AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Town Hall Meeting on CMS Draft Comments on IPPS Rule

Mary Beth Kurilo, MPH, MSW
Policy and Planning Director, AIRA
Friday, June 1, 2018

Agenda

- Overview of anticipated changes relevant to IIS in the proposed rule
- Overview of AIRA compiled comments
- Discussion
- Planned Schedule – Next Steps
- Close

Acknowledgements

- Comments are compiled from across AIRA membership
- Additional inputs drawn from:
  - Summary from AMIA (American Medical Informatics Association)
  - Summary from the Meaningful Use Task Force

FY 2019 IPPS Proposed Rule

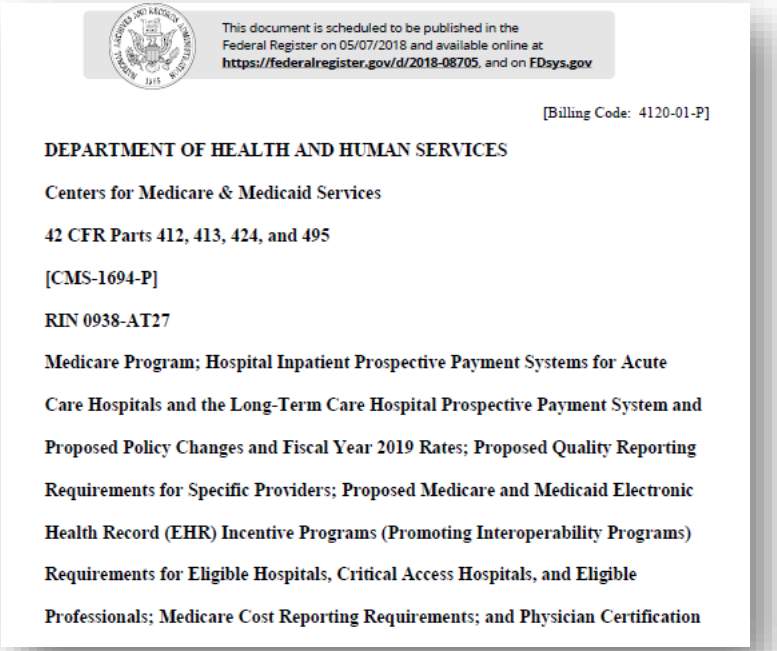
- **Action:** Proposed rule by CMS, released 4/24/2018
- **Full Title:** *Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates; Proposed Quality Reporting Requirements for Specific Providers; Proposed Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (Promoting Interoperability Programs) Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Medicare Cost Reporting Requirements; and Physician Certification and Recertification of Claims*

FY 2019 IPPS Proposed Rule

- **Agency/Docket Number:** CMS-1694-P
- **Brief Summary:** The proposed rule proposes updates to Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS).
- **Deadline for Comments:** June 25, 2018

FY 2019 IPPS Proposed Rule

- **Preliminary Link:** https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-08705.pdf - 1883 pages



This document is scheduled to be published in the Federal Register on 05/07/2018 and available online at **https://federalregister.gov/d/2018-08705**, and on **FDsys.gov**

[Billing Code: 4120-01-P]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

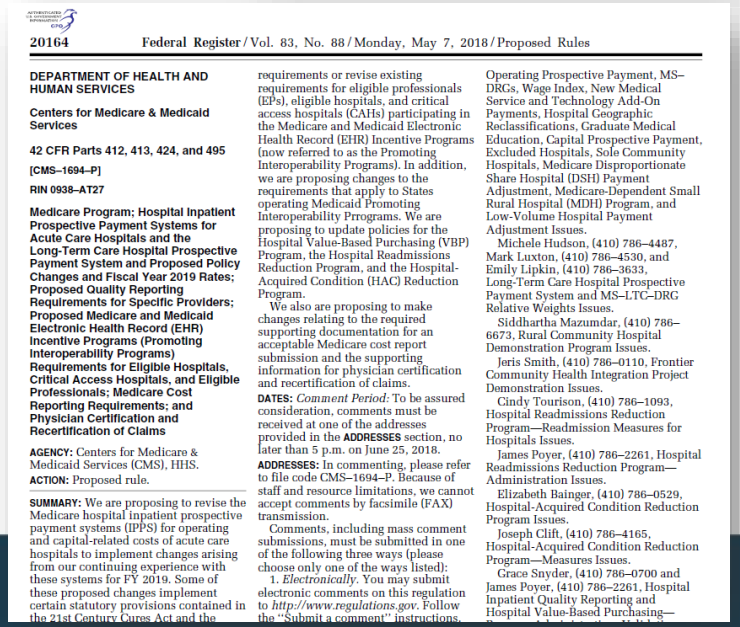
42 CFR Parts 412, 413, 424, and 495

[CMS-1694-P]

