FY 2017 IPPS Final Rule: IQR–EHR Incentive Program Requirements

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CMS

September 12, 2016
Purpose

This presentation will provide participants with an overview of the Fiscal Year (FY) 2017 Inpatient Prospective Payment System (IPPS) Final Rule, as it relates to the alignment of the Hospital Inpatient Quality Reporting (IQR) Program and the Electronic Health Record (EHR) Incentive Program for hospitals.
Objectives

Participants will be able to:

• Locate the FY 2017 IPPS Final Rule on the Federal Register

• Identify changes in the FY 2017 IPPS Final Rule regarding the alignment of reporting requirements for the IQR and EHR Incentive Programs for hospitals
Locating the FY 2017 IPPS/LTCH PPS Final Rule

- The FY 2017 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule went on display August 2, 2016
- The CMS IPPS Final Rule Fact Sheet was distributed August 2, 2016
- The PDF of Final Rule is currently available on the Federal Register and was distributed August 22, 2016
FY 2017 IPPS/LTCH PPS Final Rule
Directory for Quality Programs

- Hospital IQR Program pages 57111-57182
- Clinical Quality Measurement for Eligible Hospitals and Critical Access Hospitals (CAHs) Participating in the EHR Incentive Programs in 2017 pages 57249-57257
FY 2017 IPPS Final Rule:
IQR–EHR Incentive Program Requirements

HOSPITAL INPATIENT QUALITY REPORTING (IQR) PROGRAM

GRACE H. IM, JD, MPH
CY 2017 Removal of eCQMs in the Hospital IQR Program

• Removed 13 electronic Clinical Quality Measures (eCQMs), beginning with the CY 2017 reporting period for the FY 2019 payment determination and subsequent years.

• Retained 15 eCQMs in the Hospital IQR Program available for EHR Incentive Program aligned credit.
Removal of eCQM Measures for the Hospital IQR Program

<table>
<thead>
<tr>
<th>Measure</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI-2: Aspirin Prescribed at Discharge for AMI</td>
<td>Topped-out</td>
</tr>
<tr>
<td>AMI-7a: Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival</td>
<td>Performance or improvement does not result in better patient outcomes</td>
</tr>
<tr>
<td>AMI-10: Statin Prescribed at Discharge</td>
<td>Topped-out</td>
</tr>
<tr>
<td>HTN: Healthy Term Newborn</td>
<td>No longer feasible to implement the measure specifications</td>
</tr>
<tr>
<td>PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients</td>
<td>No longer feasible to implement the measure specifications</td>
</tr>
<tr>
<td>SCIP-Inf-1a: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</td>
<td>Topped-out</td>
</tr>
<tr>
<td>SCIP-Inf-2a: Prophylactic Antibiotic Selection for Surgical Patients</td>
<td>Topped-out</td>
</tr>
</tbody>
</table>
# Removal of eCQM Measures for the Hospital IQR Program

<table>
<thead>
<tr>
<th>Measure</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2 with Day of Surgery Being Day Zero</td>
<td>No longer feasible to implement the measure specifications</td>
</tr>
<tr>
<td>*STK-4: Thrombolytic Therapy</td>
<td>Topped-out</td>
</tr>
<tr>
<td>VTE-3: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy</td>
<td>No longer feasible to implement the measure specifications</td>
</tr>
<tr>
<td>VTE-4: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)</td>
<td>No longer feasible to implement the measure specifications</td>
</tr>
<tr>
<td>*VTE-5: Venous Thromboembolism Discharge Instructions</td>
<td>No longer feasible to implement the measure specifications</td>
</tr>
<tr>
<td>**VTE-6: Incidence of Potentially Preventable Venous Thromboembolism</td>
<td>No longer feasible to implement the measure specifications</td>
</tr>
</tbody>
</table>

