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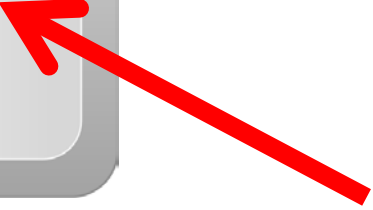- **This event is being recorded.**

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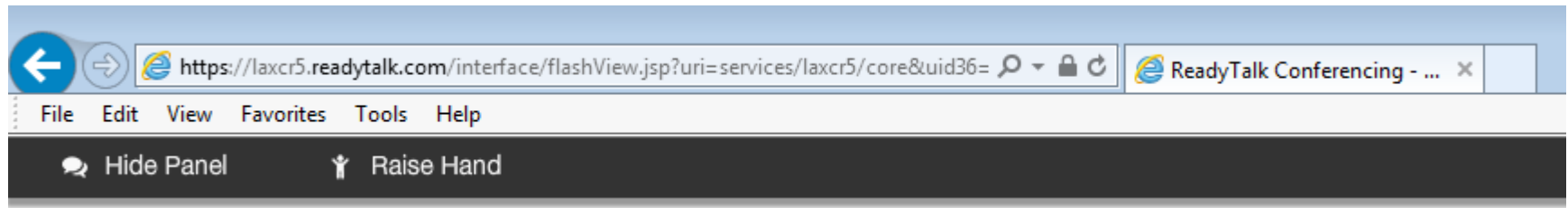**Audio from computer speakers breaking up? Audio suddenly stop?**

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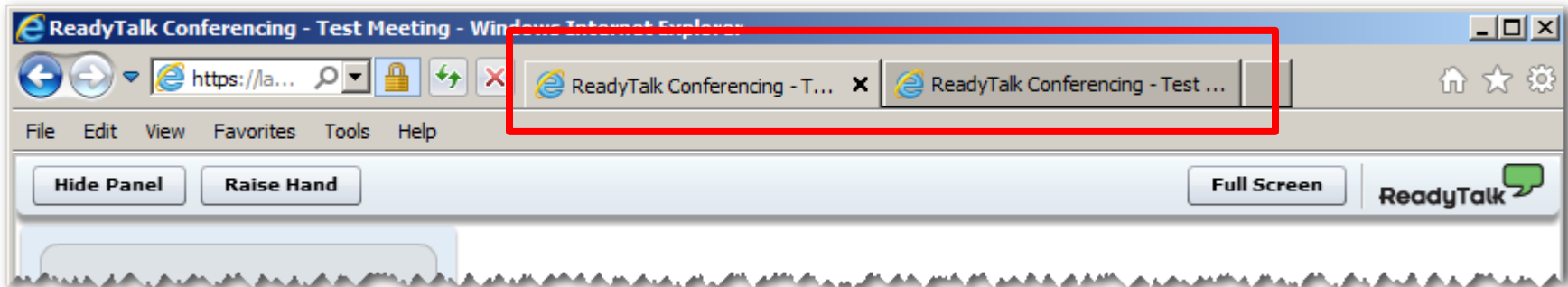
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CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

FY 2018 IPPS Proposed Rule

**Overview of the Hospital IQR Program and
Medicare and Medicaid EHR Incentive Programs
Proposals Specific to eCQMs and MU Requirements**

May 9, 2017

Speakers

Grace H. Im, JD, MPH

Program Lead, Hospital Inpatient Quality Reporting (IQR) Program and Hospital Value-Based Purchasing (VBP) Programs, Quality Measurement and Value-Based Incentives Group, Center for Clinical Standards and Quality, CMS

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Moderator
Artrina Sturges, EdD, MS

Project Lead, Hospital IQR-EHR Incentive Program Alignment, Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Purpose

This presentation will provide participants with an overview of the proposals in the fiscal year (FY) 2018 inpatient prospective payment system (IPPS) proposed rule, issued on April 14, 2017, related to electronic clinical quality measure (eCQM) reporting requirements for the Hospital IQR and Medicare EHR Incentive Programs for hospitals and other Meaningful Use (MU) requirements under the Medicare and Medicaid EHR Incentive Programs.

An overview will also be provided regarding how to submit formal comments to become a matter of record and receive response in the final rule.

Objectives

Participants will be able to perform the following:

- Locate the FY 2018 IPPS proposed rule text
- Identify changes within the FY 2018 IPPS proposed rule
- Identify the time period for public comments on the FY 2018 IPPS proposed rule
- Describe to the public how to submit comments to CMS regarding the FY 2018 IPPS proposed rule

Administrative Procedures Act

- Because CMS must comply with the Administrative Procedures Act, we are not able to provide additional information, clarification, or guidance related to the proposed rule.

