation over to Grace Snyder.

Grace Snyder: All right, thank you Shanna and good afternoon everyone. I would like to focus on changes that we finalized in the IPPS final rule for the Hospital Inpatient Quality Reporting Program, or IQR Program. Changes that are specifically related to eCQMs and eCQM reporting requirements.

First, I'll provide a reminder of the current eCQM requirements for the 2018 reporting period. The CMS System is now accepting 2018 eCQM data using the *QualityNet Secure Portal*. Like last year, we're requesting one calendar quarter of data for four eCQMs by the deadline of

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February 28, 2019. I would also like to make a quick plug to encourage hospitals and their vendors to participate in the current voluntary reporting of data for the Hybrid Hospital-wide Readmission measure. We're requesting EHR data for vital signs and labs along with patient linking data for Medicare fee-for-service patients, age 65 and older, for the measurement period of January 1 through June 30, 2018. And we ask that the data be sent to us using QRDA Category 1 files submitted through the *QualityNet Secure Portal* like eCQMs. And the submission deadline for the hybrid measure data is December 14, 2018. The data will be used, along with claims data, as part of the risk adjustment for calculating the Hospital-wide Readmission measure. Again, this is a voluntary reporting effort so there's no negative consequences. And we see it as an opportunity to gain early experience with hybrid measures and for us to get feedback from you all before any larger scale use of the measure.

I'd also like to mention that the PSVA Tool, or Pre-Submission Validation Application Tool, has been updated this year and is available to support both eCQM reporting and hybrid measure reporting for 2018. It is free and available through downloading from the *QualityNet Secure Portal*.

So, for future program changes, starting with the eCQMs available for reporting, in this past IPPS final rule we have finalized removing the following eCQMs that will be available for reporting to the Hospital IQR and Promoting Interoperability Programs beginning with the 2020 reporting period. Excuse me. In other words, the last year that these eight measures listed on this slide can be selected to report to CMS is for the 2019 reporting period. And then for the 2020 reporting period, hospitals should select eCQMs from the other eight remaining eCQMs. And the seven measures from – that we are finalizing for removal from both the IQR Program and the Promoting Interoperability Programs are AMI-8a, CAC-3, two ED related measures, one of which ED-3 is an outpatient-based measure and currently only available for reporting to the Promoting Interoperability Program, EHDI-1a, the PC-01 Elective Delivery measure, although please note for hospitals participating in the IQR Program we still use the chart-abstracted version in this measure, and then two stroke-

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related measures, STK8 and STK10. And again, as my colleague will present for the Promoting Interoperability Program for hospitals we will also be removing the same measures and on the same timeline. And in selecting these eCQMs to propose for removal we consider the relative benefits and costs associated with each eCQM in the measure set. We appreciate all of the comments we received on the proposal to remove these eCQMs, especially regarding the timeline. We did hear from many hospitals that they plan to use these measures for 2019 reporting that's upcoming and that it would create a lot of extra unanticipated burden and resources to have to select new measures and get them fully tested and implemented into workflows in time for beginning of the 2019 reporting period. So ultimately, we decided to give everyone an extra year to prepare for the removal of these measures and we decided to finalize the timeline that we had proposed rather than to remove these measures from the program sooner.

This table on this slide lists all 16 currently available eCQMs and reflects the changes that will be coming up beginning with the 2020 reporting period, which impacts the fiscal year 2022 payment update.

And just want to quickly mention that this chart goes out to fiscal year 2023 just for illustrative purposes.

In this past rule we invited comments on potential new measures, both a claims-based version and a hybrid version of the Hospital-Wide Mortality measure as well as a Hospital Harm – Opioid-Related Adverse Events measure that is an eCQM. Thank you to everyone who provided feedback. We're continuing to assess the feedback, and please note that any new measures for the IQR Program would first be proposed through rulemaking in the future.

We also sought feedback on additional aspects of eCQMs and eCQM reporting. Thank you again to everyone who provided your feedback, which we've also shared with our colleagues in the Office of National Coordinator for Health IT, or ONC. You can view and read a summary of

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the public comments that we received in the *Federal Register* at these pages indicated on the slide.

