

May 18 CMS Quality Vendor Workgroup

May 18, 2017
12:00 – 1:30 p.m. ET



Agenda

Topic	Speaker
Medicare and Medicaid EHR Incentive Programs	Steven Johnson and Kathleen Johnson <i>Division of Health Information Technology, CMS</i>
2017 eCQM Annual Update Publication	Shanna Hartman and Edna Boone <i>Division of Electronic and Clinical Quality, CMS</i>
Update on the Oncology Care Model	Andrew York <i>Division of Ambulatory Care Models, CMMI</i>
Post-Acute Care Announcements	<i>Division of Chronic and Post Acute Care, CMS</i>

Medicare and Medicaid EHR Incentive Programs

Steven Johnson and Kathleen Johnson

*Division of Health Information Technology
(DHIT), CMS*

Proposals

EHR Reporting Period in 2018

21ST Century Cures Act

- Proposed Exception for certified electronic health record technology (CEHRTs)- terminated by ONC
- Ambulatory Surgical Centers (ASCs) based EPs (ASC-based 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 Certified EHR Technology – Overview

As mandated by Section 4002 21st Century Cures Act:

- We are proposing to add a new exception from the Medicare payment adjustments for eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs) who are unable to comply with the requirement for being a meaningful user because their certified EHR technology has been decertified under ONC's Health IT Certification Program.

Decertification of Certified EHR Technology – Eligible Professionals

Proposed Exception for Eligible Professionals (EPs)

- Applicable for the CY 2018 payment adjustment year only
- EPs qualify for this exception if their certified EHR technology 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 Certified EHR Technology – Eligible Hospitals

Proposed Exception for Eligible Hospitals

- Applicable beginning with the FY 2019 payment adjustment year.
- Eligible hospitals qualify for this exception if their certified EHR technology 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 1st 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 Certified EHR Technology - CAHs

Proposed Exception for Critical Access Hospitals (CAHs)

- Applicable beginning with the FY 2018 payment adjustment year.
- CAHs qualify for this exception if their certified EHR technology was decertified either before or during the applicable EHR reporting period for the FY 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 FY 2018 payment adjustment year; or
 - Decertification occurred during the applicable EHR reporting period for the FY 2018 payment adjustment year.
 - 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

Ambulatory Surgical Center (ASC)-based Eligible Professionals (EPs)

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 eligible professionals who furnish “substantially all” of their covered professional services in an ambulatory surgical center (ASC).
 - Applicable for the CY 2017 and CY 2018 Medicare payment adjustment years. The 2015 and 2016 program years.
 - We proposed two definitions of “substantially all,”:
 - 75 percent or more of covered professional services and
 - 90 percent or more of covered professional services.

Ambulatory Surgical Center (ASC)-based Eligible Professionals (EPs) (continued)

- » We are also proposing to use Place of Service (POS) code 24 to identify services furnished in an Ambulatory Surgical Center (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/LTCH 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 certified EHR technology in CY 2018 for all participants of the Medicare and Medicaid EHR Incentive Programs.

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.

2017 eCQM Annual Update

Shanna Hartman, MS, RN

Division of Electronic and Clinical Quality, CMS

Edna Boone

CMS Contractor

2017 eCQM Annual Update

- eCQMs for calendar year (CY) 2018 reporting for Eligible Hospitals and Critical Access Hospitals (CAHs), and CY 2018 performance for Eligible Professionals (EPs) and Eligible Clinicians are posted on the eCQI Resource Center.
- CMS updates the specifications annually to align with current clinical guidelines and code systems so they remain relevant and actionable within the clinical care setting.
- eCQMs have been re-specified using the Quality Data Model (QDM) version 4.3 and Health Quality Measure Format (HQMF) version R2.1.

2017 eCQM Annual Update (cont.)

- eCQMs have been updated for potential inclusion in the following programs:
 - Hospital Inpatient Quality Reporting (IQR) Program
 - Medicare Electronic Health Record (EHR) Incentive Program for Eligible Hospitals and CAHs
 - Medicaid EHR Incentive programs for EPs, Eligible Hospitals and CAHs
 - Quality Payment Program: The Merit-based Incentive Payment System (MIPS) for MIPS Eligible Clinicians and Alternative Payment Models
- eCQMs will not be eligible for 2018 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each program.

