Electronic Medical Documentation Interoperability (EMDI) Program

CMS Prospective Payment Systems Final Rules Relevance to EMDI

Agenda

- Policy Drivers Overview
- Background: CMS Prospective Payment Systems
- Total PPS Rules for FY 2019
- IPPS and LTCH 2018 Final Rule Relevance for EMDI
- IPF 2018 Final Rule Relevance for EMDI
- IRF 2018 Final Rule Relevance for EMDI
- CoP RFI Comment Review

Policy Drivers

Legislation

2009 Health Information Technology for Economic and Clinical Health (HITECH) Act

2010 Affordable Care Act (ACA)

2014 Improving Post Acute Care Transformation

2015 Medicare Access & CHIP Reauthorization Act (MACRA)

2016 21st Century Cures Act

Regulation

- CMS EHR Incentive Program
- ONC Certification Program

- CMS Medicaid 1115 Delivery System Reform Incentive Payment Program (DSRIP)
- CMS State Innovation Model (SIM)

- LTCH, IRF, SNF, HH Quality Reporting Programs

- CMS Quality Payment Program (QPP)

- ONC Trusted Exchange Framework & Common Agreement (TEFCA)*
- ONC Information Blocking*
- CMS Interoperability*
- CMS Prospective Payment Systems (PPS)

*Pending Rules

2

Background: CMS Prospective Payment Systems

➢ Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount

➢ CMS uses separate PPSs for reimbursement to different settings of care:

- Acute Inpatient Hospitals
- Home Health Agencies (HHAs)
- Hospice
- Hospital Outpatient

- Inpatient Psychiatric Facilities (IPF)
- Inpatient Rehabilitation Facilities (IRF)
- Long-term Care Hospitals (LTCH)
- Skilled Nursing Facilities (SNF)

Source: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/index.html

Total PPS Rules for FY 2019

➤ FY 2019 IPPS/LTCH PPS Final Rule
- Key Interoperability Provisions
- Interoperability Conditions of Participation (CoP) Comments

➤ FY 2019 SNF PPS Final Rule
- Interoperability CoP RFI Comments

➤ FY 2019 IPF PPS Final Rule
- Interoperability CoP RFI Comments

➤ FY 2019 IRF PPS Final Rule
- Key Interoperability Provisions
- Interoperability CoP RFI Comments

➤ FY 2019 Hospice Wage Index and Payment Rate Update
- Key Interoperability Provisions
- Interoperability CoP RFI Comments

*CoP - Conditions of Participation (CoP)

IPPS and LTCH 2018 Final Rule

➤ Published by CMS on August 2, 2018 to help empower patients through better access to hospital price information, better use of EHRs, and easier provider to patient engagement.

➤ Updates Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and LTCH Prospective Payment System.

- By law, CMS must update payment rates for IPPS hospitals annually
- Targets 3,330 acute care hospitals and 420 LTCHs

➤ Includes Request for Information (RFI) on Interoperability

➤ Includes update to the CMS EHR Incentive Programs—renamed to **Promoting Interoperability Program**

Promoting Interoperability Program

➢ Overhauls the previously known Medicare and Medicaid EHR Incentive Program or "Meaningful Use"

➢ Requires all participants to use the ONC 2015 Edition CEHRT

■ Advances the use of interoperable health systems to improve patient data exchange and improve clinical workflows

➢ Participants required to report on **four** objectives:

■ E-prescribing

■ Health Information Exchange

■ Provider-to-Patient Exchange

■ Public Health and Clinical Data Exchange

Key Provisions of IPPS/LTCH Final Rule and Relevance to EMDI

Provision	Relevance
Section VIII.8.D.5 modifies the scoring methodology from a threshold-based to performance-based for the Promoting Interoperability program for four metrics: e-prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange. For the HIE goal, points will be assigned for supporting electronic referral loops by sending health information and also for supporting electronic referral loops by receiving and incorporating health information.	This is the most important section for EMDI. The HIE goal rewards Medicare Eligible Providers who use their CEHRT to send electronic referrals and other health information to other providers.
Section VIII.8.D.5 (4) requires that at least one electronic summary of care record received for patient encounters during the EHR reporting period for which an eligible hospital or CAH was the receiving party of a transition of care or referral, or for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient, the eligible hospital or CAH conducts clinical information reconciliation for medication, medication allergy, and current problem list.	This section provides further detail regarding the Health Information Exchange metric. The first of the two metrics in this category assigns points for allowing hospitals to receive referrals electronically, which is one of the factors important to EMDI.

Key Provisions of IPPS/LTCH Final Rule and Relevance to EMDI (continued)

Provision	Relevance
Section VIII.8.D.3 states that participants in the PI programs will be required to use the 2015 edition of CEHRT beginning in 2019.	EMDI target providers include Medicare Eligible Providers. These providers are required to use CEHRT and thereby will adopt systems that allow the interoperable exchange of data for provider to provider data exchange.
Section IV.B discusses four possible percentage adjustments to inpatient hospital operating costs, which are based upon whether a hospital submitted quality data and is a meaningful EHR user.	Incentivizes hospitals to submit quality data using interoperability standards per CEHRT requirements. The adoption of CEHRT defined standards for transitions of care support EMDI objectives for provider to provider data exchange.

