

# August 18 CMS Quality Vendor Workgroup

August 18, 2016  
12:00 – 1:30 p.m. ET



# Agenda

Topic	Speaker
<b>2015 Physician Quality Reporting System Feedback and 2015 Annual Quality and Resource Use Reports</b>	<b>Alesia Hovatter</b> <i>Division of Electronic and Clinician Quality (DECQ), CMS</i>
<b>Inpatient Rehabilitation Facility &amp; Long-Term Care Hospital Quality Reporting Program: Public Reporting Webinar</b>	<b>Christine Grose</b> <i>Division of Chronic and Post-Acute Care (DCPAC), CMS</i>
<b>2016 Medicare &amp; Medicaid Electronic Health Record Incentive Programs Requirements Webinars</b>	<b>Kathleen Johnson</b> <i>Division of Health Information Technology (DHIT), CMS</i>
<b>CY 2017 Changes to the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Proposed Rule (CMS-1656-P)</b>	<b>Kathleen Johnson</b> <i>Division of Health Information Technology (DHIT), CMS</i>
<b>Cypress v3 for 2015 and 2016 Electronic Clinical Quality Certification and Testing</b>	<b>David Czulada</b> <i>Software Systems Engineer, on behalf of CMS</i>
<b>Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System : Policy Changes and Fiscal Year 2017 Rates Final Rule Information</b>	<b>Artrina Sturges, Ed.D</b> <i>Division of Value, Incentives, and Quality Reporting (DVIQR), CMS</i>