Finding the updated eCQMs

- Updated measure specifications are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center
- [Eligible Hospitals and Critical Access Hospitals](https://ecqi.healthit.gov/eh)
 - <https://ecqi.healthit.gov/eh>
- [Eligible Professionals and Eligible Clinicians](https://ecqi.healthit.gov/ep)
 - <https://ecqi.healthit.gov/ep>

Eligible Hospital / Critical Access Hospital eCQMs

These electronic Clinical Quality Measures (eCQMs) are fully specified for potential calendar year 2018 reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare and Medicaid EHR Incentive programs for Eligible Hospitals and Critical Access Hospitals. Measures will not be eligible for 2018 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Subscribe to space

[eCQM Implementation Checklist](#)

Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to the Hospital IQR Program and for aligned credit for eReporting of clinical quality measures (CQMs) to the EHR Incentive programs requires that hospitals use the most current version of the eCQMs identified below for the applicable reporting period.

CMS has updated eCQMs for potential inclusion in the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicaid Electronic Health Record (EHR) Incentive Programs for Eligible Hospitals and Critical Access Hospitals
- Medicare Electronic Health Record (EHR) Incentive Programs for Eligible Hospitals and Critical Access Hospitals

Use the eCQM Materials and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.

Select Reporting Year **Search**

eCQM Update	eCQM Materials
eCQMs for eReporting for the 2018 Reporting Period (as of May 2017)	eCQM Annual Update Pre-Publication Document March 2017 eCQMs for Eligible Hospitals Table May 2017 eCQM Specifications for Eligible Hospitals May 2017 eCQM Measure Logic Guidance v1.13 Update May 2017 eCQM Technical Release Notes Update May 2017 eCQM Technical Release Notes Eligible Hospital Update May 2017

Measure Name	Short Name	CMS ID	NQF ID	Measure Steward
Anticoagulation Therapy for Atrial Fibrillation/Flutter	Stroke3	CMS71v7	None	The Joint Commission
Antithrombotic Therapy By End of Hospital Day 2	Stroke5	CMS72v6	None	The Joint Commission
Assessed for Rehabilitation	Stroke10	CMS102v6	None	The Joint Commission
Discharged on Antithrombotic Therapy	Stroke2	CMS104v6	None	The Joint Commission

Eligible Hospital / Critical Access Hospital eCQMs

These electronic Clinical Quality Measures (eCQMs) are fully specified for potential calendar year 2018 reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare and Medicaid EHR Incentive programs for Eligible Hospitals and Critical Access Hospitals. Measures will not be eligible for 2018 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Subscribe to space

eCQM Implementation Checklist



Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to the Hospital IQR Program and for aligned credit for eReporting of clinical quality measures (CQMs) to the EHR Incentive programs requires that hospitals use the most current version of the eCQMs identified below for the applicable reporting period.

CMS has updated eCQMs for potential inclusion in the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicaid Electronic Health Record (EHR) Incentive Programs for Eligible Hospitals and Critical Access Hospitals
- Medicare Electronic Health Record (EHR) Incentive Programs for Eligible Hospitals and Critical Access Hospitals

Use the eCQM Materials and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.

Select Reporting Year Search

2018

Apply

eCQM Materials

eCQM Update	eCQM Materials
eCQMs for eReporting for the 2018 Reporting Period (as of May 2017)	<ul style="list-style-type: none"> eCQM Annual Update Publication Document March 2017 eCQMs for Eligible Hospitals Table May 2017 eCQM Specifications for Eligible Hospitals May 2017 eCQM Measure Logic Guidance v1.13 Update May 2017 eCQM Technical Release Notes Update May 2017 eCQM Technical Release Notes Eligible Hospital Update May 2017

Measure Name	Short Name	CMS ID	NQF ID	Measure Steward
Anticoagulation Therapy for Atrial Fibrillation/Flutter	Stroke3	CMS71v7	None	The Joint Commission
Antithrombotic Therapy By End of Hospital Day 2	Stroke5	CMS72v6	None	The Joint Commission
Assessed for Rehabilitation	Stroke10	CMS102v6	None	The Joint Commission
Discharged on Antithrombotic Therapy	Stroke2	CMS104v6	None	The Joint Commission

