FY 2019 MEDICARE PROMOTING INTEROPERABILITY PROGRAM OVERVIEW FACT SHEET

Overview

In 2011, the Medicare and Medicaid Promoting Interoperability Programs (formerly known as the Medicare and Medicaid EHR Incentive Programs, or "Meaningful Use") were established to encourage clinicians, eligible hospitals, and critical access hospitals (CAHs) to adopt, implement, upgrade, and demonstrate meaningful use of certified electronic health record technology (CEHRT).

On August 17, 2018, the Centers for Medicare & Medicaid Services (CMS) published in the Federal Register the *Fiscal Year (FY) 2019 Medicare Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and Long-term Care Hospital (LTCH) Prospective Payment System* final rule. In this final rule, CMS continued its overhaul of the Medicare Promoting Interoperability Program for eligible hospitals and CAHs to continue:

- The advancement of CEHRT utilizations
- Focusing on burden reduction
- Improving interoperability and patient access to health information

Program Requirements for 2019

New Measures

1) *Electronic Prescribing Objective: Verify Opioid Treatment Agreement measure and Query of Prescription Drug Monitoring Program (PDMP) measure*

One of the agency's top priorities is working with the Department of Health and Human Services as they combat misuse and promote programs that support treatment and recovery support services. The addition of the two new opioid measures supports CMS' strategy aimed at reducing the risk of opioid use disorders, overdoses, inappropriate prescribing practices and drug diversion.

- **Scoring:** The Query of PDMP measure is *optional* in Calendar Years (CY) 2019 and worth a full 5 bonus points. The Verify Opioid Treatment Agreement measure is *optional* in CY 2019 and worth a full 5 bonus points.

  ○ The optional reporting status allows for additional time to develop, test, and refine

certification criteria and standards and workflows, while working to combat the opioid epidemic.

2) *Health Information Exchange (HIE) Objective: Support Electronic Referral Loops by Receiving and Incorporating Health Information measure*

This measure replaces and builds upon the existing Request/Accept Summary of Care and Clinical Information Reconciliation measures. The measure focuses on the exchange of health care information, reduces administrative burden, and streamlines and simplifies reporting.

- **Scoring:** Eligible hospitals and CAHs can earn up to a maximum of 20 points in both CYs 2019 and 2020. For those that cannot implement this measure for an EHR reporting period in CY 2019, an exclusion is available.

Removal of Objectives and Measures

3) *Measures Removed Beginning in 2019*

CMS finalized the removal of the Coordination of Care Through Patient Engagement objective and all associated measures to reduce program complexity and burden and focus on leveraging the most current health IT functions and standards for patient flexibility of access and exchange of health information. The following three measures that corresponded with this objective were removed:

1. Secure Messaging
2. View, Download or Transmit
3. Patient Generated Health Data

In addition, we finalized the removal of the Request/Accept Summary of Care, Clinical Information Reconciliation and Patient-Specific Education measures. CMS has removed these measures because they did not emphasize interoperability and the electronic exchange of health information.

Objective and Measure Changes

4) *Provider to Patient Exchange Objective*

CMS renamed the Patient Electronic Access to Health Information objective to **Provider to Patient Exchange**. This objective includes one measure: Provide Patients Electronic Access to Their Health Information (formerly the Provide Patient Access measure). The Patient-Specific Education measure that was previously associated with this objective will be removed beginning in CY 2019.

5) Public Health and Clinical Data Exchange Objective

CMS also renamed the Public Health and Clinical Data Registry Reporting objective to **Public Health and Clinical Data Exchange.** Eligible hospitals and CAHs are required to attest to <u>any two</u> measures listed below:

1. Syndromic Surveillance Reporting
2. Immunization Registry Reporting
3. Clinical Data Registry Reporting
4. Electronic Case Reporting
5. Public Health Registry Reporting
6. Electronic Reportable Laboratory Result Reporting

6) Protect Patient Health Information Objective: Security Risk Analysis measure

CMS is retaining the Security Risk Analysis as a program requirement, but it is not part of the scoring methodology.

More information on the 2019 Medicare Promoting Interoperability Program Objectives and Measures can be found here.

2015 Edition CEHRT

Beginning with the EHR reporting period in 2019, participants in the Promoting Interoperability Program are required to use the 2015 Edition CEHRT. The 2015 Edition CEHRT does not have to be in place by January 1, 2019 but **must** be used for the EHR reporting period of any continuous 90-day period during CY 2019.

CMS made this a requirement because the 2015 Edition CEHRT includes certification criteria specifying a core set of data, known as the Common Clinical Data Set. It aims to support a common set of data classes that are required for interoperable exchange and identifies a predictable, transparent, and collaborative process for achieving those goals.

EHR Reporting Period

In CYs 2019 and 2020, the EHR reporting period is a minimum of any continuous 90-day period for new and returning participants in the Promoting Interoperability Programs attesting to CMS.

The applicable incentive payment year and payment adjustment years for the EHR reporting period in 2019 and 2020, as well as the deadlines for attestation and other related program requirements, were not changed.