So, for the 2019 eCQM reporting period we have finalized in the IPPS final rule that we will continue the same requirements of selecting and reporting on four eCQMs, and sending to CMS one calendar quarter of data, whichever calendar quarter that hospital working with their vendors choose to submit to CMS. And please note, that beginning with the 2019 reporting period, everyone will need to use the 2015 edition of Certified EHR Technology. Hospitals and vendors should use the annual update addendum, implementation guide and all related resources that are all available on the eCQI Resource Center, as my colleague Shanna had described.

This slide is just a reminder of what constitutes successful submission of eCQM data for the Hospital IQR and Promoting Interoperability Program credit. There have been no changes. So, we will continue to accept clinical data that are submitted using QRDA Category 1 files, as well as if there are really no measures that are applicable to your patient population, we will also accept zero denominator declarations and case threshold exemptions, which also must be submitted through the *QualityNet Secure Portal*.

And lastly, this slide provides a quick summary of the IQR Program's Extraordinary Circumstances Exception policy as it relates to eCQM reporting. There have been no changes as to this policy either.

Now I would like to turn the presentation over to my colleague Jessica Wright for the Promoting Interoperability Program. Thank you.

Jessica Wright:

Thank you. My name is Jessica Wright and I'm a Nurse Consultant in the Division of Health Information Technology. Today I will be reviewing the changes made to the Medicare and Medicaid Promoting Interoperability Programs, which were formerly known as the Medicare and Medicaid Electronic Health Record, or EHR Incentive Programs.

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The topics we will be reviewing during this presentation include: the program name change, the finalized EHR reporting period, the new performance-based scoring methodology, the objectives and measures, the clinical quality measures for the Promoting Interoperability Program, and participation by subsection (d) Puerto Rico hospitals, and then also Medicaid update.

As I previously stated the program's name was changed from the Medicare and Medicaid EHR Incentive Programs to the Medicare and Medicaid Promoting Interoperability Program. The change was made because the former name of the EHR Incentive Programs does not adequately reflect the current status of the programs. This is because the incentive payments under Medicare have ended, with the exception of subsection (d) Puerto Rico hospitals, which will end under Medicaid in 2021. We believe the new name highlights the enhanced goal of the program and better aligns with the focus of the measures and objectives of the program. In addition, the new program name reflects the change in how we view patient data and a safe transmission in electronic health record system.

Beginning with the EHR reporting period in calendar year 2019, participants of the Medicare and Medicaid Promoting Interoperability Program are required to use the 2015 Edition of Certified Electronic Health Record Technology, also known as CEHRT. We are requiring this because the 2014 edition certification criteria are out of date and insufficient for provider needs in the evolving health IT industry. In addition, we believe it is beneficial to help IT developers, and for healthcare providers, to move to more up-to-date standards and functions that better support interoperable exchange of health information and improves clinical workflows. The 2015 edition will also better streamline workflows and utilize more comprehensive functions to meet patient safety goals and improve care coordination across the continuum. In addition, one of the major improvements of the 2015 edition is the Application Programming Interface, or API Functionality. API Functionality supports healthcare providers and patient electronic access

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to their health information, contributes to quality improvement and offers greater interoperability between systems. The 2015 edition also includes certification criterion specifying a core set of data known as the Common Clinical Data Set, that healthcare providers have noted are critical to interoperable exchange and can exchange requests across a wide variety of settings and use cases. We are finalizing that the EHR reporting period is a minimum of any continuous 90-day period in both calendar year 2019 and 2020 for new and returning participants of the Promoting Interoperability Programs, attesting to CMS or their state Medicaid Agency. We believe the continuous 90-day EHR reporting period will provide additional flexibility for eligible hospitals and critical access hospitals, or CAHs, as they upgrade their CEHRT Edition, as well as to provide additional time to adjust to the new scoring methodology. For the Promoting Interoperability Programs, we finalized a new performance-based scoring methodology that has fewer objectives and measures and that moves away from the threshold-based scoring methodology that we currently use. The performance-based scoring methodology includes a combination of new measures as well as the existing Stage 3 measures broken into a smaller set of four objectives. We believe this is a significant overhaul of the existing program requirements which includes six objectives scored on a pass/fail basis. The smaller set of objectives includes: Electronic Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange. We believe this change will be more flexible and less burdensome and allow eligible hospitals and CAHs to put their focus back on patients. The performance-based scoring methodology will also allow and encourage hospitals to push themselves on measures that are most applicable to how they deliver care to patients instead of increasing thresholds on measures that may not be as applicable to an individual hospital. For the EHR reporting period beginning in calendar year 2019, the new performance-based scoring methodology applies to eligible hospitals and CAHs that submit an attestation to CMS under the Promoting Interoperability Program or Medicare. Eligible hospitals and CAHs must earn a minimum total score of 50 points in order to satisfy the requirement to report on the objectives and measures of Meaningful Use, which is one of the requirements an eligible hospital or