Sortable eCQM Measure Table

Eligible Professional / Eligible Clinician eCQMs

These electronic Clinical Quality Measures (eCQMs) are fully specified for potential calendar year 2018 reporting for the Quality Payment Program (QPP); the Merit-based Incentive Payment System (MIPS) for MIPS Eligible Clinicians and Alternative Payment Models (APMs); and the Medicaid EHR Incentive Program for Eligible Professionals. Measures will not be eligible for 2018 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Subscribe to space

eCQM Implementation Checklist

Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to the QPP; MIPS and APMs; and the Medicaid EHR Incentive program requires that an eligible professional or eligible clinician use the most current version of the eCQMs identified below for the applicable performance period.

CMS has updated eCQMs for potential inclusion in the following programs:

- Quality Payment Program: The Merit-based Incentive Payment System (MIPS) for MIPS Eligible Clinicians and Alternative Payment Models
- Medicaid EHR Incentive Program for Eligible Professionals

Use the eCQM Materials and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.

Select Performance/Reporting Year Search

2018

eCQM Update <small>▲</small>	eCQM Materials
eCQMs for eReporting for the 2018 Performance Period (as of May 2017)	<ul style="list-style-type: none"> eCQM Annual Update Pre-Publication Document March 2017 eCQMs for Eligible Professionals and Clinicians Table May 2017 eCQM Specifications for Eligible Professionals and Clinicians May 2017 eCQM Measure Logic Guidance v1.13 Update May 2017 eCQM Technical Release Notes Update May 2017 eCQM Technical Release Notes Eligible Professionals and Clinicians May 2017

Measure Name <small>▲</small>	CMS ID	Domain	NQF ID	Measure Steward
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	CMS161v6	Effective Clinical Care	0104	PCPI(R) Foundation (PCPI(R))
Anti-depressant Medication Management	CMS128v6	Effective Clinical Care	0105	National Committee for Quality Assurance
Appropriate Testing for Children with Pharyngitis	CMS146v6	Efficiency and Cost Reduction	None	National Committee for Quality Assurance
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	CMS154v6	Efficiency and Cost Reduction	0069	National Committee for Quality Assurance
Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	CMS169v6	Effective Clinical Care	None	Centers for Medicare & Medicaid Services (CMS)

Individual Measure Detail

Last updated: May 4, 2017

CMS Measure ID: CMS125v6

Version: 6

NQF Number: 2372

Measure Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

Initial Patient Population: Women 51-74 years of age with a visit during the measurement period.

Denominator Statement: Equals Initial Population

Denominator Exclusions: Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy.
Exclude patients who were in hospice care during the measurement year.

Numerator Statement: Women with one or more mammograms during the measurement period or the 15 months prior to the measurement period.

Numerator Exclusions: Not Applicable

Denominator Exceptions: None

Measure Steward: National Committee for Quality Assurance

Domain: Effective Clinical Care

Previous Version: Breast Cancer Screening

Improvement Notation: Higher score equals better quality

Guidance: Patient self-report for procedures as well as diagnostic studies should be recorded in 'Procedure, Performed' template or 'Diagnostic Study, Performed' template in QRDA-1. Patient self-report is not allowed for laboratory tests.

This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, MRIs or tomosynthesis (3D mammography), because they are not appropriate methods for primary breast cancer screening.



Specifications

-  CMS125v6_1.html
-  CMS125v6_1.xml
-  CMS125v6_SimpleXML_1.xml
-  EP_EC_CMS125v6_NQF2372_Breast_Cancer_Screen_1.zip
-  CMS125v6_TRN_05.05.17_1.xlsx



Release Notes

Header

- Incremented eMeasure Version number.

Section: eMeasure Version number.

Source: Measure Lead

eCQM Library on cms.gov

- The eCQMs and supporting materials are no longer available on the [eCQM Library](#) webpage of [cms.gov](#).
- CMS plans to migrate all information on the library webpage to the eCQI Resource Center later this year.

