







Agenda	
Topic	Speaker
Oncology Care Model Feedback Opportunity	Andrew York Division of Ambulatory Care Models, CMMI
ICD-10 Update for 2017 Reporting	Shanna Hartman Division of Electronic and Clinician Quality (DECQ), CMS
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 Division of Health IT (DHIT) and Center for Medicaid and CHIP Services (CMCS), CMS
Hospital Inpatient Quality Reporting (HIQR) Program Update	Artrina Sturges Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), CMS
Division of Chronic and Post-Acute Care Update	Amanda Barnes Division of Chronic and Post-Acute Care (DCPAC), CMS
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: <u>EHRinquiries@cms.hhs.gov</u>.
- Questions pertaining to Medicaid may be forwarded to <u>Elizabeth.LeBreton@cms.hhs.gov</u> and <u>Samuel.Schaffzin@cms.hhs.gov</u>.



# Hospital Inpatient Quality Reporting (HIQR) Program Update

Artrina Sturges, EdD

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

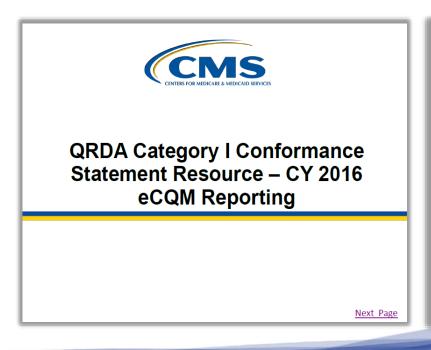


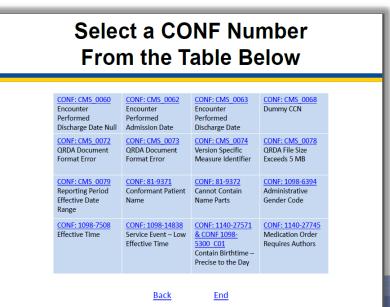
# QRDA I Conformance Statement Interactive Resource

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

<u>Home</u> » <u>Inpatient Quality Reporting Programs</u> » <u>Hospital Inpatient Quality Reporting (IQR) Program</u> » Resources and Tools

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







### **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 <a href="QualityNet.org">QualityNet.org</a> 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 <a href="QualityReportingCenter.com">QualityReportingCenter.com</a>.

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



### **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 (<u>qnetsupport@hcqis.org</u>; (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: <a href="https://cms-ip.custhelp.com">https://cms-ip.custhelp.com</a>; (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://oncprojectracking.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) – <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html</a>
- Long-Term Care Hospital (LTCH) Quality Reporting (QRP) <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-</a>
   <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-</a>
   <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-">Assessment-Instruments/LTCH-Quality-Reporting/index.html</a>



## **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.