



Hospital Inpatient Quality Reporting
Support Contractor

Hospital IQR Program eCQM Reporting

November 7, 2013



Discussion Topics

- Goals, Focus and Background
- Hospital IQR Program Requirements
- Where to begin
- Chart-Abstracted Deadlines
- eCQM Deadlines
- What to do now
- Who to contact
- Hospital IQR Website





Overview, Goals and Focus

- Overview
 - CMS believes the collection and reporting of data through health information technology (HIT) will simplify and streamline reporting for many CMS quality reporting programs
- Goal
 - Align and harmonize measures across hospital quality reporting programs to minimize the reporting burden imposed on hospitals
- Initial Focus
 - Align the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Electronic Health Record (EHR) Incentive Program for eligible hospitals

CMS' Vision

Simplify and streamline quality reporting by collecting and reporting data through health information technology (HIT).



Hospital Quality Reporting Alignment (Slide 1 of 2)

- Medicare EHR Incentive Program
 - Also known as “Meaningful Use”
 - Provides Medicare and Medicaid incentive payments to qualifying physicians, healthcare professionals, and hospitals when they adopt and meaningfully use Certified Electronic Health Record Technology (CEHRT).
 - CMS published Meaningful Use CEHRT regulations in final rules
 - Stage 1 in July 2010
 - Stage 2 in September 2012
- Hospital IQR Program
 - CMS finalized rules to begin to align the hospital IQR and Medicare EHR Incentive programs in the Fiscal Year 2014 Inpatient Prospective Payment System (IPPS) Final Rule in August 2013



Hospital Quality Reporting Alignment (Slide 2 of 2)

- What are eCQMs?
 - Electronically specified versions of current chart-abstracted clinical quality measures
 - Developed specifically so Certified Electronic Health Record Technology (CEHRT) can calculate, export and transmit the measure specifications/data
 - May also be called:
 - eMeasures
 - EHR-Abstracted
 - Electronically specified CQM
 - EHR derived or EHR based

Starting CY 2014 . . .

IQR participants can VOLUNTARILY submit eMeasures for:

- 1) *Stroke (STK)*
- 2) *Venous Thromboembolism (VTE)*
- 3) *Emergency Department (ED) Throughput*
- 4) *Perinatal Care (PC)*



Hospital IQR Program Requirements (Slide 1 of 4)

- eCQMs only need to be submitted for one quarter of CY 2014
 - Q1, Q2, or Q3 (Q4 cannot be accepted due to program deadlines)
- eCQMs submitted must be from the same discharge reporting quarter
 - If more than one quarter is submitted, only the first quarter submitted will be considered
- All other Hospital IQR chart abstracted measures and any electronically specified measure set not reported for the first successful electronically reported quarter, prior to the reporting deadline must still be reported via chart abstraction for the full CY 2014

One submission can satisfy the Medicare EHR Incentive program and a portion of the Hospital IQR program.



Hospital IQR Program Requirements (Slide 2 of 4)

Hospital IQR Program Measures Reported in CY 2014 for FY 2016 Payment Determination

• Acute Myocardial Infarction (AMI)	• Structural
• Heart Failure (HF)	• Healthcare-Associated Infections
• Pneumonia (PN)	• Surgical Complications
• Surgical Care Improvement Project (SCIP)	• Prevention: Global Immunization (IMM)
• Mortality (Medicare Patients)	• Cost Efficiency
• Patient Experience of Care	✓ Stroke (STK)
• Readmissions (Medicare Patients)	✓ Venous Thromboembolism (VTE)
• AHRQ Patient Safety Indicators (PSIs) Composite	✓ Emergency Department (ED) Throughput
• AHRQ PSI and Nursing Sensitive Care	✓ Perinatal Care (PC)

✓ *Measure sets for voluntary electronic reporting in CY 2014*



Hospital IQR Program Requirements (Slide 3 of 4)

- IQR chart-abstracted quality measure submissions will remain the same for CY2014 or FY2016 payment determination
- Facilities will have:
 - Four months following quarter end to submit aggregate population and sample size counts
 - 14 days following the aggregate population and sample size count deadline to submit the required patient level records



Hospital IQR Program Requirements (Slide 4 of 4)

Chart-Abstracted Deadlines

CY 2014 Quarters	CY 2014 Submission Deadlines for IQR Chart-Abstracted Measures
January – March, 2014	August 15, 2014
April – June, 2014	November 15, 2014
July – September, 2014	February 15, 2015
October – December, 2014	May 15, 2015



eMeasure Deadlines

Second Year or Beyond of Meaningful Use

CY 2014 Quarters	Submission Deadlines for eCQMs
January – March, 2014	Jan 2, 2014 – Nov 30, 2014
April – June, 2014	Jan 2, 2014 – Nov 30, 2014
July – September, 2014	Jan 2, 2014 – Nov 30, 2014
October – December, 2014	N/A

First Year Demonstrating Meaningful Use

CY 2014 Quarters	Submission Deadlines for eCQMs
January – March, 2014	Jan 2, 2014 – July 1, 2014
April – June, 2014	Jan 2, 2014 – July 1, 2014
July – September, 2014	N/A
October – December, 2014	N/A



Where to Begin

- To Report eCQMs:
 - Verify use of Certified Electronic Health Record Technology (CEHRT) that meets 2014 standards.
 - Research the process (e.g., what needs to be document? Where does it need to be documented within the system)?



For More Information, Contact

- eMeasure Reporting e-mail, IQReMeasureReporting@sdps.org
- Inpatient Q&A *tool* website, <https://cms-ip.custhelp.com>
- *QualityNet* website – eMeasure Reporting updates soon, <https://www.qualitynet.org>
- *Hospital Inpatient Quality Reporting Support* website, <http://www.iqrsupport.org>





Questions?



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