Provide Feedback on the Updated eCQMs

- Report questions and provide comments regarding the implementation of the updated eCQMs on the [ONC CQM Issue Tracker](#).
 - <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>
- To find out more about eCQMs, visit the [eCQI Resource Center](#).
- Provide suggestions/leave feedback regarding the eCQI Resource Center at ecqi-resource-center@hhs.gov

Update on the Oncology Care Model

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Post-Acute Care Announcements

Division of Chronic & Post Acute Care, CMS

**Inpatient Rehabilitation Facility (IRF) Quality Reporting Program
FY 2018 IRF Prospective Payment System (PPS) Proposed Rule
CMS -1671-P**

Background

- Section 3004(b) of the Affordable Care Act established the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP). Beginning in Fiscal Year 2014, the annual payment update for any IRFs that did not submit the required data to CMS was reduced by two percentage points
- The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, further requires IRFs to report standardized patient assessment data on at least 5 specified patient assessment categories and on cross-setting post-acute care (PAC) quality measures in satisfaction of 5 quality measure domains as well as data on resource use and other measures in satisfaction of 3 additional measure domains.

FY 2018 IRF Prospective Payment System Proposed Rule

- On Display May 3, 2017, at <https://www.gpo.gov/fdsys/pkg/FR-2017-05-03/pdf/2017-08428.pdf>
- Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2018 (CMS-1671-P)
 - Docket number CMS-2017-0059
- Section XII. Proposed Revisions and Updates to IRF Quality Reporting Program (QRP) Pages 20714 –20742
- Public comments must be received no later than 5pm on June 26, 2017.

IRF QRP Quality, Resource Use, and Other Measure Proposals

- Proposal to remove the current pressure ulcer measure and replace with a modified version, Changes in Skin Integrity Post-Acute Care: Pressure Ulcer /Injury
- Proposed measure includes new or worsened unstageable pressure ulcers, including deep tissue injuries
- Updated specifications intended to eliminate redundancies in the assessment items used for calculation
- Proposed measure satisfies the IMPACT Act domain of skin integrity and changes in skin integrity

IRF QRP Standardized Assessment Data Proposals

- We are proposing modifications to the assessment instruments specific to the post-acute care settings: IRF-PAI for IRFs, LTCH CARE data set for LTCHs and MDS for SNFs
- For FY 2019, we are proposing the submission of standardized assessment data to satisfy the data reporting requirements for the category of medical conditions.
- To meet the category of medical conditions, we are proposing the submission of the standardized assessment data already collected on the pressure ulcers/injuries which are used to calculate the quality measure: *Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)*

IRF QRP Standardized Assessment Data Proposals (Cont'd)

- For FY 2020, we are proposing that IRFs begin reporting standardized patient assessment data with respect to 5 specified patient assessment categories required by law that include:
 - functional status;
 - cognitive function;
 - special services, treatments and interventions;
 - medical conditions and co-morbidities; and
 - impairments.

IRF QRP Proposed Measures for Removal

- Proposal to sunset the All-Cause Unplanned Readmission Measure and remove from public reporting in 2018
- Proposal to sunset the current pressure ulcer measure, Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short Stay), if the proposed modified measure is finalized.

IRF QRP Policy Proposals

- We are proposing to follow the existing pattern established through previous rule making requiring data submission of CY Q4 of the new data for the first APU year involved, followed by a Calendar Year schedule for all new assessment-based measures and standardized data submission for all subsequent APU years.
- Expansion of all previously finalized polices associated with measures to include standardized assessment data submission procedures and policies, including mechanisms for reporting, and timelines and data submission requirements.

