Promoting Interoperability
PROGRAMS

MEDICARE PROMOTING INTEROPERABILITY PROGRAM 101

July 20, 2023

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PRESENTATION

- Background

- History of the EHR Incentive Programs

- Transition to the Medicare Promoting Interoperability Program

- Program Requirements for CY 2023

- Data Submission, Hardships, and Payment Adjustments

- Additional Resources, Help, and Q&A

ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE PROGRAMS

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 Program

- Legislatively mandated the Office of the National Coordinator for HIT (ONC)

- Mandated the adoption of functions and standards for the certification of 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 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

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

STAGES OF MEANINGFUL USE

Stage 1

- Set the foundation for the Promoting Interoperability Programs by establishing requirements for the electronic capture of clinical data, including providing patients with electronic copies of health information, to qualify as a meaningful user of EHRs
- CMS established measures that health care providers must fulfill to earn an incentive
- ONC adopted standards, implementation specifications and certification criteria for 2011 CEHRT

Stage 2

- Expanded upon the Stage 1 criteria with a focus on advancing clinical processes and ensuring that the meaningful use of EHRs supported the aims and priorities of the National Quality Strategy
- ONC adopted standards, implementation specifications and certification criteria for 2014 CEHRT
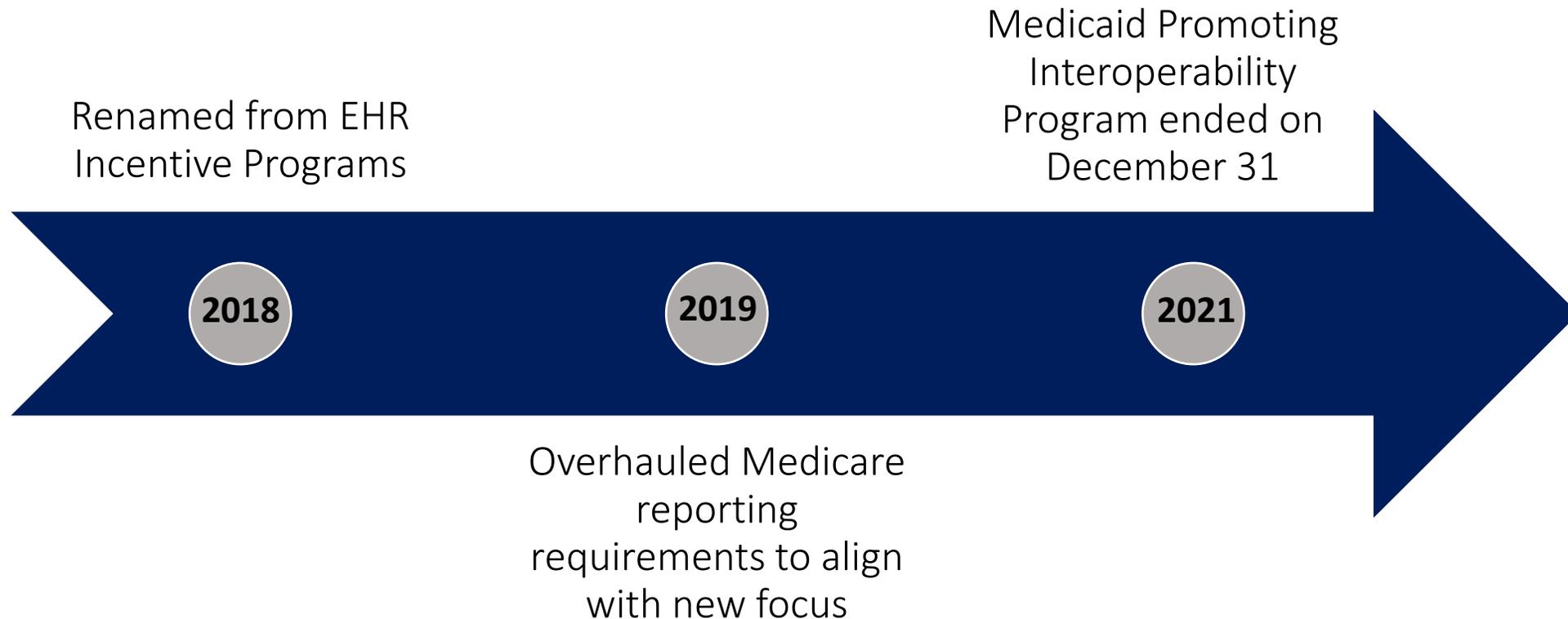
Stage 3

- Focuses on using CEHRT to improve health outcomes
- ONC adopted standards, implementation specifications and certification criteria for 2015 CEHRT

