CY 2023 MEDICARE PROMOTING INTEROPERABILITY PROGRAM OVERVIEW

December 13, 2022

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PRESENTATION

- Background

- Changes to the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs) in CY 2023

- Objectives & Measures

- Additional Resources

- Q&A

MEDICARE PROMOTING INTEROPERABILITY PROGRAM BACKGROUND

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 CAHs to adopt, implement, and upgrade (AIU) certified electronic health record (EHR) technology (CEHRT) to demonstrate meaningful use of health information technology (health IT)

Advanced in 3 Stages

STAGE 1: Established requirements for the electronic capture of clinical data

STAGE 2: Encouraged the use of CEHRT to meet key quality measures established by the agency

STAGE 3: Focused on using CEHRT to advance health outcomes

CMS

HISTORICAL OVERVIEW OF THE EHR INCENTIVE PROGRAMS

Threshold-based scoring methodology

Progressed in 3 stages

Objectives:
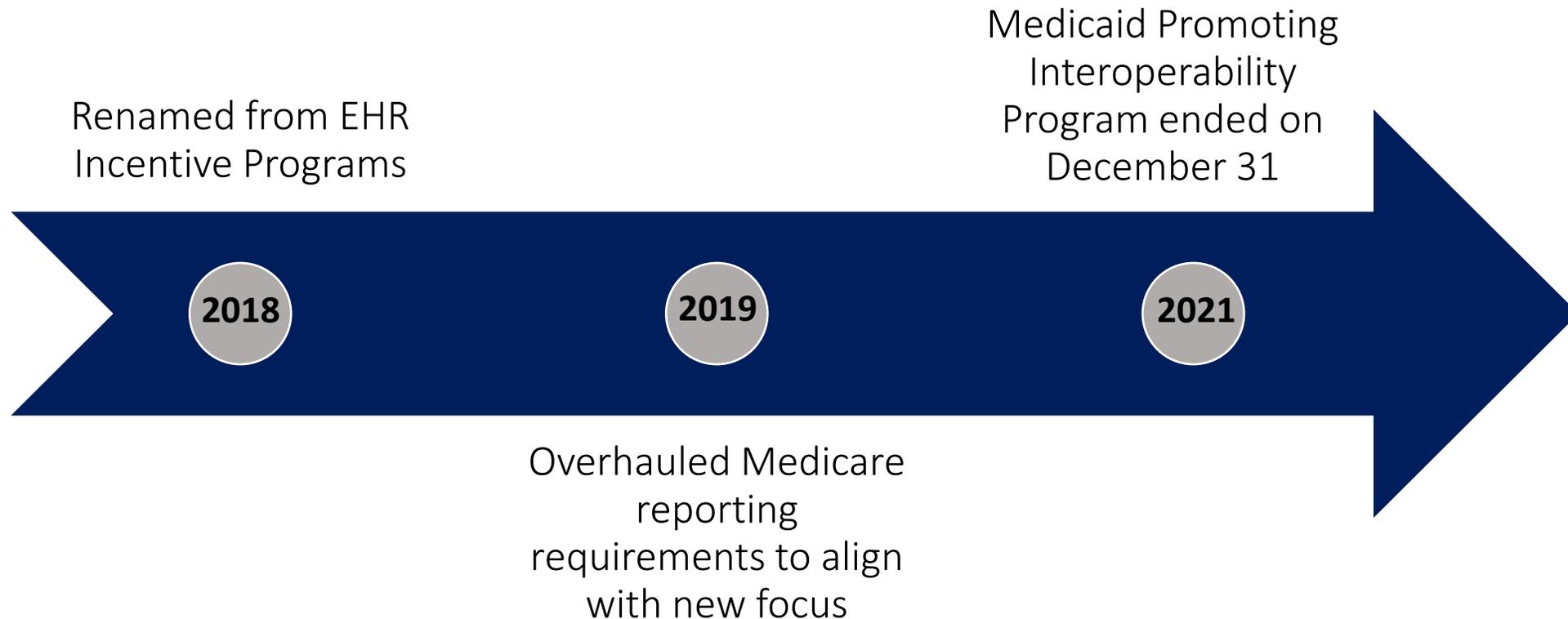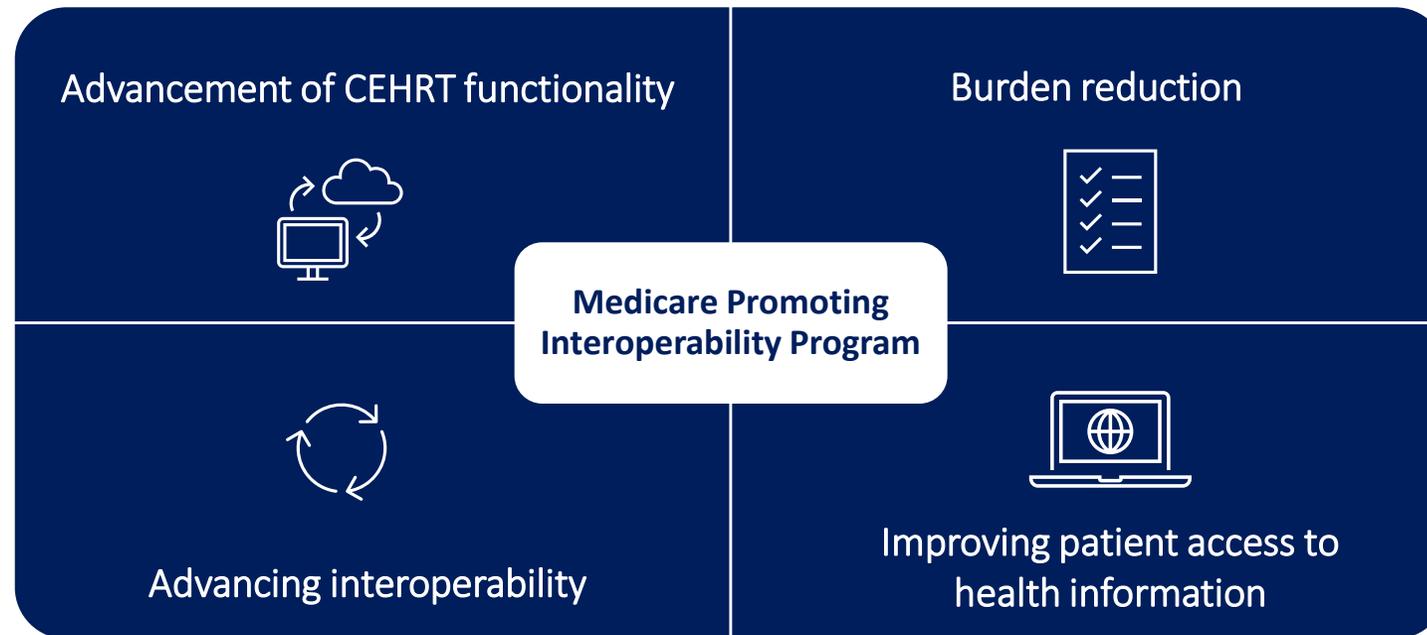- 7 for modified Stage 2
- 6 for Stage 3

16 available eCQMs

Focused on CEHRT adoption and implementation

MEDICARE PROMOTING INTEROPERABILITY PROGRAM: 2018-PRESENT

Renamed from EHR Incentive Programs

Medicaid Promoting Interoperability Program ended on December 31

2018

2019

2021

Overhauled Medicare reporting requirements to align with new focus

CMS

CURRENT PROGRAM OVERVIEW

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

Advancement of CEHRT functionality

Burden reduction

Medicare Promoting Interoperability Program

Advancing interoperability

Improving patient access to health information

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 Perspective 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 IN CY 2023

CHANGES TO THE MEDICARE PROMOTING INTEROPERABILITY PROGRAM IN CY 2023

Query of PDMP Measure

The Query of PDMP measure will be required and include Schedule II drugs as well as Schedules III and IV drugs

Health Information Exchange Objective

Enabling Exchange under TEFCA measure as a third option to completing the measure requirements

Public Health and Clinical Data Exchange Objective

Must submit your level of Active Engagement. Modifications to the levels of Active Engagement: Option 1: Pre-Production and Validation (combination of existing options 1 and 2); Option 2: Validated Data Production (existing Option 3, renamed).