IRF QRP Public Reporting Proposals

- We are proposing 6 measures for public reporting in calendar year 2018. The assessment based measures being proposed are:
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
 - Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)

IRF QRP Public Reporting Proposals (Cont'd)

- Proposed claims-based measures:
 - Total Estimated Medicare Spending Per Beneficiary – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)
 - Discharge to Community-Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)
 - Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)
 - Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)

IRF Helpdesks:

- » CMS IRF Quality Questions:
 - IRF.questions@cms.hhs.gov

- » CMS IRF QRP Reconsiderations Questions:
 - IRFQRPreconsiderations@cms.hhs.gov

- » CMS Public Reporting/IRF Compare Questions:
 - IRFPRquestions@cms.hhs.gov

Long Term Care Hospital Quality Reporting Program

FY 2018 IPPS/LTCH PPS Proposed Rule

CMS -1677-P

Background

Section 3004(b) of the Affordable Care Act established the LTCH QRP. Beginning in FY 2014, the applicable annual payment update for any LTCH that did not submit the required data to CMS was reduced by two percentage points.

The Improving Medicare Post Acute Care Transformation (IMPACT) Act of 2014 requires the continued application of new quality measures for the LTCH QRP, including measures in the following domains:

- Resource Use
- Other Measures

FY 2018 In hospital Prospective Payment System LTCH Prospective Payment System Proposed Rule

- On Display, April 28, 2017 at <https://www.federalregister.gov/documents/2017/04/28/2017-07800/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and>
- Medicare Program; Inpatient Prospective Payment Systems Long Term Care Hospital Prospective Payment System for Federal Fiscal Year 2018 (CMS-1677-P)
 - Docket number CMS-2017-0055
- Section VIII.C Proposed Revisions and Updates to LTCH Quality Reporting Program (QRP) Pages 1183 –1323 PDF
- Public comments must be received no later than 5pm on June 13, 2017.

LTCH QRP Quality, Resource Use, and Other Measure Proposals

- Proposal to remove the current pressure ulcer measure and replace with a modified version, *Changes in Skin Integrity Post-Acute Care: Pressure Ulcer /Injury*
- Proposed measure includes new or worsened unstageable pressure ulcers, including deep tissue injuries
- Updated specifications intended to eliminate redundancies in the assessment items used for calculation
- Proposed measure satisfies the IMPACT Act domain of skin integrity and changes in skin integrity

LTCH QRP Proposed Measures for Removal

- Proposal to sunset the *All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge* (NQF # 2512) and remove it from public reporting. Replacing it with:
Potentially Preventable Readmission (PPR) 30-Day Post-Discharge
- Proposal to sunset the current pressure ulcer measure, *Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short Stay)*, if the proposed modified measure is finalized.

LTCH QRP Proposed Measures

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay
- Ventilator Liberation Rate

LTCH QRP Standardized Assessment Data Proposals

- We are proposing modifications to the assessment instruments specific to the post-acute care settings: IRF-PAI for IRFs, LTCH CARE data set for LTCHs and MDS for SNFs
- For FY 2019, we are proposing the submission of standardized assessment data to satisfy the data reporting requirements for the category of medical conditions.
- To meet the category of medical conditions, we are proposing the submission of the standardized assessment data already collected on the pressure ulcers/injuries which are used to calculate the quality measure: *Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)*

LTCH QRP Standardized Assessment Data Proposals (Cont'd)

- For FY 2020, we are proposing that LTCHs begin reporting standardized patient assessment data with respect to 5 specified patient assessment categories required by law that include:
 - functional status;
 - cognitive function;
 - special services, treatments and interventions;
 - medical conditions and co-morbidities; and
 - impairments.

LTCH QRP Policy Proposals

- We are proposing to follow the existing pattern established through previous rule making requiring data submission of CY Q2-Q4 of the new data for the first APU year involved, followed by a full Calendar Year schedule for all new assessment-based measures and standardized data submission for all subsequent APU years.
- Expansion of all previously finalized polices associated with measures to include standardized assessment data submission procedures and policies, including mechanisms for reporting, and timelines and data submission requirements.
- We are proposing to remove the program interruption items from the LTCH CARE Data Set.

