

**CALENDAR YEAR (CY) 2024  
MEDICARE PROMOTING  
INTEROPERABILITY  
PROGRAM FOR ELIGIBLE AND  
CRITICAL ACCESS HOSPITALS**

*December 6, 2023*



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# PRESENTATION

- Program Background
- Key Changes for CY 2024
- CY 2024 Reporting Requirements
- Objectives & Measures for CY 2024
- Additional Resources, Help, and Q&A



# BACKGROUND



# FOUNDATION FOR INTEROPERABILITY

## **American Reinvestment & Recovery Act (Recovery Act) – February 2009**

Health Information Technology (HIT) and Economic Clinical Health Act or HITECH — provisions to promote and expand the adoption of HIT and improve health care quality, safety, and efficiency

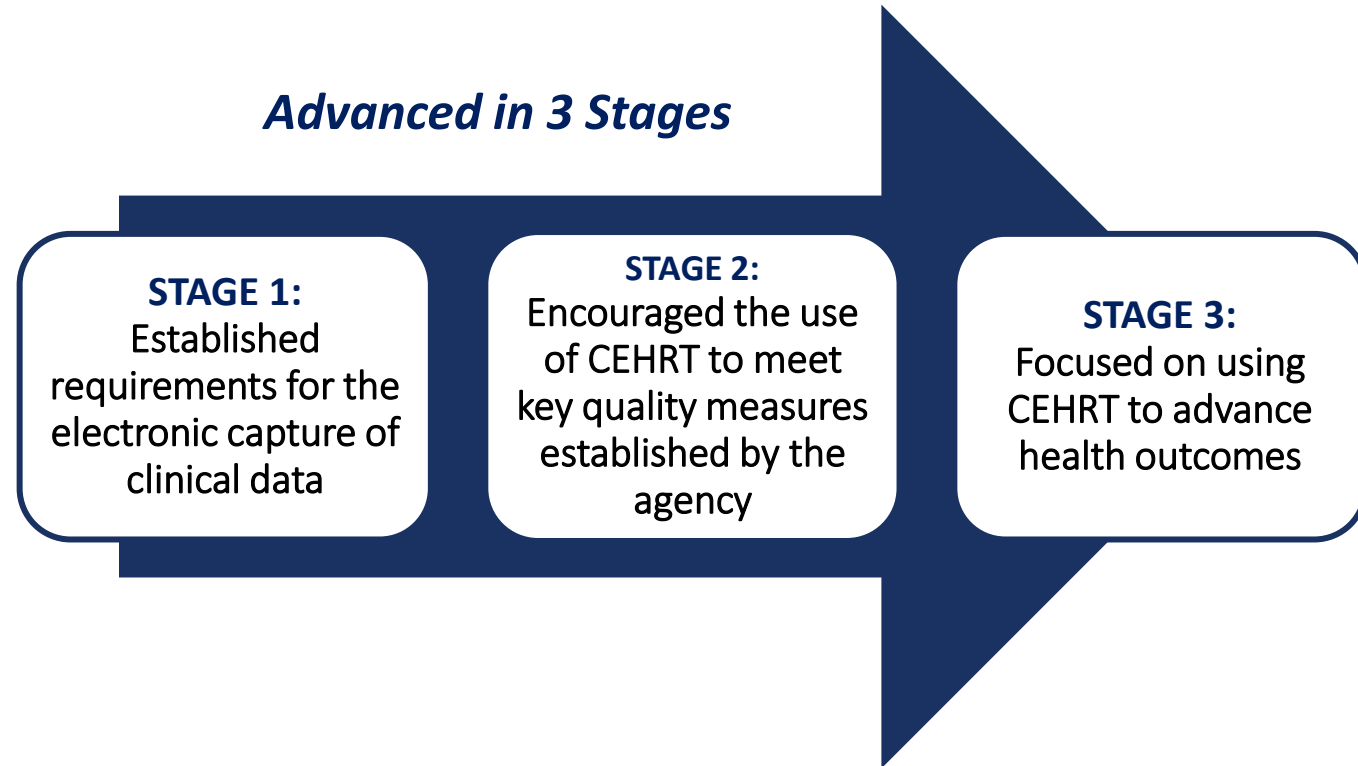
- Created the Medicare and Medicaid EHR Incentive Programs
- Legislatively mandated the Office of the National Coordinator for HIT (ONC)
- Mandated the adoption of functions and standards for the certification of electronic health record (EHR) technology



# MEDICARE & MEDICAID EHR INCENTIVE PROGRAMS: 2011-2018

- Introduced in 2011 as part of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009.
- Encouraged eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) to adopt, implement, and upgrade (AIU) certified EHR technology (CEHRT) to demonstrate meaningful use of health information technology (health IT).