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CAH must meet to be considered a meaningful EHR user and earn an incentive payment and/or avoid a Medicare payment reduction. To earn a score greater than zero in addition to completing activities required by the Security Risk Analysis measure, the hospital must submit their complete numerator and denominator or yes/no data for all required measures.

The table displayed, shows the objectives and measures we are changing the names of. The Patient Electronic Access to Their Health Information Objective is being renamed to Provider to Patient Exchange. The current measure within this objective Provide Patient Access measure is being changed to Provide Patients Electronic Access to Their Health Information. We are not making any changes to the name of the Health Information Exchange objective. However, the Send a Summary of Care measure is being renamed to Supporting Electronic Referral Loops by Sending Health Information. The Public Health and Clinical Data Registry Reporting objective is being renamed to the Public Health and Clinical Data Exchange objective. We are maintaining the e-Prescribing objective name and the Measures Public Health and Clinical Data Exchange with modification to the reporting requirements only.

We are removing the Patient Specific Education measure within the Patient Electronic Access to Their Health Information objective. We found this measure increased burden and did not further interoperability. In addition, it does not leverage the advancement of health IT. We are also removing the Coordination of Care to Patient Engagement objective and its associated measures which includes the View, Download or Transmit measure, the Secure Messaging measure, and the Patient Generated Health Data measure. These measures required healthcare providers to be accountable for the actions of others and that is something outside of their control. In addition, we received feedback regarding barriers such as patients who are located in remote and rural areas who may not have access to technology such as computers, internet and/or email, that could negatively affect an eligible hospital or CAH's ability to successfully meet these measures. We are also removing the individual measures of Request/Accept Summary of Care and Clinical Information Reconciliation

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and combining their functionality into a new measure called Support Electronic Referral Loops by Receiving and Incorporating Health Information.

We are finalizing two new measures related to the electronic prescribing of opioids. The measures are the Query of Prescription Drug Monitoring Program, or PDMP, and Verify Opioid Treatment Agreement measure. The Query of PDMP measure is optional in calendar year 2019 and worth up to 5 bonus points. Having the measure as optional in 2019 will allow additional time to develop, test and refine certification criteria and standards, and also workflows, while taking an aggressive stance to combat the opioid epidemic. Because the measure is optional in calendar year 2019 there are no exclusions available. The Query of PDMP measure will be required beginning in calendar year 2020 and will be worth up to 5 points. However, since the measure is required beginning in 2020, we will have exclusions available for those who meet the criteria. The Verify Opioid Treatment agreement is optional for both calendar years 2019 and 2020 and worth up to 5 points each year. We believe extending the optional reporting status will allow healthcare providers additional time to research and implement methods for verifying the existence of an opioid treatment agreement, expansion of the use of such agreements in practice and development of system changes and clinical workflows. However, we plan to reevaluate this measure for calendar year 2021. As discussed previously, we are also finalizing a new measure for the Health Information Exchange objective titled Support Electronic Referral Loops by Receiving and Incorporating Health Information. This measure builds upon and replaces the existing Request Accept Summary of Care and Clinical Information Reconciliation measures.