LTCH QRP Public Reporting Proposals

- We are proposing 6 measures for public reporting in calendar year 2018. The assessment based measures being proposed are:
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
 - Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
 - Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function

LTCH QRP Public Reporting Proposals (Cont'd)

- Proposed claims-based measures:
 - Total Estimated Medicare Spending Per Beneficiary – Post Acute Care (PAC) Long Term Care Hospital Quality Reporting Program (QRP)
 - Discharge to Community-Post Acute Care (PAC) Long Term Care Hospital Quality Reporting Program (QRP)
 - Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long Term Care Hospital) Quality Reporting Program (QRP)

LTCH QRP Public Reporting Proposals (Cont'd)

Measure for CY 2020 Public Display

- Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (NQF #2632)

LTCH Helpdesks:

- » CMS LTCH Quality Questions:
 - LTCHQualityQuestions@cms.hhs.gov

- » CMS LTCH QRP Reconsiderations Questions:
 - LTCHQRPreconsiderations@cms.hhs.gov

- » CMS Public Reporting/LTCH Compare Questions:
 - LTCHPRquestions@cms.hhs.gov

Skilled Nursing Facility (SNF) Quality Reporting Program
FY 2018 SNF Prospective Payment System (PPS) Proposed Rule
CMS -1679-P

Background

- The Skilled Nursing Facility Quality Reporting Program, or the (SNF Quality Reporting Program) was established in accordance with section 1899B of the Social Security Act as amended by the Improving Medicare Post-Acute Care Transformation Act of 2014 (The IMPACT Act). The SNF Quality Reporting Program applies to SNFs that are paid under the SNF Prospective Payment System (PPS).

FY 2018 SNF Prospective Payment System Proposed Rule

- On Display April 27, 2017, at <http://www.federalregister.gov/inspection.aspx>.
- Medicare Program; Skilled Nursing Facility Quality Reporting Prospective Payment System for Federal Fiscal Year 2018 (CMS-1679-P)
 - Docket number CMS-2017-0060
- Section V.B.. Proposed Revisions and Updates to SNF Quality Reporting Program (QRP) Pages 21041 –21080 PDF
- Public comments must be received no later than 5pm on June 26, 2017.

SNF QRP Quality Measure Proposals For the FY 2020 SNF QRP

- For data collection starting October 1, 2018, we are proposing:
- To remove the current pressure ulcer measure, “Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short Stay),” and replace with a modified version, “Changes in Skin Integrity Post-Acute Care: Pressure Ulcer /Injury”
 - Current and Proposed measure satisfies the IMPACT Act domain of skin integrity and changes in skin integrity
 - Proposed measure includes new or worsened unstageable pressure ulcers, including deep tissue injuries
 - Updated specifications intended to eliminate redundancies in the assessment items used for calculation

Measure Proposals Continued:

We also proposed to also adopt 4 outcome based function measures that are applications of the IRF QRP function outcome measures, and these are:

- Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
- Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)
- Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)
- Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)

SNF QRP Standardized Assessment Data Proposals

In satisfaction of the requirements under the IMPACT Act that SNFs submit data on standardized in 5 resident assessment categories we are proposing:

- For FY 2019 SNF QRP data submitted on the existing pressure ulcer measure “Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)” satisfy the submission of standardized data
 - For the FY 2019 APU determination, there is no additional submission requirements.
- For the FY 2020 SNF QRP, we are proposing that SNFs also begin reporting standardized patient assessment data starting with respect to 5 specified patient assessment categories required by law that include:
 - functional status;
 - cognitive function;
 - special services, treatments and interventions;
 - medical conditions and co-morbidities; and
 - impairments.

To meet this requirement, we propose to modify the MDS with data submission beginning on October 1, 2018

SNF QRP Policy Proposals

- We are proposing to follow the existing pattern established through previous rule making requiring data submission of CY Q4 of the new data for the first APU year involved, followed by a Calendar Year schedule for all new assessment-based measures and standardized data submission for all subsequent APU years.
- Expansion of all previously finalized polices associated with measures to include standardized assessment data submission procedures and policies, including mechanisms for reporting, and timelines and data submission requirements.