- We encourage stakeholders to submit comments or questions through the formal comment submission process, as described in this webinar.

Grace H. Im, JD, MPH
Program Lead, Hospital Inpatient Quality Reporting (IQR) Program
Hospital Value-Based Purchasing (VBP) Program
Center for Clinical Standards and Quality, CMS

Hospital Inpatient Quality Reporting (IQR) Program

Fifteen eCQMs in the Hospital IQR Program

AMI-8a	CAC-3	ED-1	ED-2	ED-3*
EHDI-1a	PC-01	PC-05	STK-2	STK-3
STK-5	STK-6	STK-8	STK-10	VTE-1
VTE-2	*ED-3 is available to report for the Medicare EHR Incentive Program, but because it is an outpatient measure, it is not applicable or available to report for the Hospital IQR Program.*			

Proposed Modifications to eCQM Reporting Requirements for the CY 2017 Reporting Period (FY 2019 Payment Determination)

For hospitals participating in the Hospital IQR Program*:
- Report on six of the 15 available eCQMs
  - Reduced from eight eCQMs
- Reporting period would be any two quarters in CY 2017
  - Reduced from one year, i.e., four quarters, of data
- Submission deadline still February 28, 2018
- Technical requirements:
  - EHR technology certified to the 2014 or 2015 Edition (Office of the National Coordinator for Health Information Technology [ONC] standards)
  - Use of eCQM specifications published in the 2016 eCQM annual update for CY 2017 reporting and any applicable addenda (currently the January 2017 addendum); available on the electronic Clinical Quality Improvement (eCQI) Resource Center website at https://ecqi.healthit.gov/eh
  - 2017 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA); available at https://ecqi.healthit.gov/qrda

  NOTE: QRDA Category I file specifications, schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

*Critical Access Hospitals (CAHs) are encouraged, but **not required**, to participate in the Hospital IQR Program.

Proposed Modifications to eCQM Reporting Requirements for the CY 2018 Reporting Period (FY 2020 Payment Determination)

For hospitals participating in the Hospital IQR Program*:

- Report on 6 of the 15 available eCQMs
  - Reduced from 8 eCQMs
- Reporting period would be the first 3 quarters in CY 2018, i.e., 1Q, 2Q, and 3Q 2018
  - Reduced from one year, i.e., 4 quarters, of data
- Submission deadline still February 28, 2019
- Technical requirements:
  - EHR technology certified to the 2015 Edition (ONC standards)
  - Use of eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and any applicable addenda; available on the eCQI Resource Center website at https://ecqi.healthit.gov/eh
  - 2018 CMS Implementation Guide for QRDA; available at https://ecqi.healthit.gov/qrda

  NOTE: QRDA Category I file specifications, schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

*CAHs are encouraged, but **not required**, to participate in the Hospital IQR Program.

Proposed Modifications to the Validation of eCQM Data

Proposing to modify policies for eCQM validation for the FY 2020 payment determination and subsequent years

- Select eight cases per quarter
- Add additional exclusion criteria to hospital and case-selection process
- Continue previously finalized scoring and medical record submission requirements for the FY 2021 payment determination and subsequent years

eCQM Data Validation: Number of Cases

Hospitals selected for participation in eCQM data validation would be required to submit the following:

- 16 cases (8 cases x 2 quarters) from CY 2017 eCQM data (for the FY 2020 payment determination)

- 24 cases (8 cases x 3 quarters) from CY 2018 eCQM data (for the FY 2021 payment determination)

eCQM Data Validation: Selection of Hospitals and Cases

- Proposing to expand the types of hospitals that could be excluded from selection for eCQM data validation
  - o Any hospital that does not have at least five discharges for at least one reported eCQM
- Proposing to exclude the following cases from validation:
  - o Episodes of care that are longer than 120 days
  - o Cases with a zero denominator for each measure

eCQM Data Validation: Scoring

- Continue policy that the accuracy of eCQM data submitted for validation would not affect a hospital's validation score for FY 2021 payment determination.

- Continue previously finalized medical record submission requirements for the FY 2021 payment determination and subsequent years.

Proposed Voluntary Hybrid Measure FY 2018 (1 of 2)

CMS is proposing to add the voluntary reporting of the Hybrid Hospital-Wide Readmission (HWR) measure with claims and EHR data.