**Questions**

# **2015 Physician Quality Reporting System Feedback and 2015 Annual Quality and Resource Use Reports**

Alesia Hovatter

*Division of Electronic and Clinician Quality (DECQ),  
CMS*

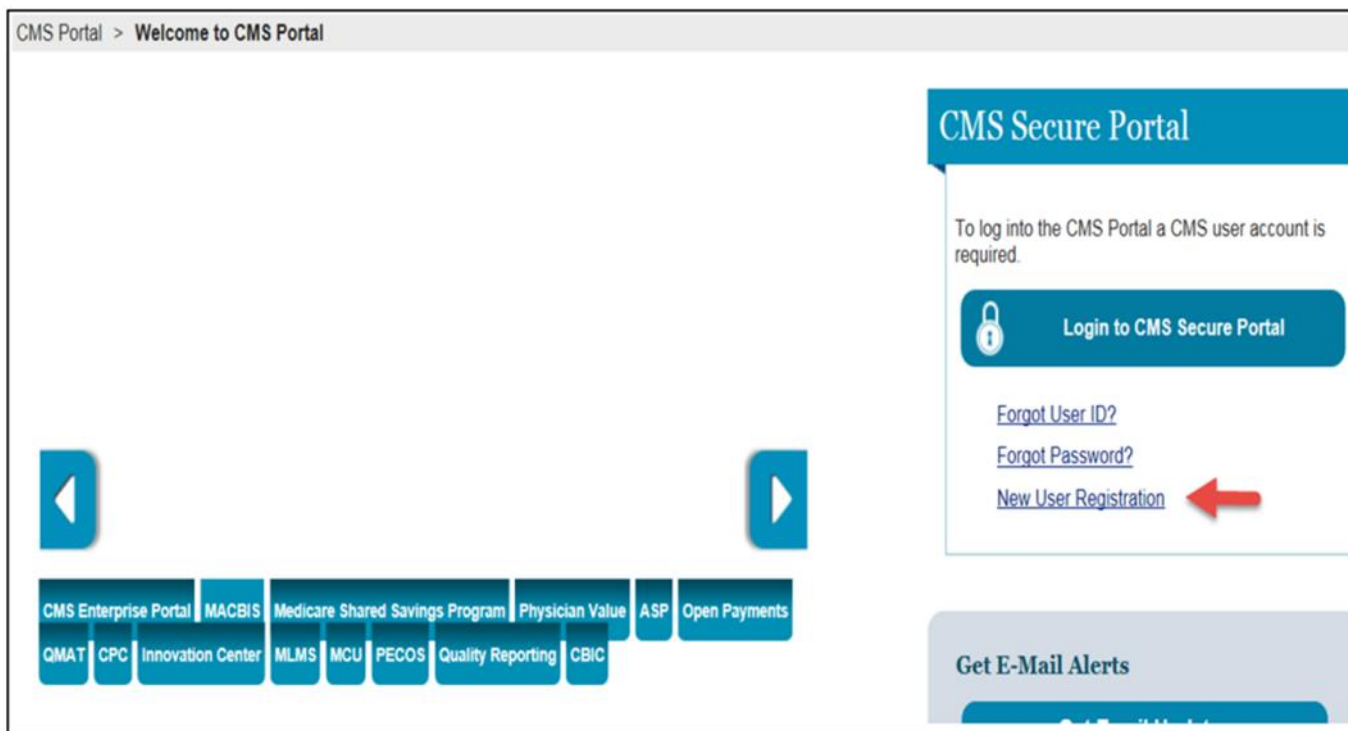


## 2015 Physician Quality Reporting System Feedback and 2015 Annual Quality and Resource Use Reports

*Prepare to Access 2015 Physician Quality Reporting System (PQRS) Feedback Reports and 2015 Annual Quality and Resource Use Reports (QRURs) with an Enterprise Identity Management (EIDM) Account*

- **PQRS Feedback Reports** depict your program year 2015 PQRS reporting results, including the payment adjustment assessment for calendar year 2017.
- **2015 Annual QRURs** show how groups and solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value Modifier.
- **EIDM Accounts** are required to access both reports that will be available in early fall.

# 2015 Physician Quality Reporting System Feedback and 2015 Annual Quality and Resource Use Reports



The screenshot shows the CMS Portal homepage. At the top left, it says "CMS Portal > Welcome to CMS Portal". On the right side, there is a "CMS Secure Portal" section with a blue header. Below the header, it states "To log into the CMS Portal a CMS user account is required." There is a blue button with a lock icon and the text "Login to CMS Secure Portal". Below this button are three links: "Forgot User ID?", "Forgot Password?", and "New User Registration". A red arrow points to the "New User Registration" link. At the bottom of the page, there is a navigation bar with several buttons: "CMS Enterprise Portal", "MACBIS", "Medicare Shared Savings Program", "Physician Value", "ASP", "Open Payments", "QMAT", "CPC", "Innovation Center", "MLMS", "MCU", "PECOS", "Quality Reporting", and "CBIC".

**CMS Enterprise Portal**

## 2015 Physician Quality Reporting System Feedback and Quality and Resource Use Reports

*Prepare to Access 2015 Physician Quality Reporting System (PQRS) Feedback Reports and Quality and Resource Use Reports (QRURs) with an Enterprise Identity Management (EIDM) Account*

### **New EIDM Users:**

- Click “New User Registration” under “Login to CMS Secure Portal”
- Individual Roles
  - Individual Practitioner
  - Individual Practitioner Representative
- Group Roles
  - Security Official
  - Group Representative

### **Existing EIDM Users:**

- Log on to EIDM system to verify that your account is still active
- Recertify roles

## For More Information:

To register for an EIDM Account, visit the [CMS Enterprise Portal](#)

Review the EIDM Quick Reference Guides (QRGs) on the [Physician and Other Health Care Professionals Quality Reporting Portal](#)

Review additional information about the [2015 QRURs on the 2015 QRUR and 2017 Value Modifier](#) webpage

For additional assistance regarding EIDM, contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715- 6222) from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday, or via email at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).





# **Inpatient Rehabilitation Facility & Long-Term Care Hospital Quality Reporting Program: Public Reporting Webinar**

Christine Grose

*Division of Chronic and Post-Acute Care (DCPAC),  
CMS*





## Inpatient Rehabilitation Facility & Long-Term Care Hospital Quality Reporting Program: Public Reporting Webinar

On **Tuesday, August 23 from 1:30 – 3:00 p.m. ET**, CMS will discuss the Preview Reports for Inpatient Rehabilitation Facilities (IRFs) and Long-Term Care Hospitals (LTCHs). Participants will learn:

- How to access these reports;
- How to interpret the contents of these reports; and
- What to do if they believe their report contains an error.

To sign up for participation, visit the [registration page](#).