Key Provisions of IRF Final Rule and Relevance to EMDI

Provision	Relevance
Section I.D notes that The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT) requires assessment data to be standardized and interoperable between post-acute providers and other providers. CMS is developing a Data Element Library to list data elements and associated health IT standards to promote interoperability. Also notes the upcoming information blocking rule mandated by the 21st Century Cures Act.	The DEL is now available and can be accessed by Medicare providers and their solution providers to design health IT systems that support the exchange of standardized patient assessment data. The DEL is specific to post-acute care tools: MDS, IRF-PAI, LCDS, OASIS, HIS and FASI. This is relevant for EMDI target providers exchanging assessment information with other providers.

Key Provisions of Hospice Wage Index Final Rule and Relevance to EMDI

Provision	Relevance
Section I.E notes that The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT) requires assessment data to be standardized and interoperable between post-acute providers and other providers. CMS is developing a Data Element Library to list data elements and associated health IT standards to promote interoperability. Also notes the upcoming information blocking rule mandated by the 21st Century Cures Act.	The DEL is now available and can be accessed by Medicare providers and their solution providers to design health IT systems that support the exchange of standardized patient assessment data. The DEL is specific to post-acute care tools: MDS, IRF-PAI, LCDS, OASIS, HIS and FASI. This is relevant for EMDI target providers exchanging assessment information with other providers.

CoP RFI Comments Overview

➢ All proposed PPS rules included a Request for Information (RFI) about the possibility of proposing a condition of participation (CoP) for interoperability and electronic exchange of health information.

➢ Over **124** comments were submitted for the RFI across the five Proposed Rules.

➢ **73% of commenters opposed** new CoPs (note that many commenters submitted comments on multiple proposed rules).

➢ The majority of oppositions were from providers (including physicians, hospitals, and health systems) or provider associations.

➢ The majority of supporters were health IT providers or associations.

CoP RFI Themes

➢ Many commenters were concerned about implementing new regulations about interoperability before the release of ONC's information blocking rule.

➢ Some commenters noted that certain providers (such as LTCHs, IRFs, and SNFs) were not eligible for EHR incentive payments, and therefore requiring them to adopt EHRs to comply with CoPs would be costly and time-consuming.

➢ Many commenters believe that existing and pending regulations are sufficient to address electronic health information exchange and interoperability, and the consequences for noncompliance with CoPs are too severe.

➢ Supporters of new CoPs largely thought that these regulations were necessary to prevent information blocking and would also improve patient access to health records.

IPPS CoP RFI Comments

- Total comments = 84

- 75% opposed new CoPs; 25% approved

- Some commenters noted that while hospitals often are able to exchange information electronically, other providers that the hospitals communicate with may not have these capabilities. As such, hospitals should not be penalized when they cannot exchange information with other providers through no fault of their own.

- Some commenters believed that CMS could better promote interoperability by developing regulations for EHR vendors rather than healthcare providers.

- Many hospitals note that lack of standardized patient identifiers can cause issues with patient matching, which is a barrier to interoperability that would not be addressed by implementing CoPs.

13

SNF CoP RFI Comments

➢ Total comments = 12

➢ 75% opposed new CoPs; 25% approved

➢ Opposers suggested that if CoPs were implemented, exceptions should be made for small and rural providers, as well as SNFs who were not eligible for EHR incentive payments.

IPF CoP RFI Comments

➢ Total comments = 8 comments

➢ 75% opposed new CoPs, and included health systems, hospitals, and medical associations.

➢ Commenters concerned about interoperability barriers uniquely faced by behavioral health providers:

- Additional state and local regulations are placed on the sharing behavioral health information (such as information relating to addiction treatment) which can make sharing a patient's record difficult.

- Some patients may not want certain aspects of their behavioral health treatment shared with other providers.

- Many patients are homeless or indigent, which causes issues with patient matching or transferring information between providers. Many of these patients also do not have the means to access their health information electronically.

- EHRs are not widely adopted in IPFs, so implementing these CoPs would be burdensome on these providers.

IRF CoP RFI Comments

- Total comments = 11
- 82% opposed new CoPs
  - All providers and hospital associations that submitted comments opposed the CoPs.
- Nearly half of commenters (45%) note that post-acute providers were not eligible for EHR incentive payments.
- 72% of commenters (mainly hospitals) are concerned about potentially being penalized for the inability to communicate electronically with nursing homes and other care clinics that have not yet adopted EHRs.

Hospice Wage Index RFI Comments

- Total comments = 9
- 44% opposed new CoPs; 66% approved
  - More support for the CoP under this rule is likely due to the low amount of unique commenters for this rule. Of the four entities who submitted comments for this rule, three opposed new CoPs.
  - Two of the three home care providers who commented opposed new CoPs.
- The opposers note that hospice providers were not eligible for EHR incentive payments so adoption would be burdensome.
  - There is concern especially for small providers who could go out of business if excluded from the program.