## *Advanced in 3 Stages*



# OVERVIEW OF THE EHR INCENTIVE PROGRAMS



Threshold-based  
scoring  
methodology



Progressed in  
3 stages



Objectives:

- 7 for modified Stage 2
- 6 for Stage 3

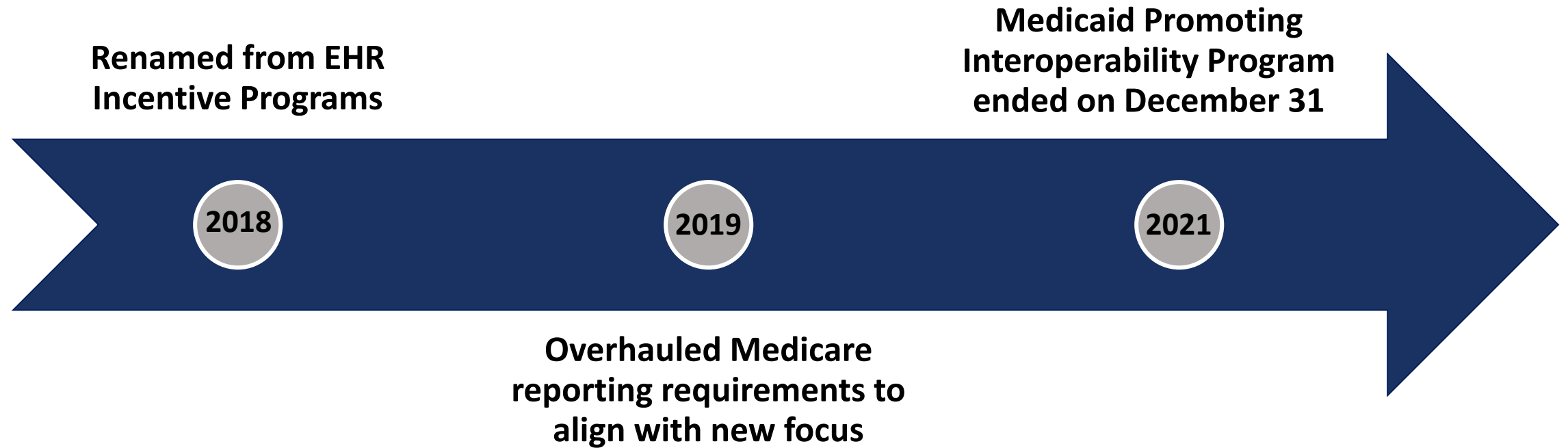


16 available  
eCQMs



Focused on  
CEHRT  
adoption and  
implementation

# MEDICARE PROMOTING INTEROPERABILITY PROGRAM: 2018-PRESENT





# ELIGIBILITY

Who is considered eligible for the Medicare Promoting Interoperability Program?