## For More Information:

### **IRF Quality Reporting**

- Visit the [IRF Quality Reporting Training](#) webpage
- E-mail the IRF Public Reporting Helpdesk at [IRFPRquestions@cms.hhs.gov](mailto:IRFPRquestions@cms.hhs.gov)

### **LTCH Quality Reporting**

- Visit the [LTCH Quality Reporting Training](#) webpage
- E-mail the LTCH Public Reporting Helpdesk at [LTCHPRquestions@cms.hhs.gov](mailto:LTCHPRquestions@cms.hhs.gov)



# **2016 Medicare & Medicaid Electronic Health Record Incentive Programs Requirements Webinars**

Kathleen Johnson

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



## 2016 Medicare & Medicaid Electronic Health Record Incentive Programs Requirements Webinars

CMS will host two webinars to update eligible professionals (EPs), and eligible hospitals and critical access hospitals (CAHs) on the requirements for participating in the Medicare & Medicaid Electronic Health Record (EHR) Incentive Programs in 2016.

In order to prepare providers to attest successfully to 2016 program requirements, CMS will discuss 2016:

- Objectives and measures,
- Alternate exclusions,
- Reporting period,
- Registration and attestation, and
- Certified EHR Technology (CEHRT) and Clinical Quality Measures (CQM) requirements.

*Please note: The information presented on these webinars will only reflect the requirements mandated in the current regulations.*



# 2016 Medicare & Medicaid Electronic Health Record Incentive Programs Requirements Webinars

## Registration Information

### *EP Session:*

- **Date:** Thursday, August 25
- **Time:** 1 – 2 p.m. ET

### *Eligible Hospital and CAH Session:*

- **Date:** Tuesday, August 30
- **Time:** 12 – 1 p.m. ET

To register click the hyperlinks above and enter the required information. After you register, you will receive a confirmation e-mail with your log-in information and instructions on how to join the call. If you have any questions or concerns about registration, please e-mail:

[CMSQualityTeam@ketchum.com](mailto:CMSQualityTeam@ketchum.com).

## For More Information:

Visit the [2016 Program Requirements](#) page of the EHR Incentive Programs website or contact Kathleen Johnson at [Kathleen.Johnson@cms.hhs.gov](mailto:Kathleen.Johnson@cms.hhs.gov).

# **CY 2017 Changes to the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Proposed Rule (CMS-1656-P)**

Kathleen Johnson

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



## **CY 2017 Changes to the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Proposed Rule (CMS-1656-P)**

On July 6, 2016, the Centers for Medicare & Medicaid Services (CMS) released the Calendar Year (CY) 2017 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System policy changes, quality provisions, and payment rates proposed rule (CMS-1656-P).

## **CY 2017 Changes to the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Proposed Rule (CMS-1656-P)**

Of the proposals included in the rule, a few will affect the requirements for participation in the Medicare and Medicaid EHR Incentive Programs.

The rule proposes to:

- Remove the Clinical Decision Support (CDS) and Computerized Provider Order Entry (CPOE) objectives and measures for eligible hospitals and CAHs attesting under Medicare beginning in CY 2017.
- Lower the thresholds for certain objectives and measures in Modified Stage 2 for 2017 and Stage 3 for 2017 and 2018 for eligible hospitals and CAHs attesting under Medicare.
- Revise the reporting period in 2016 to a 90-day reporting period for all returning eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals.

## **CY 2017 Changes to the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Proposed Rule (CMS-1656-P)**

The rule proposes to (continued):

- Require EPs, eligible hospitals, and CAHs that have not successfully demonstrated meaningful use in a prior year and seeking to avoid the 2018 payment adjustment to attest to Modified Stage 2.
- Allow certain EPs who will be transitioning to MIPS and reporting on measures specified for the advancing care information performance category to apply for a significant hardship exception from the 2018 payment adjustment.
- Count in the numerator only actions performed within the EHR reporting period or within the calendar year in which the EHR reporting period occurs.

## **CY 2017 Changes to the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Proposed Rule (CMS-1656-P)**

Submit Comments by **Tuesday, September 6, 2016.**

The public can submit comments in various ways, including:

- Electronically at <https://www.federalregister.gov> (Follow the “submit a comment” instructions)
- By regular mail
- By express or overnight mail
- By hand or courier

## For More Information

EHR Inquiries Inbox - [EHRinquiries@cms.hhs.gov](mailto:EHRinquiries@cms.hhs.gov)

# **Cypress v3 for 2015 and 2016 Electronic Clinical Quality Certification and Testing**

David Czulada

*Software Systems Engineer, on behalf of CMS*



# Cypress v3 for 2015 and 2016 Electronic Clinical Quality Certification and Testing

## New Features for Cypress v3 Release

- Refreshed design providing a more responsive and accessible user interface
- A more flexible v3 Concept of Operations (ConOps) that evaluates certification testing criteria for accuracy of export of patient data (C1), computation of eCQMs (C2) and submission requirements (C3), and data filtering (C4) independently of each other
- New C4 eCQM Filter Certification Criteria testing ability of electronic health records (EHR) systems to filter, export, and view patient data based on multiple filter criteria including patient characteristics and provider and site identifiers