- Would include reporting of EHR data on discharges over a six-month period in the first two quarters of CY 2018 (January 1, 2018 through June 30, 2018)
- Would receive confidential hospital-specific reports
- Would not impact a hospital's annual payment determination
- Would not be publicly reported

Proposed Voluntary Hybrid Measure FY 2018 (2 of 2)

EHR data would include the following elements:

- Thirteen core clinical data elements
  - Six vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)
  - Seven laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)
- Six linking variables to match patient EHR data to CMS claims data (CMS Certification Number [CCN], HIC Number or Medicare Beneficiary Identifier [MBI], date of birth, sex, admission date, discharge date)

File format: QRDA Category I

Possible New eCQMs
(1 of 2)

CMS is seeking public comment on possible new eCQMs:

- Safe Use of Opioids – concurrent prescriptions for opioids, or opioids and benzodiazepines, at discharge
- Four eCQMs on malnutrition/nutrition care:
  - Completion of a Malnutrition Screening within 24 Hours of Admission
  - Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 Hours of a Malnutrition Screening
  - Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
  - Appropriate Documentation of a Malnutrition Diagnosis

Possible New eCQMs
(2 of 2)

- Three eCQMs on tobacco screening and treatment:
  - Tobacco Use Screening (TOB-1)
  - Tobacco Use Treatment Provided or Offered (TOB-2)/Tobacco Use Treatment (TOB-2a)
  - Tobacco Use Treatment Provided or Offered at Discharge (TOB-3)/Tobacco Use Treatment at Discharge (TOB-3a)
- Three eCQMs on alcohol/drug use screening and treatment:
  - Alcohol Use Screening (SUB-1)
  - Alcohol Use Brief Intervention Provided or Offered (SUB-2)/Alcohol Use Brief Intervention (SUB-2a)
  - Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3)/Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a)

Lisa Marie Gomez, MPA, MPH
Health Insurance Specialist, Division of Electronic and Clinical Quality, CMS

Medicare EHR Incentive Program: CQM Requirements

Proposed Modifications to Policies Regarding CQM Electronic Reporting to the Medicare EHR Incentive Program for CY 2017

Eligible Hospitals (EHs) and CAHs reporting electronically and either (a) only participating in the EHR Incentive Programs or (b) participating in both the Hospital IQR Program and the Medicare EHR Incentive Program:

- Report on **at least six** (self-selected) of the available CQMs
- Reporting period would be **two** self-selected quarters of CQM data in CY 2017
- Submission deadline would continue to be February 28, 2018

  NOTE: CQM requirement fulfillment also satisfies the eCQM reporting requirement for the Hospital IQR Program for all measures **except outpatient measure ED-3, National Quality Forum (NQF) #0496.**

Attestation option for EHs and CAHs participating in the EHR Incentive Program only:

- Full CY 2017, consisting of four quarterly data reporting periods
- Would report on all 16 available CQMs
- Submission deadline would continue to be February 28, 2018

Proposed Medicare EHR Incentive Program CQM Reporting Requirements for CY 2018

EHs and CAHs reporting **electronically** for the Medicare EHR Incentive Program in CY 2018:

- Reporting period would be the first three quarters of CY 2018 (Q1, Q2, and Q3)
- Report on **at least six** (self-selected) of the available CQMs
- Submission deadline would be February 28, 2019 (two months following the close of the calendar year [CY])

Attestation would only be an option available for EHs and CAHs in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program:

- Full CY 2018, consisting of four quarterly data reporting periods
- Would report on all 16 available CQMs
- Submission deadline would be February 28, 2019

Proposed CQM Reporting Form and Manner for Hospital IQR and Medicare EHR Incentive Programs CY 2018

Would require the following:

- Use of QRDA Category I for CQM electronic submissions
- EHR technology certified to the 2015 Edition
  - Required to have the EHR technology certified to all 16 available CQMs
  - **Would not** require recertification each time updated to the most recent version of CQMs; continues to meet 2015 Edition of certification criteria
- Technical requirements
  - Use of eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and any applicable addenda; available on the eCQI Resource Center website at https://ecqi.healthit.gov/eh
  - 2018 CMS Implementation Guide for QRDA; available at https://ecqi.healthit.gov/qrda

  NOTE: QRDA Category I file specifications, schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

Medicaid EHR Incentive Program Reporting Requirements for CY 2018

State Medicaid programs continue to be responsible for determining whether or how electronic reporting of CQMs would occur or if they wish to allow reporting through attestation.