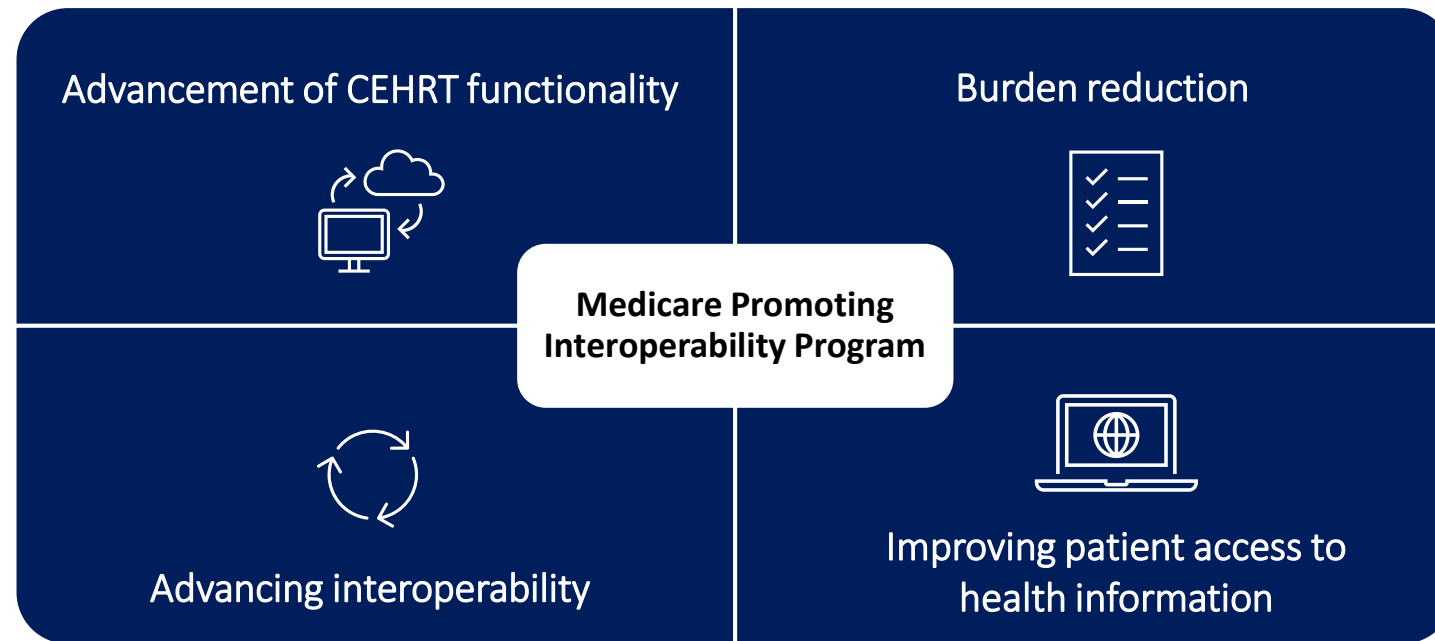
Eligible Hospitals and CAHs eligible for the Medicare Promoting Interoperability Program. Eligible hospitals are those that are a:

- A Subsection (d) Hospital; or
- A Subsection (d) Puerto Rico Hospital.



# MEDICARE PROMOTING INTEROPERABILITY PROGRAM

Requires eligible hospitals and CAHs to report on objectives and measures to be considered a meaningful EHR user and avoid a downward payment adjustment



# PAYMENT ADJUSTMENTS

For the Medicare Promoting Interoperability Program, eligible hospitals and CAHs must demonstrate meaningful use by successfully reporting using the CMS Hospital Quality Reporting System to avoid a downward payment adjustment: <https://hqr.cms.gov/hqrng/login>

Eligible hospitals and CAHs must demonstrate meaningful use for an EHR reporting period every year to avoid a downward payment adjustment.

If an eligible hospital does not demonstrate meaningful use, the payment adjustment is applied as a reduction to the applicable percentage increase to the Inpatient Prospective Payment System payment rate for one year.

If a CAH does not demonstrate meaningful use, its Medicare reimbursement will be reduced from 101 percent of its reasonable costs to 100 percent for that year.

# CHANGES TO THE MEDICARE PROMOTING INTEROPERABILITY PROGRAM FOR CY 2024



# NOTABLE CHANGES FOR CY 2024

## 1

### OBJECTIVES & MEASURES

#### Public Health & Clinical Data Exchange Objective:

- Antimicrobial Use & Resistance (AUR) Surveillance measure is a new, required measure.

#### SAFER Guides Measure:

- Participating and eligible hospitals, and CAHs will be required to attest “**yes**” to having conducted an annual self-assessment of all nine SAFER Guides at any point during the calendar year in which the EHR reporting period occurs.

## 2

### REPORTING

- The EHR reporting period is now a minimum of any continuous 180-day period.