Scoring

Reduction from 40 points to 30 points for the HIE Objective
Reduction from 40 to 25 points for the Provider to Patient Exchange Objective
Increase from 10 to 25 points for the Public Health and Clinical Data Exchange Objective
Increase from 10 to 20 points for the Electronic Prescribing Objective

eCQMs*

Addition of Severe Obstetric Complications and Cesarean Birth eCQMs for voluntary reporting

*Must use 4 quarters of 2023 data when reporting eCQMs

2023 EHR REPORTING PERIOD TIMELINE

Reporting Year → **Attestation & Reporting** → **Hardship Exception** → **Payment Adjustments**

2023
- Begins January 1, 2023
- Ends December 31, 2023

Important Dates
- Attestation & Reporting begin January 1, 2024
- Final day to report using Hospital Quality Reporting (HQR) system is February 29, 2024

2024
- Eligible hospitals and CAHs who did not demonstrate meaningful use can submit a Hardship Exception Application no later than September 1

FY 2025*
- Payment adjustments applied January 1, FY 2025 for eligible hospitals

Payment Adjustments for CAHs will be applied for FY 2023

SCORING METHODOLOGY

Scoring Methodology

- Total score of up to 100 possible points.

  - Includes scores of individual measures added together.

- Eligible hospitals and CAHs must earn a minimum total score of <u>60 points</u> 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 a "yes" to the ONC Direct Review Attestation and the SAFER Guides and Security Risk Analysis Measures.

MEDICARE PROMOTING INTEROPERABILITY PROGRAM SCORING METHODOLOGY

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)	Report on the following: • Syndromic Surveillance Reporting • Immunization Registry Reporting • Electronic Case Reporting • Electronic Reportable Laboratory Result Reporting (25 points)
Query of Prescription Drug Monitoring Program (PDMP) (10 points)	Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points)		

OR

Health Information Exchange Bi-Directional Exchange (30 points)	Enabling Exchange under TEFCA (30 points)

Bonus: Report on one:
• Public Health Registry Reporting
• Clinical Data Registry Reporting
(5 bonus points)

CEHRT REQUIREMENTS

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 90 days*).

eCQM REQUIREMENTS

eCQMs in CY 2023		
Must report on 3 self-selected eCQMs + The Safe Use of Opioids - Concurrent Prescribing eCQM	Must submit a full year worth of data	New (voluntary) eCQMs for CY 2023: 1. Severe Obstetric Complications 2. Cesarean Birth

eCQM REQUIREMENTS

Available eCQMs for Eligible Hospitals and CAHs for CY 2023

Short Name	Measure Name	NQF No.
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	0497
HH-02	Hospital Harm – Severe Hyperglycemia Measure	3533e
HH-01	Hospital Harm – Severe Hypoglycemia Measure	3503e
PC-05	Exclusive Breast Milk Feeding	0480
STK-02	Discharged on Antithrombotic Therapy	0435
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	0438
STK-06	Discharged on Statin Medication	0439
VTE-1	Venous Thromboembolism Prophylaxis	0371
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372
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

Voluntary for CY 2023

OBJECTIVES & MEASURES CY 2023

ELECTRONIC PRESCRIBING OBJECTIVE OVERVIEW

Electronic Prescribing Objective and Measures

e-Prescribing: 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).

- 10 points

- Numerator/Denominator reporting

- Exclusion available

Query of Prescription Drug Monitoring Program (PDMP): 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.