The table displayed, reflects the scoring methodology for eligible hospitals and CAHs attesting under Medicare in calendar year 2019. As you can see it reflects the reduction in the number of objectives from six to four. Beginning at the top of the table we have the Electronic Prescribing objective with its three measures: e-Prescribing with a maximum of 10 points available; and the two new opioid measures – Query of PDMP and

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Verify Opioid Treatment Agreement that are both optional for calendar year 2019 and available for up to 5 bonus points each. Next, is the Health Information Exchange objective with two measures – Support Electronic Referral Loops by Sending Health Information and Support Electronic Referral Loops by Receiving and Incorporating Health Information which are both worth a maximum of 20 points each. The Provider to Patient Exchange is the next objective and it has one measure, which is the Provide Patients Electronic Access to Their Health Information. The measure is worth 40 points, which requests patients having access to their health information as the crux of the Promoting Interoperability Program. The last objective is Public Health and Clinical Data Exchange which requires reporting to two public health or clinical data registries and is worth 10 points.

This slide shows an example of a possible score based on an eligible hospital or CAH's performance. For e-Prescribing they received a performance rate of 80%, which gave them 8 points out of a maximum 10 points available. The hospital attempted to Query of PDMP measure with the rate of 33% so they were given 5 bonus points. The hospital did not submit a numerator and denominator for the Verify Opioid Treatment Agreement measure. So, they were not awarded any bonus points for this specific measure. You can see the chart continues and reflects the hospital's performance on the remaining objectives and measures and the total points for the Promoting Interoperability Program was 83. So, this hospital satisfied the requirement to report on the objectives and measures of Meaningful Use which is one of the requirements to be considered a meaningful EHR user and earn an incentive payment and/or avoid a Medicare payment reduction.

The table displayed reflects the scoring methodology for the eligible hospitals and CAHs attesting under Medicare to the Promoting Interoperability Program in calendar year 2020. The biggest difference between calendar year 2019 and 2020 is the Query of Prescription Drug Monitoring Program, which is now required. To ensure the total available points for the program equals 100, without including the bonus points, the

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e-Prescribing measure becomes worth up to 5 points in 2020. Also, in calendar year 2020, the only measure available for bonus points is the Verify Opioid Treatment Agreement measure.

This is an example of how the scoring methodology works in 2020. You can see the submitter reported the now required numerator and denominator for the Query of PDMP measure and also submitted a numerator and denominator for the bonus Verify Opioid Treatment Agreement measure. In this example the eligible hospital or CAH earned a total of 83 points.

We are removing the exclusion criteria from all measures except the Electronic Prescribing objective, including the e-Prescribing measure for both calendar years 2019 and 2020 and the Query of PDMP measure in calendar year 2020 only. The Health Information Exchange objective and measure Support Electronic Referral Loops by Receiving and Incorporating Health Information has an exclusion for 2019 only. The Public Health and Clinical Data Exchange objective continues to have exclusions available for these measures. For more details about the exclusions we refer you to the final rule.

Under the Medicare and Medicaid Promoting Interoperability Programs, part of being a meaningful EHR user requires eligible hospitals and CAHs to report on clinical quality measures referred to as CQMs or eCQMs, using CEHRT. For the Promoting Interoperability Program in calendar year 2019 there are no changes to the reporting requirements for the CQMs. Eligible hospitals and CAHs participating only in the Promoting Interoperability Program or participating in both the Promoting Interoperability Program and the Hospital IQR Program must report on at least 4 self-selected CQMs from the set of 16 available CQMs. Beginning in calendar year 2020, we are removing 8 of the 16 CQMs from the Medicare and Medicaid Promoting Interoperability Program to align with the Hospital IQR Program.

We believe this will reduce the certification burden on hospitals, improve the quality of reported data by enabling eligible hospitals and CAHs to

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focus on a smaller, more specific subset of CQMs while still allowing some flexibility to select the eCQMs to report that best reflect their patient populations and support internal quality improvement effort.

And finally, the rule formalizes the Promoting Interoperability Program for eligible hospitals in Puerto Rico, which had previously been implemented through guidance in 2016. We are aligning the requirements for eligible hospitals in Puerto Rico with the requirements of eligible hospitals in the Medicare Promoting Interoperability Program. Thank you for your time today and I will now pass the presentation over to the next speaker.