## 3

### Electronic Clinical Quality measure (eCQMs)

- The Severe Obstetric Complications and Cesarean Birth eCQMs are now **required**.

# CY 2024 REQUIREMENTS



# 2024 EHR REPORTING PERIOD TIMELINE



## 2024

- Begins January 1, 2024
- Ends December 31, 2024

## Important Dates

- Data Submission period begins January 1, 2025
- Final day to report using Hospital Quality Reporting (HQR) system is February 28, 2025

## 2025

- Eligible hospitals and CAHs who did not demonstrate meaningful use can submit a Hardship Exception Application.\*

\* Dates are subject to change.

## FY 2026

- Payment adjustments applied October, FY 2026 for eligible hospitals
- *Note: Payment Adjustments for CAHs will be applied for FY 2024*



# SCORING METHODOLOGY

- **Total Score:** Up to 100 points.
  - Includes scores of individual measures added together.
- Eligible hospitals and CAHs must earn a minimum total score of **60 points** to be considered a Meaningful User.
  - **Note:** Program participants must report on **all** required measures to be considered a meaningful user, regardless of final score.
- Bonus points have the potential to add 5 points.
- Report “Yes” to:
  1. ONC Direct Review Attestation (optional)
  2. SAFER Guides
  3. Security Risk Analysis Measure
  4. Acting to Limit or Restrict the Compatibility or Interoperability of CEHRT





# MEDICARE PROMOTING INTEROPERABILITY PROGRAM OBJECTIVES & MEASURES

OBJECTIVES

Electronic Prescribing

Health Information Exchange

Provider to Patient Exchange

Public Health and Clinical Data Exchange

MEASURES

e-Prescribing  
(10 points)

Support Electronic Referral Loops by Sending Health Information  
(15 points)

Provide Patients Electronic Access to Their Health Information  
(25 points)

Query of Prescription Drug Monitoring Program (PDMP)  
(10 points)

Support Electronic Referral Loops by Receiving and Reconciling Health Information  
(15 points)

**Report on the following:**

- Syndromic Surveillance Reporting
- Immunization Registry Reporting
- Electronic Case Reporting
- Electronic Reportable Laboratory Result Reporting
- Antimicrobial Use & Resistance (AUR) Surveillance measure  
(25 points)

OR

Health Information Exchange Bi-Directional Exchange  
(30 points)

Enabling Exchange under TEFCA  
(30 points)

**Bonus:** Report only one:

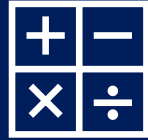
- Public Health Registry Reporting
- Clinical Data Registry Reporting  
(5 bonus points)



# CEHRT REQUIREMENTS



Required use of the [2015 Edition Cures Update](#) criteria.



2015 Edition Cures Update functionality must be used as needed for a measure action to count in the numerator during the EHR reporting period chosen by the eligible hospital or CAH (a minimum of any continuous 180 days).



In some situations, the product may be deployed during the EHR reporting period but pending certification. In such cases, the product must be updated to the 2015 Edition Cures Update criteria by the last day of the EHR reporting period.



Eligible hospitals and CAHs must provide their EHR's CMS Identification code from the [Certified Health IT Product List](#) (CHPL), available on HealthIT.gov, when submitting their data.

# eCQM REQUIREMENTS FOR CY 2024

## Must report on:

- 3 self-selected eCQMs;
- The Safe Use of Opioids – Concurrent Prescribing eCQM; AND
- Severe Obstetric Complications eCQM and Cesarean Birth eCQM.

Short Name	Measure Name	CBE No.
Safe Use of Opioids*	Safe Use of Opioids – Concurrent Prescribing	3316e
ePC-07/SMM**	Severe Obstetric Complications	N/A
ePC-02**	Cesarean Birth	N/A
HH-01	Hospital Harm – Severe Hypoglycemia	3503e
HH-02	Hospital Harm – Severe Hyperglycemia	3533e
HH-03	Hospital Harm – Opioid-Related Adverse Events	3501e
STK-02	Discharged on Antithrombotic Therapy	0435
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436
STK-05	Antithrombotic Therapy by End of Hospital Day Two	0438
VTE-1	Venous Thromboembolism Prophylaxis	0371
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372
GMCS	Global Malnutrition Composite Score	3592e



# OBJECTIVES & MEASURES FOR CY 2024



# ELECTRONIC PRESCRIBING

## e-Prescribing Measure

At least one hospital discharge medication order for permissible prescriptions (for new and changed prescriptions) is queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).