SNF QRP Public Reporting Proposals

- We are proposing 6 measures for public reporting in calendar year 2018. The assessment based measures being proposed are:
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
 - Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)

SNF QRP Public Reporting Proposals (Cont'd)

- Proposed claims-based measures:
 - Total Estimated Medicare Spending Per Beneficiary – Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
 - Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
 - Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

SNF Helpdesks:

- » CMS SNF Quality Questions:
 - SNF.questions@cms.hhs.gov

- » CMS SNF QRP Reconsiderations Questions:
 - SNFQRPreconsiderations@cms.hhs.gov

- » CMS Public Reporting/SNF Compare Questions:
 - SNFquestions@cms.hhs.gov



Hospice Quality Reporting Program

**Fiscal Year (FY) 2018 Hospice Wage Index and Payment Rate
Update and Hospice Quality Reporting Requirements**

CMS-1675-P

Hospice Quality Reporting Program

- » Section 3004(a) of the Affordable Care Act established the HQRP
- » Beginning in FY 2014, providers must submit required quality data or may have their annual payment update reduced by 2 percentage points.
- » **Measure the quality of care delivered to terminally ill individuals receiving care in the hospice setting.**
 - Collect quality data
 - Hospice Item Set (HIS) to calculate the 7 currently adopted measures plus as of April 1, 2017 there are 2 additional measures.
 - Hospice Consumer Assessment Health Provider & Systems (CAHPS®) Survey to evaluate whether the patient received care that is responsive to the patient and family's preferences.
- » **Combined goal of measuring the care delivered and services provided, as well as directly adopt measures that promote patient-centered, high quality, safe care, and address gaps in quality.**

Hospice QRP Quality Measures

7 NQF endorsed Measures Currently Collected

- » **Treatment Preferences**
- » **Beliefs And Values Addressed**
- » **Pain Screening**
- » **Pain Assessment**
- » **Dyspnea Screening**
- » **Dyspnea Treatment**
- » **Patients Treated With An Opioid Who Are Given A Bowel Regimen**

New Measures - Effective April 1, 2017

» Hospice Visits When Death Is Imminent

- Assess hospice staff visits to patients and caregivers in the last week of life.

» Hospice And Palliative Care Composite Process Measure

- Assess percentage of hospice patients who received care processes consistent with guidelines and will be based on select measures from the current 7 NQF-endorsed measures

Hospice Visits When Death Is Imminent

- » Assesses hospice staff visits to patients and caregivers in the last 3 and 7 days of life
- » Captures whether the needs of a hospice patient and family were addressed by the hospice staff, when patients and caregivers typically experience higher symptom and caregiving burdens and, therefore, an increased need for care

Hospice and Palliative Care Composite Process Measure

- » A key factor in creating a composite QM for comprehensive assessment at admission is to provide both consumers and providers with a single measure regarding the overall quality and completeness of assessment of patient needs at hospice admission, which can then be easily used to compare quality across providers
- » By assessing hospices' performance of comprehensive assessment, the composite measure sets a higher standard of care for hospices, and consequently reveals a larger performance gap.
- » The performance gap identified by the composite measure creates opportunities for quality improvement and may motivate providers to conduct a greater number of high priority care processes for as many patients as possible upon admission.

FY 18 Proposed Rule

- » Released April 27, 2017
- » Hospice Quality Reporting Program Highlights:
 - Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®] Experience of Care Survey
 - Quality Measure Concepts Under Consideration for Future Years
 - Extension and Exemption Deadline Change for HIS Submission from 30 to 90 Days.
- » Comments due by June 26, 2017

Hospice CAHPS® Survey

- » The Hospice CAHPS® Survey is a component of the Hospice Quality Reporting Program.
- » This proposed rule outlines requirements for the Hospice CAHPS Survey for the FY 2020, FY 2021, and FY 2022 annual payment updates.
- » In addition, the rule proposes to adopt two global CAHPS Hospice Survey measures and six composite CAHPS Hospice Survey-based measures, which would be based on data submitted on the survey.
- » The rule also proposes how these measures would be calculated based on the survey data.
- » More information about the survey can be obtained at the survey website, www.hospicecahpssurvey.org.

CAHPS Survey will be included in the publicly reported data

There will be a total of six multi-item measures:

- Hospice Team Communication
- Getting Timely Care
- Treating Family Member with Respect
- Getting Emotional and Religious Support
- Getting Help for Symptoms
- Getting Hospice Care Training

In addition, there are two other measures, also called “global ratings”:

- Rating of Hospice
- Willingness to Recommend

Quality Measure Concepts Under Consideration for Future Years

- » CMS is not proposing any new measures based on the Hospice Item Set (HIS) in this proposed rule

- » Discuss and solicit public feedback on two measure concepts under consideration for future years. Those measure concepts are:
 - 1) Potentially Avoidable Hospice Care Transitions
 - 2) Access to Levels of Hospice Care.

