

November 17 CMS Quality Vendor Workgroup

November 17, 2016
12:00 – 1:30 p.m. ET



Agenda

Topic	Speaker
Oncology Care Model Feedback Opportunity	Andrew York <i>Division of Ambulatory Care Models, CMMI</i>
ICD-10 Update for 2017 Reporting	Shanna Hartman <i>Division of Electronic and Clinician Quality (DECQ), CMS</i>
Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs Final Rule	Kathleen Johnson, Steven Johnson, and Liz LeBreton <i>Division of Health IT (DHIT) and Center for Medicaid and CHIP Services (CMCS), CMS</i>
Hospital Inpatient Quality Reporting (HIQR) Program Update	Artrina Sturges <i>Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), CMS</i>
Division of Chronic and Post-Acute Care Update	Amanda Barnes <i>Division of Chronic and Post-Acute Care (DCPAC), CMS</i>

Questions

Oncology Care Model Feedback Opportunity

Andrew York

Center for Medicare & Medicaid Innovation (CMMI)

Oncology Care Model Vendor Workgroup

- The Oncology Care Model (OCM) is setting up a vendor workgroup to:
 - Provide model support to vendors for data submission
 - Get feedback from vendors on data submission process



Contact Information

Oncology Care Model
CMMI Patient Care Models Group

OCMSupport@cms.hhs.gov

<http://innovation.cms.gov/initiatives/Oncology-Care/>

ICD-10 Update for 2017 Reporting

Shanna Hartman

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

2017 Hospital Outpatient Prospective Payment and Ambulatory

Surgical Center Payment Systems Final Rule

Kathleen Johnson, Steven Johnson, and Liz LeBreton

DHIT and CMCS, CMS

2017 OPPS/ASC Final Rule Overview

- On Display November 1, 2016
- Published on November 14, 2016
- Website Updates
- Additional Presentations Planned

Changes Applicable to Medicare Eligible Hospitals, CAHs and Dual-Eligible Hospitals Attesting to CMS

- Removal of CDS and CPOE objectives and measures beginning in 2017
- Reduction of certain thresholds and measures
 - Modified Stage 2 in 2017
 - Stage 3 in 2017 and 2018
- Addition of measure nomenclature for Modified Stage 2 and Stage 3
- These changes would not apply to Medicaid-only hospitals and CAHs that attest to their State Medicaid Agency

Changes Applicable for All Providers in the EHR Incentive Programs

- Any continuous 90 day EHR Reporting Period for CY 2016 and CY 2017
- A 90 day Reporting Period for all Providers who Report CQMs by Attestation in 2016
- Require Attestation to Modified Stage 2 for New Participants in 2017
- Modifications to Measure Calculations for Actions Outside the EHR Reporting Period
 - Replace FAQ 8231

One –time Significant Hardship Exception for New Participants Transitioning to MIPS in 2017

- A one-time significant hardship exception from the 2018 payment adjustment for certain EPs who are new participants in the EHR Incentive Program in 2017 and are transitioning to MIPS in 2017.
- Application deadline of October 1, 2017.

Impact of Final Rule on Medicaid Providers

- Dual-Eligible Hospital Impact
- Eligible Hospitals and EPs that Attest to Meaningful Use under their State's Medicaid EHR Incentive Program.

Website Updates: Impact of Final Rule on Medicaid Providers

- The EHR webpage will be updated by the end of next week to reflect the discussed changes to the EHR program that were a result of the OPPS rule, MACRA, and MIPS.

Additional Questions?

- Questions can be directed to the following mailbox:
EHRinquiries@cms.hhs.gov.
- Questions pertaining to Medicaid may be forwarded to
Elizabeth.LeBreton@cms.hhs.gov and
Samuel.Schaffzin@cms.hhs.gov.

Hospital Inpatient Quality Reporting (HIQR) Program Update

Artrina Sturges, EdD


*Hospital Inpatient Value, Incentives, and Quality
Reporting (VIQR) Outreach and Education Support
Contractor*

QRDA I Conformance Statement Interactive Resource

The *QRDA I Conformance Statement Interactive Resource* will be on the qualityreportingcenter.com website at:

[Home](#) » [Inpatient Quality Reporting Programs](#) » [Hospital Inpatient Quality Reporting \(IQR\) Program Resources and Tools](#) »

It will be posted on the QualityNet.org website in the coming weeks.



QRDA Category I Conformance Statement Resource – CY 2016 eCQM Reporting

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Select a CONF Number From the Table Below

CONF: CMS_0060 Encounter Performed Discharge Date Null	CONF: CMS_0062 Encounter Performed Admission Date	CONF: CMS_0063 Encounter Performed Discharge Date	CONF: CMS_0068 Dummy CCN
CONF: CMS_0072 QRDA Document Format Error	CONF: CMS_0073 QRDA Document Format Error	CONF: CMS_0074 Version Specific Measure Identifier	CONF: CMS_0078 QRDA File Size Exceeds 5 MB
CONF: CMS_0079 Reporting Period Effective Date Range	CONF: 81-9371 Conformant Patient Name	CONF: 81-9372 Cannot Contain Name Parts	CONF: 1098-6394 Administrative Gender Code
CONF: 1098-7508 Effective Time	CONF: 1098-14838 Service Event – Low Effective Time	CONF: 1140-27571 & CONF 1098-5300_C01 Contain Birthtime – Precise to the Day	CONF: 1140-27745 Medication Order Requires Authors

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November 2016 EHR ListServe Distributions

- November 9, 2016: *QRDA Category I Conformance Statement Resource Now Available*
- November 11, 2016: *Pioneers in Quality Webinar Expert to Expert Series – ePC – 01 & 05*
- November 29, 2016: *Pioneers in Quality Webinar Expert to Expert Series – AMI – 8a*
- November 30, 2016: *Common Errors for QRDA Category I Test & Production Files - Session II*

To ensure you're receiving program updates, please visit the QualityNet.org website and locate the Join ListServes tab on the left side of the main page.