* Removal in both eCQM and chart-abstracted forms  ** Removal of only the eCQM form
<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-1</td>
<td>CMS55v5 Med. Time from ED Arrival to ED Departure for Admitted ED Patients</td>
</tr>
<tr>
<td>ED-2</td>
<td>CMS111v5 Admit Decision Time to ED Departure for Admitted Patients</td>
</tr>
<tr>
<td>ED-3*</td>
<td>CMS32v6 Med. Time from ED Arrival to ED Departure for Discharged ED Patients</td>
</tr>
<tr>
<td>STK-2</td>
<td>CMS104v5 Discharged on Antithrombotic Therapy for Atrial Fibrillation/Flutter</td>
</tr>
<tr>
<td>STK-3</td>
<td>CMS71v6 Anticoagulation Therapy by the End of Hospital Day Two</td>
</tr>
<tr>
<td>STK-5</td>
<td>CMS72v5 Antithrombotic Therapy by the End of Hospital Day Two</td>
</tr>
<tr>
<td>STK-6</td>
<td>CMS105v5 Discharged on Statin Medication</td>
</tr>
<tr>
<td>STK-8</td>
<td>CMS107v5 Stroke Education</td>
</tr>
<tr>
<td>STK-10</td>
<td>CMS102v5 Assessed for Rehabilitation</td>
</tr>
<tr>
<td>AMI-8a</td>
<td>CMS53v5 Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
</tr>
<tr>
<td>VTE-1</td>
<td>CMS108v5 Venous Thromboembolism Prophylaxis</td>
</tr>
<tr>
<td>VTE-2</td>
<td>CMS190v5 Intensive Care Unit Venous Thromboembolism Prophylaxis</td>
</tr>
<tr>
<td>PC-01</td>
<td>CMS113v5 Elective Delivery</td>
</tr>
<tr>
<td>PC-05</td>
<td>CMS9v5 Exclusive Breast Milk Feeding</td>
</tr>
<tr>
<td>CAC-3</td>
<td>CMS26v4 Home Management Plan of Care Document Given to Patient/Caregiver</td>
</tr>
<tr>
<td>EHD1-1a</td>
<td>CMS31v5 Hearing Screening Prior to Hospital Discharge</td>
</tr>
</tbody>
</table>

* ED-3 is an Outpatient measure and is not applicable for IQR aligned credit.
Required Chart Abstracted Measures for the CY 2017 Reporting Period

<table>
<thead>
<tr>
<th>Short Name</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-1</td>
<td>Median Time From ED Arrival to ED Departure for Admitted ED Patients</td>
</tr>
<tr>
<td>ED-2</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients</td>
</tr>
<tr>
<td>IMM-2</td>
<td>Influenza Immunization</td>
</tr>
<tr>
<td>PC-01</td>
<td>Elective Delivery</td>
</tr>
<tr>
<td>SEP-1</td>
<td>Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)</td>
</tr>
<tr>
<td>VTE-6</td>
<td>Incidence of Potentially Preventable Venous Thromboembolism</td>
</tr>
</tbody>
</table>

*STK-4: Thrombolytic Therapy and VTE-5: VTE Discharge Instructions removed in the FY 2017 IPPS Final Rule, beginning with the CY 2017 reporting period (for FY 2019 payment determination).
CY 2017 - IQR Program eCQM Reporting Requirements

- Self-select a minimum of 8 of the 15 available eCQMs
  - Modification from the original rule proposal requiring reporting on all available eCQMs based on public comments received
  - Electronic reporting of the Outpatient Quality Reporting (OQR) Program CQM (ED–3, NQF 0496) is not applicable when reporting on CQMs for both programs, resulting in the reporting of 15 available CQMs

- Report four quarters of data on a quarterly, bi-annual, or annual basis from a certified EHR

- All data must be submitted February 28, 2018, by 11:59 PM
  - IQR eCQM requirement fulfillment also satisfies the CQM reporting option requirement for the Medicare EHR Incentive Program
  - CY 2017 reporting will apply to the FY 2019 payment update for IPPS subsection (d) hospitals
For the CY 2017 reporting period (FY 2019 payment determination), hospitals must report using:

- Quality Reporting Data Architecture (QRDA) Category I file format (patient-level data)
- EHR technology certified to either the 2014 or 2015 edition
- April 2016 Update of CQM electronic specifications for Eligible Hospital eReporting for the 2017 reporting period
- 2017 CMS QRDA Implementation Guide (IG) for Hospital Quality Reporting published in July 2016

eCQM Reporting Standards Documentation and QRDA file specifications are on the eCQM Library page at:

CY 2018 - IQR Program  
eCQM Reporting Requirements

• Self-select a minimum of eight of the available eCQMs
• Report four quarters of data on a quarterly, bi-annual, or annual basis from a certified EHR
• All data must be submitted February 28, 2019 by 11:59 PM
  ▪ IQR eCQM requirement fulfillment also satisfies the CQM reporting option requirement for the Medicare EHR Incentive Program
  ▪ CY 2018 reporting will apply to the FY 2020 payment update for IPPS subsection (d) hospitals
For the CY 2018 reporting period (FY 2020 payment determination), hospitals must report using:

- Quality Reporting Data Architecture (QRDA) Category I file format (patient-level data)
- EHR technology certified to the 2015 Edition
- Spring 2017 Update of CQM electronic specifications for Eligible Hospital eReporting for the 2018 reporting period. (Not yet available)
- 2018 CMS QRDA Implementation Guide (IG) for Hospital Quality Reporting to be published Summer 2017

eCQM Reporting Standards Documentation and QRDA file specifications are on the eCQM Library page at: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
Additional Considerations for eCQM Reporting

- Hospitals may continue to use a third party to submit QRDA Category I files on their behalf.
- Hospitals may continue to either use abstraction or pull the data from non-certified sources in order to then input these data into CEHRT for capture and reporting QRDA Category I files.
- Extraordinary Circumstances Extensions or Exemptions (ECE) Policy established a separate submission deadline for ECE requests related to eCQM reporting circumstances to be April 1 following the end of the reporting calendar year. For example, for data collected during the CY 2016 reporting period (through December 31, 2016), hospitals would have until April 1, 2017, to submit an ECE request.
Expansion of IQR Program
Data Validation

eCQM data validation begins with CY 2017 data reported in the spring of 2018 and will:
  • Continue to include up to 600 hospitals for chart-abstracted validation for the IQR Program
  • Include up to 200 additional hospitals selected via random sample for eCQM data validation (Hospitals selected for chart-abstracted measures validation or granted an ECE for eCQM reporting would be excluded)
  • Require submission of timely and complete medical record information from the EHR for at least 75% of sampled records
  • Will not be scored on the basis of measure accuracy (for the first year of eCQM data validation only)

**NOTE:** Timely and complete submission of medical record information will impact FY 2020 payment updates for IPPS hospitals
eCQM Data Validation: Submission Requirements

- 32 cases (individual patient-level reports) randomly selected from the QRDA Category I file submitted per hospital selected for validation (within 30 days of the medical records request date)

- Sufficient patient level information to match the requested medical record to the original submitted eCQM measure data

- Defined as the entire medical record that sufficiently documents the eCQM measure data elements, including but not limited to:
  - Arrival date and time
  - Inpatient admission date
  - Discharge date from inpatient episode of care
Public Reporting of eCQM Data

• Public reporting of eCQM data on Hospital Compare has been delayed in conjunction with the implementation of the eCQM data validation process

• Public reporting of eCQM data will be addressed in a future CMS IPPS rule
FY 2017 IPPS Final Rule: IQR – EHR Incentive Program Requirements

IQR – EHR INCENTIVE PROGRAM ALIGNMENT

SHANNA HARTMAN, MS, RN
If participating in both the Medicare EHR Incentive and the Hospital IQR Programs:

• Self-select 8 of 15 available CQMs
  
  Electronic reporting of the OQR Program CQM (ED–3, NQF 0496) is not applicable when reporting on CQMs for both programs, resulting in the reporting of 15 available CQMs

• Electronically submit QRDA Category I files through the QualityNet Secure Portal

• Submission deadline: February 28, 2018, 11:59 PM
Eligible hospitals and CAHs participating in the Medicare EHR Incentive Program Only:

- Report on all 16 available CQMs
- Attest to CQMs through the EHR Registration & Attestation System
- For those who are demonstrating meaningful use for the first time in 2017:
  - Reporting period is any continuous 90-day period within CY 2017
  - Submission period is 2 months following the close of the calendar year, ending February 28, 2018, 11:59 PM
- For those who have demonstrated meaningful use in any year prior to 2017:
  - Reporting period is the full CY 2017, consisting of four quarterly reporting periods
  - Submission period 2 months following the close of the calendar year, ending February 28, 2018 11:59 PM
Eligible hospitals and CAHs participating in the Medicare EHR Incentive Program Only:

- Report on 8 of the available CQMs
- Electronically report CQMs through the QualityNet Secure Portal
- For those who are demonstrating meaningful use for the first time in 2017 or have demonstrated meaningful use in any year prior to 2017:
  - Reporting period is the full CY 2017, consisting of four quarterly data reporting periods
  - Submission period begins in late spring 2017 and continues through the 2 months following the close of the calendar year, ending February 28, 2018, 11:59 PM
Eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program that report electronically:
- Report on 8 of the available CQMs

CMS provides States with the flexibility to determine the submission periods for reporting CQMs