- 10 points

- Yes/No attestation

- Exclusions available

HEALTH INFORMATION EXCHANGE OBJECTIVE OVERVIEW

Health Information Exchange Objective Overview & Measures

Support Electronic Referral Loops by Sending Health Information:

- Up to 15 points
- Numerator/Denominator reporting
- No exclusion available

Support Electronic Referral Loops by Receiving and Reconciling Health Information:

- Up to 15 points
- Numerator/Denominator reporting
- No exclusion available

OR

*Choose from **one** of the following below*

Health Information Exchange (HIE) Bi-Directional Exchange: (Alternative to two previous HIE measures)

- Up to 30 points
- Yes/No attestation
- No exclusion available

Enabling Exchange under TEFCA: (Alternative to two previous HIE measures)

- Up to 30 points
- Yes/No attestation
- No exclusion available

PROVIDER TO PATIENT EXCHANGE OBJECTIVE OVERVIEW

Provider to Patient Exchange Objective Overview and Measure

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.

- Up to 25 points total

- Numerator/Denominator reporting

- No exclusion available

PUBLIC HEALTH AND CLINICAL DATA EXCHANGE OBJECTIVE OVERVIEW

Public Health and Clinical Data Exchange Objective and Measures

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

- Up to 25 points total for all 4 measures
- Yes/No attestation
- Exclusions available

Syndromic Surveillance Reporting: submit syndromic surveillance data from an emergency department (POS 23).

- Up to 25 points total for all 4 measures
- Yes/No attestation
- Exclusions available

Electronic Case Reporting: submit case reporting of reportable conditions.

- Up to 25 points total for all 4 measures
- Yes/No attestation
- Exclusions available

Electronic Reportable Laboratory (ELR) Result Reporting: submit ELR results.

- Up to 25 points total for all 4 measures
- Yes/No attestation
- Exclusions available

PUBLIC HEALTH AND CLINICAL DATA EXCHANGE OBJECTIVE OVERVIEW *(CONTINUED)*

Public Health and Clinical Data Exchange Objective and 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): submit data to public health registries.

- Up to 5 additional bonus points

- Yes/No attestation

- No exclusion available

Clinical Data Registry Reporting (bonus): submit data to a clinical data registry (CDR).

- Up to 5 additional bonus points

- Yes/No attestation

- No exclusion available

Can report on only one measure to receive the 5 additional bonus points

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.

Actions included in the security risk analysis measure may occur any time during the calendar year in which the EHR reporting period occurs.	It remains a requirement of the Medicare Promoting Interoperability Program but is not scored.	A Yes/No attestation is required. **Failure to complete this requirement results in program failure.**

SAFER GUIDES

- ONC developed and released the 9 Safety Assurance Factors for EHR Resilience (SAFER) Guides to help hospitals conduct self-assessments to optimize the safety and safe use of EHRs.

- Beginning with CY 2022 EHR reporting period, CMS added a new SAFER Guides measure to the Protect Patient Health Information objective.

Eligible hospital or CAH must attest to having conducted an annual self-assessment using all 9 SAFER Guides at any point during the calendar year in which the EHR reporting period occurs.

A Yes/No attestation statement is required, accounting for having completed an annual self-assessment on all 9 SAFER guides. For CY 2023, this measure is **required**, will not be scored, and an attestation of yes or no is acceptable and will not affect the total score or status.

OTHER REQUIRED ATTESTATIONS

- Acting to limit or restrict the compatibility or interoperability of CEHRT.

- Office of the National Coordinator (ONC) Direct Review Attestation.

- These attestations are required by section 106(b)(2)(B) of MACRA.

PUBLICLY REPORTED INFORMATION

- Hospital name

- CMS Certification Number (CCN)

- Meaningful Use Designation

- Total score

ADDITIONAL RESOURCES

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

- The slides, transcript, and recording of today's webinar will be posted in the coming weeks to the Promoting Interoperability Programs Events webpage: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EventsPI

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

  - *Please note the help desk name and email address have changed*.

QUESTIONS?

- Submit your questions via the Q&A box.

- CMS will address as many questions as time allows.

THANK YOU