Kathleen Johnson, BS, RN

Health Insurance Specialist, Electronic Health Record (EHR) Incentive Programs
Division of Health Information Technology (DHIT), CMS

Steven E. Johnson, MS

Health Insurance Specialist, EHR Incentive Programs, DHIT, CMS

Medicare and Medicaid EHR Incentive Programs

Proposals

- EHR reporting period in 2018
- 21ST Century Cures Act
  - Proposed exception for certified electronic health record technology (CEHRT) terminated by ONC
  - Ambulatory Surgical Center (ASC)-based eligible professionals (EPs)
- CEHRT 2015

Proposal for 2018 EHR Reporting Period

CMS is proposing to modify the 2018 EHR reporting period from the full calendar year to a minimum of any continuous 90-day period for new and returning participants in the Medicare and Medicaid EHR Incentive Programs.

Decertification of CEHRT: Overview

As mandated by Section 4002 21st Century Cures Act:

We are proposing to add a new exception from the Medicare payment adjustments for EPs, EHs, and CAHs unable to comply with the requirement for being a meaningful user because their CEHRT has been decertified under the ONC Health IT Certification Program.

Decertification of CEHRT: EPs

Proposed Exception for EPs

- Applicable for the CY 2018 payment adjustment year only.
- EPs qualify for this exception if their CEHRT was decertified either before or during the applicable EHR reporting period for the CY 2018 payment adjustment year.
  - May qualify if
    - Decertification occurred at any time during the 12-month period preceding the applicable EHR reporting period for the CY 2018 payment adjustment year; or
    - Decertification occurred during the applicable EHR reporting period for the CY 2018 payment adjustment year.
  - The application must be submitted in the form and manner specified by CMS by October 1, 2017, or a later date specified by CMS.

Decertification of CEHRT: EHs

Proposed Exception for EHs

- Applicable beginning with the FY 2019 payment adjustment year.
- EHs qualify for this exception if their CEHRT was decertified either before or during the applicable EHR reporting period for the FY 2019 payment adjustment year.
  - May qualify if
    - Decertification occurred at any time during the 12-month period preceding the applicable EHR reporting period for the FY 2019 payment adjustment year; or
    - Decertification occurred during the applicable EHR reporting period for the FY 2019 payment adjustment year.
  - The application must be submitted in the form and manner specified by CMS by July 1 of the year before the payment adjustment year, or a later date specified by CMS.
    - For example, for the FY 2019 payment adjustment year, by July 1, 2018.

Decertification of CEHRT: CAHs

Proposed Exception for CAHs

- Applicable beginning with the FY 2018 payment adjustment year.
- CAHs qualify for this exception if their CEHRT was decertified either before or during the applicable EHR reporting period for the FY 2018 payment adjustment year.
  - o May qualify if
    - Decertification occurred at any time during the 12-month period preceding the applicable EHR reporting period for the FY 2018 payment adjustment year; or
    - Decertification occurred during the applicable EHR reporting period for the FY 2018 payment adjustment year.
  - o The application must be submitted in the form and manner specified by CMS by November 30 after the end of the applicable payment adjustment year, or a later date specified by CMS.
    - For example, for the FY 2018 payment adjustment year, by November 30, 2018.

ASC-based EPs
(1 of 2)

Section 16003 of the 21st Century Cures Act of 2016

We are proposing to implement a policy in which no payment adjustments will be applied for EPs who furnish "substantially all" of their covered professional services in an ASC.

- Applicable for the CY 2017 and CY 2018 Medicare payment adjustment years
- We proposed two definitions of "substantially all":
  - 75 percent or more of covered professional services
  - 90 percent or more of covered professional services

ASC-based EPs
(2 of 2)

- We are also proposing to use Place of Service (POS) code 24 to identify services furnished in an ASC.

- We are requesting public comment on whether additional POS codes or mechanisms should be used in addition to, or in lieu of, POS code 24.

Monitoring Deployment and Implementation Status of the 2015 Edition

- As stated in the FY 2018 IPPS proposed rule, we will continue to monitor the deployment and implementation status of technology certified to the 2015 Edition.

- If we identify a change in current trends and significant issues related to the 2015 Edition, we will consider flexibility in use of CEHRT in CY 2018 for all participants of the Medicare and Medicaid EHR Incentive Programs.