TRANSITION TO MEDICARE PROMOTING INTEROPERABILITY PROGRAM

MEDICARE PROMOTING INTEROPERABILITY PROGRAM: 2018-PRESENT

Medicaid Promoting Interoperability Program ended on December 31

Renamed from EHR Incentive Programs

2018

2019

2021

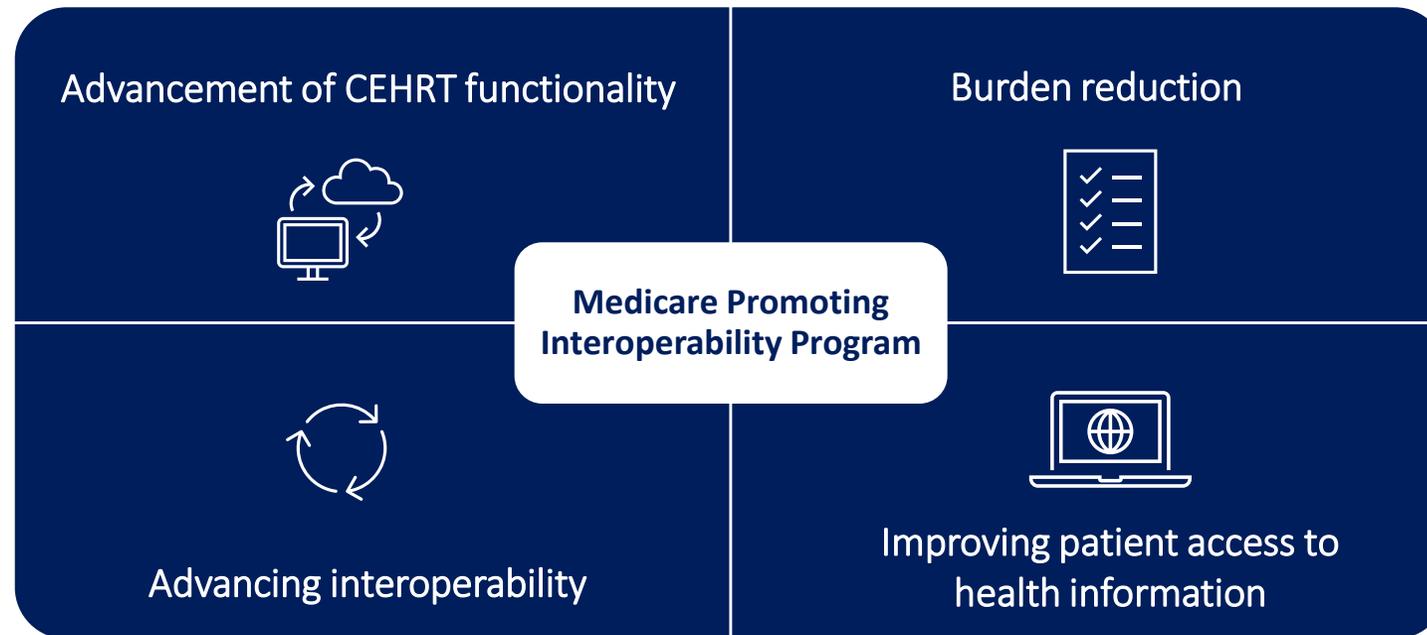Overhauled Medicare reporting requirements to align with new focus

ELIGIBILITY

Who is considered eligible for the Medicare Promoting Interoperability Program?

Eligible Hospitals and CAHs eligible for the Medicare Promoting Interoperability Program are those that are 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

Advancement of CEHRT functionality

Burden reduction

Medicare Promoting Interoperability Program

Advancing interoperability

Improving patient access to health information

OVERVIEW OF PROGRAM REQUIREMENTS
CY 2023

2023 EHR REPORTING PERIOD TIMELINE

Reporting Year	Attestation & Reporting	Hardship Exception	Payment Adjustments
2023	**Important Dates**	**2024**	**FY 2024***
• Begins January 1, 2023 • Ends December 31, 2023	• Attestation & Reporting begin January 1, 2024 • Final day to report using Hospital Quality Reporting (HQR) system is February 29, 2024	• Eligible hospitals and CAHs who did not demonstrate meaningful use can submit a Hardship Exception Application no later than September 1	• Payment adjustments applied October, FY 2024 for eligible hospitals

*Payment Adjustments for CAHs will be applied for FY 2023

MEDICARE PROMOTING INTEROPERABILITY PROGRAM OBJECTIVES & MEASURES

OBJECTIVES

Electronic Prescribing	Health Information Exchange	Provider to Patient Exchange	Public Health and Clinical Data Exchange

MEASURES

Electronic Prescribing
- e-Prescribing (10 points)
- Query of Prescription Drug Monitoring Program (PDMP) (10 points)

Health Information Exchange
- Support Electronic Referral Loops by Sending Health Information (15 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)

Provider to Patient Exchange
- Provide Patients Electronic Access to Their Health Information (25 points)

Public Health and Clinical Data Exchange

Report on the following:
- Syndromic Surveillance Reporting
- Immunization Registry Reporting
- Electronic Case Reporting
- Electronic Reportable Laboratory Result Reporting

(25 points)

Bonus: Report only one:
- Public Health Registry Reporting
- Clinical Data Registry Reporting

(5 bonus points)

SCORING METHODOLOGY

Scoring Methodology

- Performance-based scoring

- Can receive up to 100 total points

- Must earn a minimum of 60 points in order to satisfy the requirement to report on the objectives and measures of meaningful use

- Must submit a complete numerator/denominator or yes/no data for all required measures

- Must complete activities required by the Security Risk Analysis measure

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 eligble 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

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

Eligible hospitals and CAHs must demonstrate their level of active engagement and submit their level:

- **Option 1:** Pre-production and Validation

- **Option 2:** Validated Data Production

New for CY 2024: Antimicrobial Use and Resistance (AUR) Surveillance Measure

- The Antibiotic Use and Antibiotic Resistance (AUR) measure will be required, beginning in the CY 2024 EHR reporting period, as a fifth required measure.