**Points:** 10

**Reporting:** Numerator/Denominator

**Exclusion Available:** Yes

## Query of Prescription Drug Monitoring Program (PDMP) Measure

For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the electronic health record (EHR) reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history.

**Points:** 10

**Reporting:** Yes/No attestation

**Exclusions available:** Yes

# HEALTH INFORMATION EXCHANGE (HIE)

## Option 1

### Support Electronic Referral Loops by Sending Health Information Measure:

Points: Up to 15 points

Reporting: Numerator/Denominator

Exclusions Available: No



### Support Electronic Referral Loops by Receiving and Reconciling Health Information Measure:

Points: Up to 15 points

Reporting: Numerator/Denominator

Exclusions Available: No

OR

*(Choose from **one** of the below options as an alternative to the two HIE measures above.)*

## Option 2

### Health Information Exchange (HIE) Bi-Directional Exchange Measure:

Points: Up to 30 points

Reporting: Yes/No Attestation

Exclusions Available: No



### Enabling Exchange under TEFCA Measure:

Points: Up to 30 points

Reporting: Yes/No Attestation

Exclusions Available: No

## Option 3

# PROVIDER TO PATIENT EXCHANGE

## Provide Patients Electronic Access to their Health Information:

For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23):

1. The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
2. The eligible hospital or CAH ensures the patient's health information is available for the patient (or patient authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interface (API) in the eligible hospital or CAH's CEHRT.

**Points:** Up to 25 points total

**Reporting:** Numerator/Denominator

**Exclusions Available:** No



# PUBLIC HEALTH AND CLINICAL DATA EXCHANGE

The eligible hospital or CAH must be in and report their level of active engagement with a public health agency (PHA) to...

## Immunization Registry Reporting Measure:

Submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

**Points:** Up to 25 total for all 5 measures

**Reporting:** Yes/No Attestation

**Exclusions Available:** Yes

## Syndromic Surveillance Reporting Measure:

Submit syndromic surveillance data from an emergency department (POS 23).

**Points:** Up to 25 total for all 5 measures

**Reporting:** Yes/No Attestation

**Exclusions Available:** Yes

## Electronic Case Reporting Measure:

Submit case reporting of reportable conditions.

**Points:** Up to 25 total for all 5 measures

**Reporting:** Yes/No Attestation

**Exclusions Available:** Yes



# PUBLIC HEALTH AND CLINICAL DATA EXCHANGE (CONTINUED)

The eligible hospital or CAH must be in and report their level of active engagement with a public health agency (PHA) to...

## Electronic Reportable Laboratory (ELR) Result Reporting Measure:

Submit ELR results.

**Points:** Up to 25 total for all 5 measures

**Reporting:** Yes/No Attestation

**Exclusions Available:** Yes

## *NEW FOR CY 24* - Antimicrobial Use and Resistance (AUR) Surveillance Reporting:

The eligible hospital or CAH is in active engagement with the CDC's NHSN to submit AUR data.

**Points:** Up to 25 total for all 5 measures

**Reporting:** Yes/No Attestation

**Exclusions Available:** Yes

# PUBLIC HEALTH & CLINICAL DATA EXCHANGE BONUS MEASURES

The eligible hospital or CAH must be in and report their level of active engagement with a public health agency (PHA) to...

## Public Health Registry Reporting *(Bonus Measure)*

Submit data to public health registries.

**Points:** Up to 5 Additional Bonus Points\*

**Reporting:** Yes/No Attestation

**Exclusion Available:** No

## Clinical Data Registry Reporting *(Bonus Measure)*

Submit data to a clinical data registry (CDR).

**Points:** Up to 5 Additional Bonus Points\*

**Reporting:** Yes/No Attestation

**Exclusion Available:** No

*\*A participant can report on only one measure to receive the 5 additional bonus points.*

# PROTECT PATIENT HEALTH INFORMATION

## Safety Assurance Factors for EHR Resilience (SAFER) Guides

Conduct an annual self-assessment using all [nine SAFER Guides](#) at any point during the calendar year in which the EHR reporting period occurs.