Helpful Resources
Proposed Rule Available for Review and Comments

The FY 2018 IPPS proposed rule is available from the *Federal Register* website at https://www.federalregister.gov/documents/2017/04/28/2017-07800/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-long.
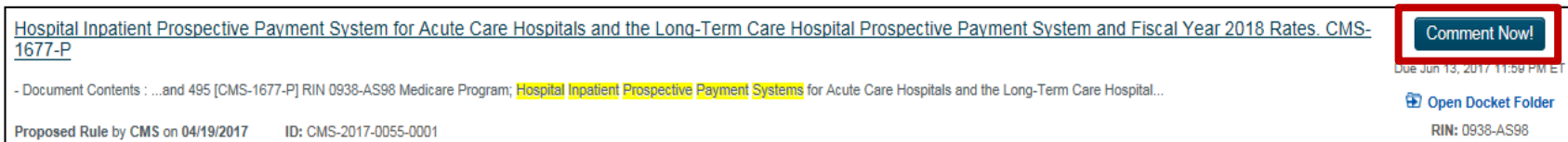
- See pp. 20120–20130 for Clinical Quality Measurement for EHs and CAHs participating in the EHR Incentive Programs.
- Review pp. 20135–20139 for changes to the Medicare and Medicaid EHR Incentive Programs.

CMS will accept comments on the proposed rule and input on the Request for Information until June 13, 2017. Submit a comment electronically by either of the following methods:

- Clicking the green button at the top of the proposed rule posted in the *Federal Register.*

Comments on this document are being accepted at Regulations.gov.   SUBMIT A FORMAL COMMENT

- Clicking on http://www.regulations.gov, searching for "Hospital Inpatient Prospective Payment Systems," and then clicking on the **Comment Now!** button next to the rule.

Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2018 Rates. CMS-1677-P

Comment Now!

Due Jun 13, 2017 11:59 PM ET

- Document Contents : ...and 495 [CMS-1677-P] RIN 0938-AS98 Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital...

Open Docket Folder

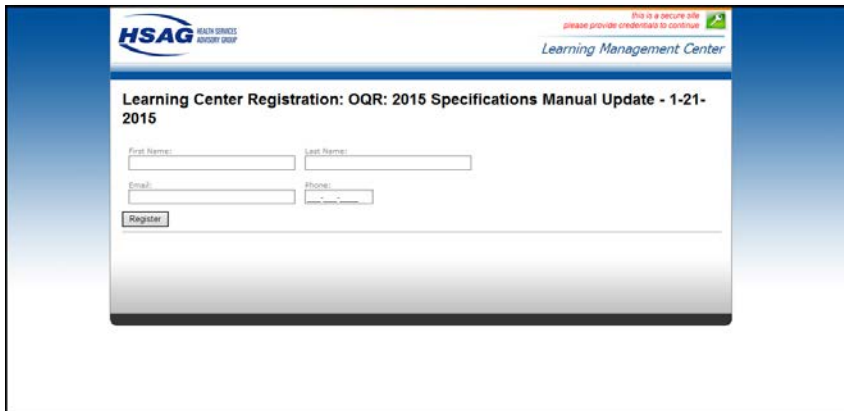Proposed Rule by CMS on 04/19/2017   ID: CMS-2017-0055-0001   RIN: 0938-AS98

Questions

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- Complete the survey and register for credit
- Registration is automatic and instantaneous
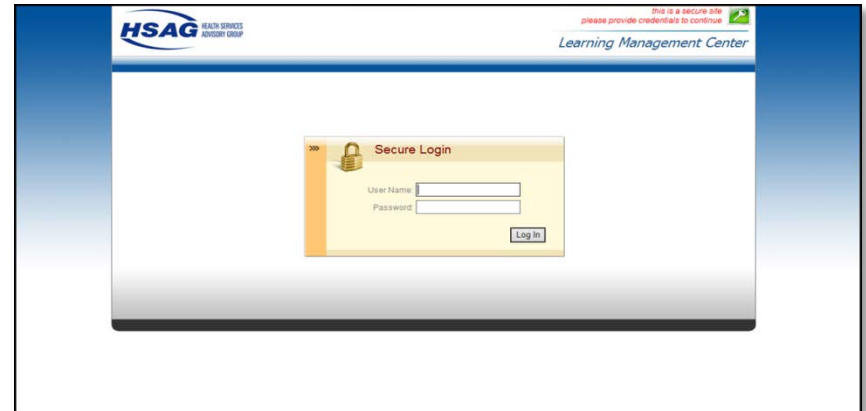
Register for Credit

New User

- Use personal email and phone
- Go to email address; finish process

Existing User

- Entire email is your user name
- You can reset your password

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