# Cypress v3 for 2015 and 2016 Electronic Clinical Quality Certification and Testing

## New Features for Cypress v3 Release (Continued)

- Pre-Certification testing support
- Support for Health Quality Measure Format (HQMF) R2.1 and Quality Reporting Document Architecture (QRDA) R3.1
- Cypress v3 certifies EHRs for accuracy of export of patient data C1, C2, C3, and C4 using automated import of QRDA Category 1 patient records
- Support for both the 2015 and 2016 Annual Measure Updates

## For More Information:

Visit the [Cypress website](#)

To submit feedback on Cypress v3, please contact [project-cypress-talk@googlegroups.com](mailto:project-cypress-talk@googlegroups.com)

**Hospital Inpatient Prospective Payment  
Systems for Acute Care Hospitals and the Long-  
Term Care Hospital Prospective  
Payment System:  
Policy Changes and Fiscal Year 2017 Rates Final  
Rule Information**

Artrina Sturges, Ed.D

*Division of Value, Incentives, and Quality Reporting  
(DVIQR), CMS*

## Locating FY 2017 IPPS/LTCH PPS Final Rule Information

- The FY 2017 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule went on display on August 2<sup>nd</sup>
- The [CMS IPPS Final Rule Fact Sheet](#) was distributed on August 2<sup>nd</sup>
- The PDF of Final Rule is currently available on the [Federal Register](#)
- The Final rule will be published in the Federal Register on August 22<sup>nd</sup>

## 2017 FY 2017 IPPS/LTCH PPS Final Rule Sections

- Hospital Readmissions Reduction Program (HRRP) *pp. 885–909*
- Hospital Value-Based Purchasing (VBP) Program *pp. 910–1037*
- Hospital-Acquired Condition (HAC) Reduction Program *pp. 1038–1099*
- Hospital Inpatient Quality Reporting (IQR) Program *pp. 1459–1756*

## 2017 FY 2017 IPPS/LTCH PPS Final Rule Sections (continued)

- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program *pp. 1757–1798*
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP) *pp. 1799–1974*
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program *pp. 1975–2026*
- Clinical Quality Measurement for Eligible Hospitals and Critical Access Hospitals (CAHs) Participating in the EHR Incentive Programs in 2017 *pp. 2027–2058*

## Upcoming FY 2017 IPPS/LTCH PPS Final Rule Presentations

### 1. FY 2017 IPPS/LTCH PPS Final Rule

- **Date:** August 29, 2016
- **Time:** 2:00 p.m. ET

*Note:* The registration flyer was distributed through CMS IQR Listserv.

### 2. **FY 2017 IPPS/LTCH PPS Final Rule – eCQM Reporting Requirements**

- **Date:** September 12, 2016
- **Time:** 2:00 p.m. ET

*Note:* A registration flyer will be distributed through the CMS IQR and EHR Listservs in the coming weeks.



## Question: Issues Submitting eCQMs to CMS and TJC for Multiple Site HCO

Multiple site Health Care Organization (HCO) having difficulties merging data to create one EHR submission [HCO does not utilize a Master Patient Index (MPI)]

- **Primary concern:** the submissions may not be fully accurate given that the patient history may reside in multiple systems and the number of patients may be overstated. Patients cannot be combined and results re-calculated. The results raise a concern that they may not be accurate and may overstate the number of submitted patients.
- **Feedback requested:** guidance is sought on how these organizations should submit in order to successfully report and meet TJC and CMS eCQM requirements.