CMS kept the continuous 90-day EHR reporting period for CYs 2019 and 2020 to provide additional flexibility for eligible hospitals and CAHs. This flexibility allows more time for

upgrading to 2015 Edition CEHRT and provides additional time to meet new objectives and measures and adjust to the new scoring methodology.

Performance-based Scoring Methodology

CMS finalized a new performance-based scoring methodology to increase program flexibility and decrease provider burden that has fewer objectives and measures and moves away from the threshold-based methodology previously used.

The new scoring methodology includes the new measures and changes to existing measures discussed above. The measures are broken into a smaller set of four objectives. This change increases program flexibility and decreases reporting burden.
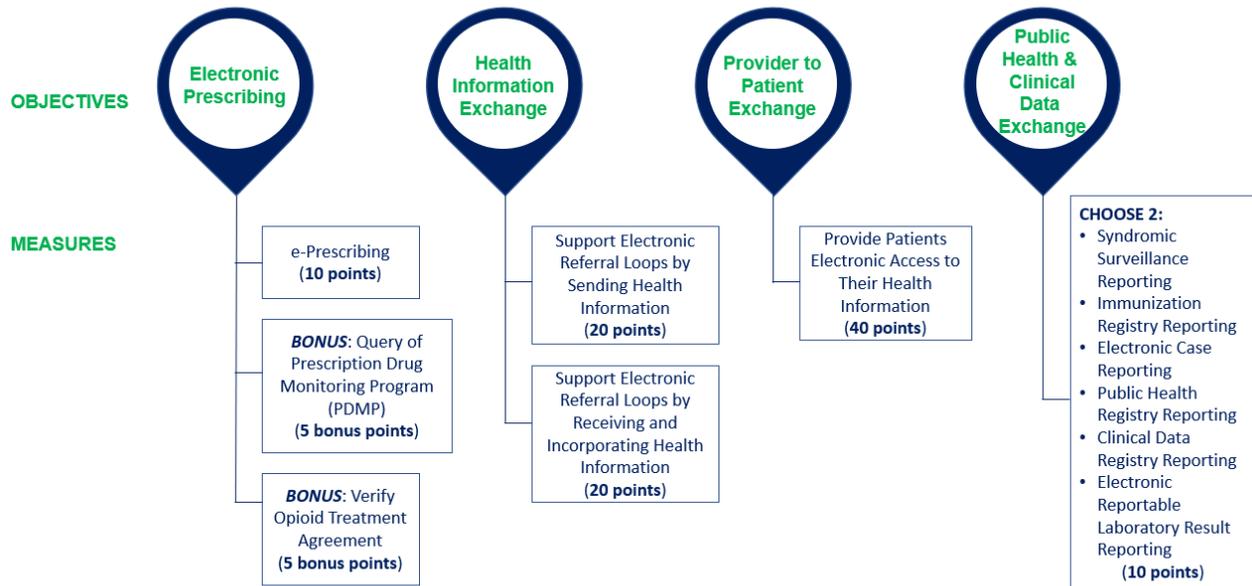
The scoring methodology applies to the following:

- Eligible hospitals and CAHs that attest to CMS under the Medicare Promoting Interoperability Program, including Medicare-only and dual-eligible eligible hospitals and CAHs (those that are eligible for an incentive payment under Medicare and/or subject to the Medicare payment reduction, and are also eligible to earn a Medicaid incentive payment)

Note: The scoring methodology does not apply to Medicaid-only eligible hospitals that submit an attestation to their State Medicaid agency for the Medicaid Promoting Interoperability Program.

Eligible hospitals and CAHs must complete the activities required by the Security Risk Analysis measure; submit their complete numerator and denominator or yes/no data for all required measures; and earn a minimum total score of 50 points in order to satisfy the requirement to report on the objectives and measures of meaningful use, which is one of the requirements for an eligible hospital or CAH to be considered a meaningful EHR user and earn an incentive payment and/or avoid a Medicare payment reduction.

Medicare Scoring Methodology in CY 2019

OBJECTIVES

- Electronic Prescribing
- Health Information Exchange
- Provider to Patient Exchange
- Public Health & Clinical Data Exchange

MEASURES

- e-Prescribing
  (**10 points**)

- *BONUS*: Query of Prescription Drug Monitoring Program (PDMP)
  (**5 bonus points**)

- *BONUS*: Verify Opioid Treatment Agreement
  (**5 bonus points**)

- Support Electronic Referral Loops by Sending Health Information
  (**20 points**)

- Support Electronic Referral Loops by Receiving and Incorporating Health Information
  (**20 points**)

- Provide Patients Electronic Access to Their Health Information
  (**40 points**)

CHOOSE 2:
- Syndromic Surveillance Reporting
- Immunization Registry Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting
- Electronic Reportable Laboratory Result Reporting
  (**10 points**)

Additional Resources

For more information on program requirements for 2019 of the Promoting Interoperability Programs, please visit the Promoting Interoperability Programs website.

For more information pertaining to the final rule, please visit the Federal Register.