Artrina Sturges: Thank you very much to all our presenters this afternoon. This slide provides you with a direct link to the fiscal year 2019 IPPS final rule published August 17th, and outlines the pages for each of the specific programs discussed during today's webinar.

Program resources are outlined for the Hospital IQR Program and the Medicare and Medicaid Promoting Interoperability Programs.

At this time, we would like to begin the question and answer session. Please enter your questions into the chat box and we will do our best to address your questions during today's webinar. Any questions that are not addressed during today's call will be captured, addressed and posted on the *QualityNet* and *Quality Reporting Center* web sites.

Veronica Dunlap: Hello. This is Veronica Dunlap and I would like to get started with our question and answer today.

Our first question: What is the CQL implication to hospitals? Will they need to make workflow, or other changes, or is it more of a vendor implication?

Shanna Hartman: Hi. So, this is Shanna from CMS. And the implications are more directly impacting vendors, so it's the logic portion of the electronic clinical quality measures that has changed to CQL for 2019. So you should work with your vendor to ensure data elements are mapped appropriately and

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the eCQM specification is appropriately configured in your EHR. But actual hospitals shouldn't need to do anything other than ensuring that everything is lined up with your vendor.

Veronica Dunlap: Thank you. Our next question: Do we need to select our measures in advance and also authorize our submission EHR vendor?

Grace Snyder: Hi. So, this is Grace from CMS. And for the eCQMs you don't have to let us know in advance which eCQMs you plan to report on. You just need to send us the data for the measures that you selected by the submission deadline. And through the processing of those files, that's how we will know which measures you ended up selecting. So hopefully, you know, that also gives you time for, example, if you know, you start out planning to send the data for four specific measures and, you know, something, circumstances change, and you need to use a different measure, you'd be able to do that. And you don't have to let us know in advance. Again, we'll know which measures you selected to report on by the processing of the QRDA files that you send to us.

Veronica Dunlap: Thank you. And the follow-up to that question is: Do we have to authorize our vendor in order to submit our files?

Grace Snyder: So, this is Grace again. I guess I'm not quite sure what is meant by authorizing the vendor. But certainly, you know, if you're working with a vendor hopefully you're on the same page with each other of which measures you're planning to report. And again, in terms of the decision of which specific measures to report on, we really leave that up to you. As long as they're the measures that are included in the current measure set.

Veronica Dunlap: Okay thank you. If we could go to Slide 31 please? And it looks like our next question is regarding Slide 31. Where it lists the measures available by the fiscal year, if it says PI, which is Promoting Interoperability, for fiscal year 2019, what is the measure performance period?

Grace Snyder: Okay so this is Grace again from CMS. I know it's always sort of a – it's a source of confusion when we talk about fiscal years and calendar years. And certainly, understand that it's confusing, so just to bear with me.

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Generally, when we talk about fiscal years, we're referring to the year in which the payments/claims will be impacted. So meaning, if not all of the requirements for the program is met and so there is a reduction to the payment updates for that fiscal year, that's what we're referring to. Now how that tracks to the actual reporting period or could also describe that as the measurement period for the measure, is that generally you can go back two years. So for example, the 2017 reporting period that we completed, and the deadline was earlier this year would impact the fiscal year 2019 payment updates. So, if you met all of the reporting requirements for 2017 and for eCQMs that submission deadline was February of 2018 then starting this October 1st, which is the beginning of the fiscal year 2019, then you would see no changes in your payment update. So then, when we talk about fiscal year 2020 on this table, that applies to the calendar year 2018 reporting period which is underway right now. And then for the fiscal year 2021 payment year that applies to the calendar year 2019 reporting period, which will be next year. And then the fiscal year 2022 payment year, that applies to the calendar year 2020 reporting period which is also when we will be removing the 8 eCQMs and there will be the other 8 eCQMs in the measure set to choose from.

Veronica Dunlap: Great, thank you Grace. Our next question: What if you are a critical access hospital? Are the selections for eCQMs limited or do we have to send and submit all four eCQMs?