## Response: Issues Submitting eCQMs to CMS and TJC for Multiple Site HCO

- Fundamental purpose of EHR Electronic Health Record is Interoperability
  - Ability to provide and share an accurate and complete record of patient care across different organizations (including departments within an organization).
- CMS and The Joint Commission (TJC) expect hospitals to create a seamless and comprehensive system
  - Share all relevant, necessary patient data for providing quality care and eCQMs reported by a hospital.
  - From a quality reporting perspective, if missing data, concluded that clinical care was not provided

## Response: Issues Submitting eCQMs to CMS and TJC for Multiple Site HCO

- Hospitals with multiple EHR systems have identified a number of solutions
  - Converting their disparate systems to one comprehensive EHR system
  - Creating a Master Patient Index (MPI) to address this issue
  - Number of organizations provide research and support regarding interoperability ideas (Ex. American Hospital Association (AHA) and Agency Health Care Quality (AHRQ))

## Question: Addressing EHR Downtime

- Within the EHR, there is occasional system “downtime,” which leads to concerns:
  - How is it known that the record is taken “at face value” within the MANUAL abstraction, how will TJC and CMS address any submitted eCQMs with the EHR downtime?
  - How will missing “blanks of eCQM data” be addressed by TJC and CMS, given that hospitals typically have their own downtime protocol for back-filling clinical data?

## Response: Addressing EHR Downtime

- eMeasure performance rates are calculated based on a principle of “positive evidence.”
  - CMS and TJC expect the hospitals’ files to be submitted with all necessary data. If there is missing data, it is concluded that the clinical care was not provided. It is the hospital’s responsibility to ensure a Standard Operating Procedure (SOP) is in place and ensures recovery of all required data after any EHR downtime.
  - If the data is in the chart, due diligence is applied to abstract missed data during an EHR downtime and creation of the QRDA-I file, if the outcome of an eCQM measure is not as expected, then the data can be corrected (as per individual hospital policy) and resubmitted as QRDA-I file during the *current submission period* as defined by the receiving organization.
    - The resubmitted QRDA-I file will overwrite the original QRDA-I file. *No data correction will be allowed after the defined transmission period.*

## Response: Addressing EHR Downtime

- Downtimes are expected to have a low rate
  - No special adjustment for processing such files, and no special correction to the measure outcome or rate will be implemented by either CMS or TJC.
  - Other situations are evaluated on a case by cases basis as they arise, if necessary.

## Steps to Prepare for Testing QRDA Category I Files

Are you wondering where to start the creation and testing of your QRDA I Files? Do you need help stepping through the file testing process? If so, please see the following resources:

- [QRDA Supplementary Implementation Guide for 2016](#) and [QRDA Appendix](#) posted on the CMS eCQM Library and the eCQI Resource Center
- Schematrons and test files for CY 2016 reporting on the [eCQM Library](#)
- [Preparation Checklist for CY 2016 eCQM Reporting](#) webinar held June 9, 2016 (Provides details of where to download the PSVA tool and how to use it to test QRDA Category I files)

For more specific questions, contact the QualityNet Help Desk at [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org) 1.866.288.8912, 7 a.m. – 7 p.m. CT, Monday through Friday



## Troubleshooting QRDA I Test File Conformance Error Messages

Do you have questions about troubleshooting QRDA I Test File Submissions? Are you having difficulties locating or interpreting conformance (CONF) errors? If so, please see the following resources:

- [Common Errors for QRDA Category I Test Files Session I](#) webinar, held July 25, 2016
- [QRDA Supplementary Implementation Guide for 2016](#) and the [QRDA Appendix](#) posted on the CMS eCQM Library and the eCQI Resource Center
- [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I \(QRDA I\) DSTU Release 3 \(US Realm\)](#) available on the Health Level Seven (HL7) website

For more specific questions, contact the QualityNet Help Desk at [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org) 1.866.288.8912, 7 a.m. – 7 p.m. CT, Monday through Friday

## For More Information:

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

- [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org)
- 1.866.288.8912, 7 a.m.–7 p.m. CT, Monday through Friday

### **eCQM General Program Questions – IQR Program**

- [FAQ Document](#) – Available on QualityReportingCenter.com website
- <https://cms-ip.custhelp.com>
- 1.866.800.8765 or 1.844.472.4477, 7 a.m. – 7 p.m. CT Monday through Friday (except holidays)

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

- 888.734.6433, 7:30 a.m. – 6:30 p.m., CT Monday through Friday

### **The JIRA – Office of the National Coordinator (ONC) Project Tracking**

- <http://oncprojecttracking.org> Resource to submit questions and comments regarding:
- Issues identified with eCQM logic
- Clarification on specifications
- The Combined QRDA IG for 2016

Please visit the <http://www.qualityreportingcenter.com/> website to obtain archived webinar materials, helpful tools, and information on upcoming presentations.

**Questions?**

## **Thank you!**

The next vendor call will be held on **Thursday, September 22 from 12 – 1:30 p.m. ET**. CMS will share more information as it becomes available.