RIN 0938-AT27

Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates; Proposed Quality Reporting Requirements for Specific Providers; Proposed Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (Promoting Interoperability Programs) Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Medicare Cost Reporting Requirements; and Physician Certification

- **Final Federal Register Link:** https://www.gpo.gov/fdsys/pkg/FR-2018-05-07/pdf/2018-08705.pdf - 480 pages



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AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed rule.

SUMMARY: We are proposing to revise the Medicare hospital inpatient prospective payment systems (IPPS) for operating and capital-related costs of acute care hospitals to implement changes arising from our continuing experience with these systems for FY 2019. Some of these proposed changes implement certain statutory provisions contained in the 21st Century Cures Act and the requirements or revise existing requirements for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) participating in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (now referred to as the Promoting Interoperability Programs). In addition, we are proposing changes to the requirements that apply to States operating Medicaid Promoting Interoperability Prrograms. We are proposing to update policies for the Hospital Value-Based Purchasing (VBP) Program, the Hospital Readmissions Reduction Program, and the Hospital-Acquired Condition (HAC) Reduction Program.

We also are proposing to make changes relating to the required supporting documentation for an acceptable Medicare cost report submission and the supporting information for physician certification and recertification of claims.

DATES: *Comment Period:* To be assured consideration, comments must be received at one of the addresses provided in the **ADDRESSES** section, no later than 5 p.m. on June 25, 2018.

ADDRESSES: In commenting, please refer to file code CMS–1694–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov.* Follow the "Submit a comment" instructions.

Operating Prospective Payment, MS–DRGs, Wage Index, New Medical Service and Technology Add-On Payments, Hospital Geographic Reclassifications, Graduate Medical Education, Capital Prospective Payment, Excluded Hospitals, Sole Community Hospitals, Medicare Disproportionate Share Hospital (DSH) Payment Adjustment, Medicare-Dependent Small Rural Hospital (MDH) Program, and Low-Volume Hospital Payment Adjustment Issues.

Michele Hudson, (410) 786–4487, Mark Luxton, (410) 786–4530, and Emily Lipkin, (410) 786–3633, Long-Term Care Hospital Prospective Payment System and MS–LTC–DRG Relative Weights Issues.

Siddhartha Mazumdar, (410) 786–6673, Rural Community Hospital Demonstration Program Issues.

Jeris Smith, (410) 786–0110, Frontier Community Health Integration Project Demonstration Issues.

Cindy Tourison, (410) 786–1093, Hospital Readmissions Reduction Program—Readmission Measures for Hospitals Issues.

James Poyer, (410) 786–2261, Hospital Readmissions Reduction Program—Administration Issues.

Elizabeth Bainger, (410) 786–0529, Hospital-Acquired Condition Reduction Program Issues.

Joseph Clift, (410) 786–4165, Hospital-Acquired Condition Reduction Program—Measures Issues.

Grace Snyder, (410) 786–0700 and James Poyer, (410) 786–2261, Hospital Inpatient Quality Reporting and Hospital Value-Based Purchasing—

High Level Changes

- The Inpatient Prospective Payment System (IPPS) draft rule proposes to establish new requirements and revise existing requirements for quality reporting by specific providers.
- Under the proposed scoring methodology, eligible hospitals and CAHs would be required to report certain measures from each of four objectives, with performance-based scoring occurring at the individual measure-level.
  - e-Prescribing
  - Health Information Exchange
  - Provider to Patient Exchange
  - Public Health and Clinical Data Exchange

High Level Changes, Continued

Existing Stage 3 Medicare EHR Incentive Program (note: does NOT apply to EPs)

- Report yes/no to three registries:
  - Immunization Registry Reporting
  - Syndromic Surveillance Reporting
  - Electronic Case Reporting
  - Public Health Registry Reporting
  - Clinical Data Registry Reporting
  - Electronic Reportable Laboratory Result Reporting