- » Both measure concepts would be claims-based measures.

Hospice Evaluation & Assessment Reporting Tool (HEART)

- » New Data Collection Mechanisms Under Consideration: Hospice Evaluation & Assessment Reporting Tool (HEART).
- » CMS is considering enhancing the current Hospice Item Set data collection instrument to be more in line with other post-acute care settings. This revised data collection instrument, HEART, would be a patient assessment tool, rather than the current chart abstraction tool.

Hospice Evaluation & Assessment Reporting Tool (HEART)

- » By integrating a core standard data set into an assessment tool, hospices could use such a data set as the foundation for valid and reliable information for patient assessment, care planning, and service delivery.
- » This would enable greater accuracy in quality reporting; decrease provider burden; help surveyors ensure hospices are meeting Conditions of Participation and providing high quality patient care; and, in the future, inform payment refinement efforts.

Extension and Exemption Deadline Change for HIS Submission from 30 to 90 Days

- CMS is proposing to increase the timeframe to request an extension or exemption for reporting quality data from 30 days to 90 days.
- This change will align the HQRP with the other PAC QRPs as well as the Hospital Inpatient Quality Reporting Program.

Public Reporting

- » CMS expects to begin public reporting via a Hospice Compare Site in summer of CY 2017 to help customers make informed choices.
- » In this proposed rule, CMS discusses details of public reporting including measures eligible for public reporting and opportunities for providers to preview their quality measure data prior to public reporting.
- » CMS proposes that public display of the Hospice CAHPS Survey data would begin during winter CY 2018.

HQRP Helpdesks:

- » CMS Hospice Quality Questions:
 - HospiceQualityQuestions@cms.hhs.gov

- » CMS Hospice QRP Reconsiderations Questions:
 - HospiceQRPreconsiderations@cms.hhs.gov

- » CMS Public Reporting/Hospice Compare Questions:
 - HospicePRQuestions@cms.hhs.gov

IMPACT Act Data Elements Public Comments Due June 26th

- » CMS has contracted with the RAND Corporation to develop standardized patient/resident assessment data elements in alignment with the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
- » CMS seeks comments from stakeholders on data elements that meet the IMPACT Act domains of cognitive function and mental status; medical conditions and co-morbidities; impairments; medication reconciliation; and care preferences. The Call for Public Comment period opens on April 26, 2017 and closes on June 26, 2017.
- » For more information, view the [public comment](#) webpage.

Home Health, IRF and LTCH QRP Review and Correct Reports Now Available

- » The Home Health, Inpatient Rehabilitation Facilities (IRF) and Long-Term Care Hospital (LTCH) Quality Reporting Program review and correct reports are now available on demand in the Certification and Survey Provider Enhanced Reporting CASPER application
- » Providers can access these reports by selecting CASPER Reporting link on the “Welcome to the CMS QIES Systems for Providers” webpage. NOTE: You must log into the CMS Network using your CMSNet user ID and password in order to access the “Welcome to the CMS QIES systems for Providers” webpage.
- » These reports:
 - Contain quality measure information at the facility level
 - Allow providers to obtain aggregate performance for the past four full quarters (when data is available)
 - Include data submitted prior to the applicable quarterly data submission deadlines
 - Display whether the data correction period for a given CY quarter is “open” or “closed”

SNF QRP: Submission Deadline Extension – Now June 1

- » Due to extenuating circumstances, the reporting deadline for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Fiscal Year 2018 payment determination has been extended from May 15, 2017 to June 1, 2017.
- » The MDS assessment data for October-December (Q4) of calendar year 2016 are due with this submission deadline.
- » For a list of measures required for this deadline visit the [SNF Quality Reporting Program Data Submission Deadlines](#) webpage.

Questions?

cmsqualityteam@ketchum.com

Thank you!

The next CMS Quality Vendor Workgroup will be held on
Thursday, June 22 from 12:00 – 1:30 p.m. ET.