States continue to be responsible for determining whether and how electronic reporting of CQMs occurs, or if States wish to allow reporting through attestation

**NOTE:** Any changes that States make to CQM reporting methods must be submitted through the State Medicaid Health IT Plan (SMHP) process for CMS to review and approve prior to being implemented
Starting in 2018, eligible hospitals and CAHs participating in the Medicare EHR Incentive Program:

- Must electronically report CQMs using CEHRT where feasible
- **Note:** Attestation will no longer be an option, except in certain circumstances where electronic reporting is not feasible

For questions regarding the EHR Incentive Programs, please contact the EHR Information Center (EHRIC):

1.888.734.6433, 7:30 a.m. – 6:30 p.m., CT Monday through Friday
Definition of Successful eCQM Data Submission

To successfully submit the 8 self-selected eCQMs, report them as any combination of:

- Accepted QRDA Category I files with patients meeting the Initial Patient Population (IPP) of the applicable measures
- Zero denominator declarations
- Case threshold exemptions
Zero Denominator Declarations

For the EHR Incentive and Hospital IQR Programs a Zero Denominator can be used when both:

- A hospital’s EHR system is certified for an eCQM
- A hospital does not have patients that meet the denominator criteria of that CQM

**NOTE:**

- A Zero Denominator submission counts as successful for that eCQM for both the Medicare EHR Incentive Program and the Hospital IQR Program
- Zero Denominator Declarations are entered on the Denominator Declaration screen within the QualityNet Secure Portal
Case Threshold Exemptions

For the EHR Incentive and Hospital IQR Programs, the Case Threshold Exemption can be used when both:

- A hospital’s EHR system is certified to report data
- Five or fewer discharges have occurred during the relevant EHR reporting quarter

NOTE:

- An eCQM counts toward meeting the program requirement, if the eligible hospital or CAH qualifies for an exemption for that eCQM
- Hospitals do not have to utilize the Case Threshold Exemption; they can submit applicable QRDA Category I files, if they choose
- Case Threshold Exemptions are entered on the Denominator Declaration screen within the QualityNet Secure Portal
CY 2017 QRDA Category I File Format Expectations

- One file, per patient, per quarter
- File should include all the episodes of care and the measures associated with the patient file in that reporting period
- Files can be submitted quarterly, bi-annually, or annually
- Maximum individual file size of 5 MB
- Files uploaded by Zip file (.zip)
- Maximum submission of 15,000 files per zip file (If a hospital has more than 15,000 patient files per quarter, hospitals can submit additional zip files)
Accommodations to facilitate data reporting for a calendar year on a quarterly, bi-annual, or annual basis include:

• The CMS data receiving system in QualityNet Secure Portal is opening in late spring of 2017 for test and production files (The CMS data receiving system submission period was extended to provide flexibility)

• The Pre-Submission Validation Application (PSVA) Testing Tools will continue to be available
Pre-Submission Validation Application (PSVA) Tool

• Allows submitters to locate and correct QRDA Category I file formatting errors prior to data submission to CMS.
• Serves as a voluntary tool – CMS recommends vendors and facilities test early and often.
• Downloadable from the Secure File Transfer in the QualityNet Secure Portal and installs on your system.
• Available as Version 1.1.2
  ▪ Version 1.2 will be released late September 2016 – ListServe will be distributed shortly outlining tool upgrades.

Please contact the QualityNet Help Desk for additional information:
  • QNetSupport@hcqis.org
  • 1-866-288-8912, 7 AM - 7 PM CT, Monday through Friday.
Resources

**QualityNet Help Desk – PSVA and Data Upload**

Qnetsupport@hcqis.org
1-866-288-8912, 7 AM - 7 PM CT, Monday through Friday

**eCQM General Program Questions – IQR Program & Policy**

https://cms-ip.custhelp.com
1-866-800-8765 or 1-844-472-4477, 7 AM–7 PM CT Monday through Friday (except holidays)

**EHR (Meaningful Use) Information Center – EHR Incentive Program**

1-888-734-6433, 7:30 AM – 6:30 PM, CT Monday through Friday

**JIRA – Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System**

http://oncprojecttracking.org

Resource to submit questions and comments regarding:
- Issues identified with eCQM logic
- Clarification on specifications
- The Combined QRDA IG for 2017
FY 2017 IPPS Final Rule:
IQR – EHR Incentive Program Requirements

QUESTION AND ANSWER SESSION