Proposed Performance-Based Scoring Methodology for EHR Reporting Periods in 2019

- Syndromic Surveillance Reporting (Required)
- Choose one or more additional:
  - Immunization Registry Reporting
  - Electronic Case Reporting
  - Public Health Registry Reporting
  - Clinical Data Registry Reporting
  - Electronic Reportable Laboratory Result Reporting

Comment In Support: Renaming the EHR Incentive Program to Promoting Interoperability

- CMS is proposing scoring and measurement policies to move beyond the three stages of meaningful use to a new phase of EHR measurement with an increased focus on interoperability and improving patient access to health information. To better reflect this focus, **CMS is renaming the Medicare and Medicaid EHR Incentive Programs to the Promoting Interoperability (PI) Programs**, and the new name will apply for Medicare fee-for-service, Medicare Advantage, and Medicaid.
  - AIRA supports!

Comment In Support: Renaming the Public Health measure from Data Registry Reporting to Data Exchange

- CMS is proposing renaming the Public Health and Clinical Data Registry Reporting objective to the Public Health and Clinical Data Exchange objective.
  - AIRA supports!

Comment of Concern: Requiring Syndromic Surveillance and one other PH Measure

- CMS is proposing that eligible hospitals and CAHs would be required to attest to the Syndromic Surveillance Reporting measure and at least one additional measure from the following options:
  - Immunization Registry Reporting
  - Clinical Data Registry Reporting
  - Electronic Case Reporting
  - Public Health Registry Reporting
  - Electronic Reportable Laboratory Result Reporting
    - AIRA does not support deprioritizing immunization registry reporting

Request for Input: Continue to Require Submission of Data?

- CMS is seeking public comment on the role that each of the public health and clinical data registries should have in the future of the Promoting Interoperability Programs and whether the submission of this data should still be required when the incentive payments for meaningful use of CEHRT will end in 2021.
  - AIRA advocates to continue to include! We are seeing great progress in submission and query of IIS data, strength of clinical decision support, reduction of over-immunization.

Comment of Concern: Removal of PH Objectives and Measures

- CMS intends to propose in future rulemaking to remove the Public Health and Clinical Data Exchange objective and measures no later than CY 2022
  - AIRA recommends against this removal, based on the benefits of the IIS consolidated record.

Request for Input: Modify Objectives Similarly for Eligible Professionals (EPs)?

- CMS requests public comment on whether we should modify the objectives and measures for eligible professionals (EPs) in the Medicaid Promoting Interoperability Program in order to encourage greater interoperability for Medicaid EPs
  - AIRA advocates for stronger measures for public health generally, and immunization registry submission and query, specifically, for eligible professionals (EPs).

Request for Input: Should Participation in TEFCA be considered a Health IT Activity?

- CMS is seeking public comment on whether participation in the Trusted Exchange Framework and Common Agreement (TEFCA) should be considered a health IT activity
  - AIRA advocates that if participation in TEFCA is considered an incentivized health IT activity, the scope of TEFCA should be expanded to include the needs of public health, while also leveraging the strengths of public health data.

Comment of Concern: Participation in Pilot in Lieu of PH and Clinical Data Exchange objective

- CMS asks if participating in a pilot should count in lieu of PH and Clinical Data Exchange objectives
  - AIRA does not support allowing pilot participation to substitute for measures under the PH and clinical data exchange objective.

Comment in Support: Increasing the Contract Thresholds for Amendments

- CMS proposes that the prior approval dollar threshold in § 495.324(b)(3) would be increased to $500,000, and that a prior approval threshold of $500,000 would be added to § 495.324(b)(2)
  - AIRA supports this increase from $100,000 to $500,000 to better align with policy elsewhere, and to lower the burden of prior approval for contract amendments.

Comment of Concern: Ending 90/10 HITECH Funding

- CMS is proposing to amend § 495.322 to provide that the 90 percent FFP for Medicaid Promoting Interoperability Program administration would no longer be available for most State expenditures incurred after September 30, 2022
  - AIRA strongly advocates for the continuation of 90/10 matching funds, and encourages the exploration of additional funds to adequately support the important work of IIS, and the continued development of invaluable EHR-IIS interfaces.

Schedule for Gathering Comments

Discussion

Additional Comments/Edits?

Brittany Gyer
bgyer@immregistries.org

Questions?

Mary Beth Kurilo
mbkurilo@immregistries.org
202-552-0197

Thank you!