Grace Snyder: So, this is Grace again from CMS. Critical access hospitals are required to participate in the Promoting Interoperability Program, including the CQM reporting requirements. And we try to align all of the eCQM related reporting requirements, and so whether you're a CAH or an eligible hospital, the requirement is still four eCQMs to choose from, from the measure set.

Veronica Dunlap: Okay. Next question, if we could go back to Slide 31 again? And the question is concerning the EHDI and the ED-1 measures, could still be reported in 2020 and in 2021.

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- Grace Snyder:** So, this is Grace again. Actually, if we go to Slide 30, so the ED-1 and the EHDI-1a measures are two of the eight measures that we have finalized to remove from both the IQR and Promoting Interoperability Programs. So, the last year that they'll be available to report is 2019. So, you can still use those measures to report for this year reporting 2018 data, as well as next year reporting 2019 data. But after that they will not be available for CMS program credit.
- Veronica Dunlap:** Thank you. Our next question: Has CMS directed the states to move to Promoting Interoperability rather than to Stage 3?
- Jessica Wright:** Hi. This is Jessica from CMS. What I'd like to do with that question, I'm assuming this is a Medicaid question, I'd like to take it back to our subject matter experts for the Medicaid Program and get their feedback on it. So, when we do the transcript with the questions I'll make sure that this one is answered there.
- Veronica Dunlap:** No problem. Thank you. Our next question: Do hospitals have to be on 2015 Edition of CEHRT by January 1st of 2019, or just at the start of their 90-day reporting period within 2019?
- Jessica Wright:** This is Jessica. The 2015 Edition does not have to be in place by January the 1st of 2019, but it does have to be used for the EHR reporting period. So, with that being 90 days we would say that it has to be implemented no later than October the 1st of 2019. Yes.
- Veronica Dunlap:** Thank you. Our next question: When will the new measure specifications be posted on the CMS web site? Will vendors have to recertify or certify to the new measures?
- Jessica Wright:** We are actively working on the measure specification sheets now and are hoping to have them posted as soon as possible. And in terms of the nurse [vendor] having to recertify or certify to the new measures we're collaborating with our ONC counterparts to answer these questions. So again, further guidance is coming, and we will certainly have that with the spec sheets.

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- Veronica Dunlap:** Okay thank you. Our next question. If we could go to Slide 42 please? And it looks like this question is: Are these six measures going to be removed starting in calendar year 2019, which means the hospital still needs to do it for calendar year 2018? Correct?
- Jessica Wright:** That is correct. So, the measures again are removed starting for calendar year 2019, so they would still have to be done for 2018.
- Veronica Dunlap:** Okay, thank you. Our next question: If your state does not have a Prescription Drug Monitoring Program, or what's referred to as a PDMP, can the hospital be excluded from the Query of the PDMP measure?
- Jessica Wright:** So, there is not an exclusion available in 2019. So even though it's an optional reporting measure, we aren't offering exclusions. However, in 2020 when it becomes a required measure there will be an exclusion available for any eligible hospital or CAH that is unable to report on the measure in accordance with their applicable laws. And they can be excluded from the measure. And there are also other exclusions, but that speaks to the state law question.
- Veronica Dunlap:** Okay. And it looks like we have time for one more question here. Where do we locate the specifications for the Promoting Interoperability Program's objectives?
- Jessica Wright:** So again, we are actively working on those now. On the CMS website there is a Promoting Interoperability web page. And on there you can sign up for the Promoting Interoperability, or PI Program, ListServe. I would recommend signing up to that. And when the specification sheets are updated, a ListServe will go out, and like I said we're working to get those updated as soon as possible.
- Veronica Dunlap:** Great, thank you Jessica. And at this time, I would like to hand it over to Deborah Price to review our continuing education process for our licensed professionals.
- Debra Price:** Well thank you very much. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now

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a nationally accredited nursing provider, and as such, all nurses report their own credits to their boards using the national provider number 16578. It is your responsibility to submit this number to your own accrediting body for your credits.

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If you do not immediately receive a response to the email that you signed up with the Learning Management Center, that means you have a firewall up that's blocking the link into your computer. Please go back to the NEW USER link and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your NEW USER link just wait 48 hours because remember you're going to be getting another link and another survey sent to you within 48 hours.

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