**Points:** Unscored

**Reporting Requirements:** Yes/No Attestation

**Exclusions Available:** No

## Security Risk Analysis Measure

Eligible hospitals and CAHs must conduct or review a security risk analysis of CEHRT and address encryption/security of data, implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.

**Points:** Unscored

**Reporting Requirements:** Yes/No Attestation

**Exclusions Available:** No

# OFFICE OF THE NATIONAL COORDINATOR (ONC) DIRECT REVIEW ATTESTATION *(OPTIONAL)*

- An ONC Direct Review is the process by which the ONC may directly review certified health information technology (IT) or a developer's actions or practices to determine whether they conform to the requirements of the ONC Health IT Certification Program.
- This attestation statement aims to identify whether you acted in good faith and would cooperate if the ONC initiates a direct review of your health IT.

## What are the ONC Direct Review Attestation Requirements?

During the submission period, you'll complete the ONC Direct Review attestation statement by entering a "yes" (agree to cooperate in a direct review of your health IT in the event that you receive a review request from the ONC) or "no" (you don't agree to cooperate in a direct review) response.

# ACTING TO LIMIT OR RESTRICT THE COMPATIBILITY OR INTEROPERABILITY OF CEHRT

- Attestation To prevent actions that block the exchange of health information, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires eligible clinicians that participate in the Promoting Interoperability performance category to show that they haven't knowingly and willfully limited or restricted the compatibility or interoperability of their CEHRT.
- Eligible clinicians are required to show that they're meeting this requirement by attesting to the Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT statement about how they implement and use CEHRT.

## What are the Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation Requirements?

During the submission period, you'll complete the Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation statement by entering a:

**YES:** To certify that you didn't knowingly or willfully take action to limit or restrict compatibility or interoperability of CEHRT)

*-OR-*

**NO:** To certify that you did knowingly or willfully take action to limit or restrict compatibility or interoperability of CEHRT) response.



# ESTABLISHMENT OF DISINCENTIVES FOR HEALTH CARE PROVIDERS THAT COMMITTED INFORMATION BLOCKING

- Proposed Rule published in the [Federal Register](#) on November 1, 2023.
- Available for public comment for 60 days. To be assured consideration, written or electronic comments must be received via the Federal Register no later than 11:59 p.m. ET on January 2, 2024.
- You may submit public comments at the following link:  
[https://www.regulations.gov/document/CMS\\_FRDOC\\_0001-3695](https://www.regulations.gov/document/CMS_FRDOC_0001-3695)



# THE PROPOSED RULE...

- Implements the HHS Secretary's authority under section 4004 of the 21st Century Cures
- Establishes disincentives for health care providers that commit information blocking as determined through an investigation by OIG.
- Complements OIG's "Grants, Contracts, and Other Agreements: Fraud and Abuse; Information Blocking; Office of Inspector General's Civil Money Penalty Rules" published in July 2023 which established civil money penalties authorized for other actors that have committed information blocking

# PUBLICLY REPORTED INFORMATION

- Hospital name.
- CMS Certification Number (CCN).
- Meaningful Use Designation.
- Total score.





# ADDITIONAL RESOURCES, HELP, AND Q&A



# ADDITIONAL RESOURCES & HELP

## More Information

- For more information on final changes to the Medicare Promoting Interoperability Program visit the [Promoting Interoperability Programs website](#).

## Slides, Transcript, and Recording

- The slides, transcript, and recording of today's webinar will be posted in the coming weeks to the Medicare Promoting Interoperability Programs [Webinars & Events webpage](#).

## CCSQ Help Desk

- Medicare Promoting Interoperability Program participants may contact the CCSQ Help Desk for assistance at [qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov) or 1-866-288-8912.



# QUESTION & ANSWER

- Submit your questions via the Q&A box or raise your hand to ask your question out loud. Please note, in order to ask your question out loud, you must have a working microphone.
- CMS will address as many questions as time allow.



**THANK YOU**