  - Up to 25 points available

  - Yes/No attestation

  - Exclusions available

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.

OFFICE OF THE NATIONAL COORDINATOR (ONC) DIRECT REVIEW ATTESTATION

- 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.

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" (certify that you didn't knowingly or willfully take action to limit or restrict compatibility or interoperability of CEHRT) or "no" (certify that you did knowingly or willfully take action to limit or restrict compatibility or interoperability of CEHRT) response.

PUBLICLY REPORTED INFORMATION

- Hospital name

- CMS Certification Number (CCN)

- Meaningful Use Designation

- Total score

DATA SUBMISSION, HARDSHIPS, AND PAYMENT ADJUSTMENTS

DATA SUBMISSION

- Participants must submit their data through the Hospital Quality Reporting (HQR) System, ensuring they've met all the program requirements for the EHR reporting period and their eCQMs for the required reporting period.

- Participants have until the end of February (note: this date is subject to change due to weekends and/or federal holidays) of each year to attest for the previous year.

For the 2023 EHR reporting period, participants will have until February 29. 2024 to attest and report, using the HQR System.

HARDSHIP EXCEPTIONS

- Eligible hospitals and CAHs may submit a Medicare Promoting Interoperability Program Hardship Exception application citing one of the following specified reasons for review and approval:

  - Using decertified EHR technology

  - Insufficient internet connectivity

  - Extreme and uncontrollable circumstances

- To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must complete and submit a Hardship Exception application. If approved, the Hardship Exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and no eligible hospital or CAH can be granted more than five exceptions.

HARDSHIP EXCEPTIONS, CONT.

- For the CY 2023 EHR reporting period, eligible hospitals and CAHs who did not demonstrate meaningful use can submit a Hardship Exception Application beginning in May 2024. Applications will be due in the summer of 2024 for eligible hospitals and fall of 2024 for CAHs.

- For the CY 2023 EHR reporting period, payment adjustments will be applied in October 2024 for eligible hospitals; payment adjustments for CAHs will be applied for FY 2023.

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.

RESOURCES, HELP, AND Q&A

RULEMAKING
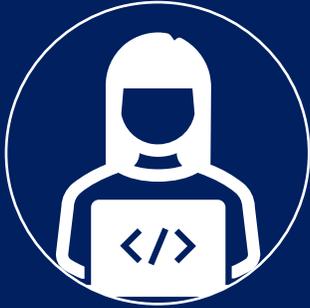
Policy changes for the Medicare Promoting Interoperability Program are introduced each year in the Medicare Hospital Inpatient Prospective Payment System (IPPS) notice of proposed rulemaking (NPRM) and final rule.

The IPPS NPRM is released each spring and the public is encouraged to submit their public comments through the 60-day IPPS comment period.

The IPPS Final Rule is released each summer, finalizing policies and changes to the Medicare Promoting Interoperability Program.

ANNUAL CALL FOR MEASURES

- The Annual Call for Measures process allows eligible hospitals and CAHs, professional associations, medical societies, and other stakeholders, such as researchers and consumer groups, to identify and submit measures.

- The Annual Call for Measures submission period begins each spring and closes in the summer.

- CMS seeks measures that:

  - Build on the advanced use of CEHRT using the 2015 Edition Cures Update Certification Standards

  - and Criteria;

  - Promote interoperability and health information exchange;

  - Improve program efficiency, effectiveness, and flexibility;

  - Provide patients access to their health information;

  - Reduce clinician and administrative burden; and

  - Align with the Promoting Interoperability Performance Category for eligible clinicians participating in the Merit-based Incentive Payment System (MIPS), as applicable.

ADDITIONAL RESOURCES

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

  - Additional resources may be downloaded from the [Promoting Interoperability Resource Library.](#)

- 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

- To learn more about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act Final Rule](#) and the [ONC Certification Criteria webpage](#). To check whether a health IT product has been updated to the 2015 Edition Cures Update, visit the Certified Health IT Product List (CHPL) at https://chpl.healthit.gov/.

WHERE TO GO FOR HELP?

- 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.

Q&A SESSION?

- To ask a question, raise your hand and we'll unmute your line, or submit your question via the Q&A box.
- To ask a question live, you must have a working microphone.
- CMS will address as many questions as time allows.

THANK YOU