Upcoming Presentations and Archived Webinar Materials

Upcoming presentations: The Joint Commission, “*Pioneers in Quality Expert-to-Expert Series*”

- **11/29/16** AMI-8a
- **12/6/16** ED-1, ED-2
- **12/13/16** STK-2, STK-3, STK-5
- **12/15/16** CAC3, EDHI-1

Upcoming Provider Webinar Presentation: November 30, 2016:
Common Errors for QRDA Category I Test & Production Files – Session II

NOTE: To register for upcoming webinars and to locate archived IQR-EHR Incentive Program Alignment webinar materials, please visit QualityReportingCenter.com.

To register for upcoming webinars and to review archived Pioneers in Quality, Expert-to-Expert presentations, please visit JointCommission.org

Quick Reminder...

10/3/2016 ListServe: Quality Reporting Data Architecture (QRDA) electronic Clinical Quality Measure (eCQM) Submission Customer Satisfaction Survey

For those who have provided feedback, thank you, for those who have not, please be sure to complete the survey!

[QRDA eCQM Submission Customer Satisfaction Survey](#)

Frequently Asked Question – Can hospitals without a certified EHR use a Third Party Vendor to report eCQMs on their behalf?

Question: Can a hospital, who doesn't have a certified EHR use a vendor certified to capture and export data elements report to CMS on their behalf? Are they in compliance for the IQR and the EHR Incentive Program?

Answer:

Eligible Hospitals (EHs) participating in the IQR and/or the EHR Incentive Program are required to utilize an EHR certified to the 2014 or 2015 edition for Calendar Year 2016/Fiscal Year 2018 eCQM reporting with the ability to at least capture and export (c1) data.

A third party vendor, with the ability to calculate (c2) and report (c3) the data using certified EHR Technology is welcome to perform these functions on a hospital's behalf. Ensure the vendor has the EHR Data Upload Role assigned and permission has been given by the hospital for the vendor to report on the hospital's behalf.

Any questions regarding this process can be addressed by the QualityNet Help Desk (qnetsupport@hcqis.org; (866)288-8912). If a facility questions the requirement or need additional details, please refer facilities to the 2016 Final Rule: 80 FR 49705 – 49706. They are also welcome to reach out to our team for general IQR Program and Policy questions: <https://cms-ip.custhelp.com>; (866)800-8765 or (844)472-4477, 8 a.m. to 8 p.m. ET, Monday through Friday.

Frequently Asked Question – Modifying Definition of Successful Submission for eCQM Reporting?

Question: Beyond the definition of successful submission provided by CMS for CY 2016 eCQM reporting, what is the threshold for accepted files? For instance, if a hospital has 100 patient files, which represent their population for that quarter, but 80 files are successfully reported, do we have to perform at a specific rate for it to be considered a successful submission (ex. 95%)?

Answer:

We appreciate that there are continuing challenges with eCQM reporting as we transition to the required reporting for IQR. However, there is not a hard and fast threshold we can provide in terms of what is acceptable at this point. However, you are likely aware from the IPPS Final Rule, that we have expanded data validation to include eCQMs and that these validation scores on the eCQMs would not impact hospital payments.

We finalized this policy in order to encourage our continued work together between CMS, hospitals, and vendors during this transition period. Also, we finalized a policy to delay public reporting of eCQMs for the CY17 reporting period, again in recognition that we are still gaining experience with eCQM reporting.

We recognize the challenges with eCQM reporting in these early years, and understand that data quality is a key area we all need to work together to improve.

Resources (1 of 2)

QualityNet Help Desk – PSVA and Data Upload

Qnetsupport@hcqis.org

(866) 288-8912, 7 AM – 7 p.m. CT, Monday through Friday

eCQM General Program Questions – IQR Program & Policy

<https://cms-ip.custhelp.com>

(866) 800-8765 or (844) 472-4477, 7 a.m. – 7 p.m. CT, Monday through Friday (except holidays)

Resources (2 of 2)

EHR (Meaningful Use) Information Center – EHR Incentive Program

(888) 734-6433, 7:30 a.m. – 6:30 p.m. 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 Implementation Guide for 2016

Division of Chronic and Post-Acute Care Update

Amanda Barnes

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

DCPAC Update

Upcoming Webinar

National Provider Call (NPC) on Quality Measure Reports for IRF/LTCH

- **Date:** December 1, 2016
- **Time:** 1:30 – 3:00 p.m. ET
- **Details:** CMS experts will present on the recently released Certification and Survey Provider Enhanced Reports (CASPER) Quality Measure (QM) reports for the IRF and LTCH Quality Reporting Programs.
- **Registration URL:**
<https://blh.ier.intercall.com/details/0623621d21d0439dad1121e30ee318a5>

DCPAC Update

Resources

- Inpatient Rehabilitation Facilities (IRF) Quality Reporting Program (QRP) – <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>
- Long-Term Care Hospital (LTCH) Quality Reporting (QRP) – <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html>

Questions?

cmsqualityteam@ketchum.com

Thank you!

The next CMS Quality Vendor Workgroup will tentatively be held on **Thursday, December 15 from 12:00 – 1:30 p.m. ET**. CMS will share more information when it becomes available.