Promoting Interoperability
PROGRAMS

CY 2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM OVERVIEW

December 2021

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PRESENTATION

- Background
- Changes to the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs) in CY 2022
- Objectives & Measures
- Additional Resources
- Q&A

MEDICARE PROMOTING INTEROPERABILITY PROGRAM BACKGROUND

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 technology (CEHRT) to demonstrate meaningful use of health information technology (health IT)

Advanced in 3 stages:

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

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

3 **STAGE 3:**
Focused on using CEHRT to advance health outcomes

EHR INCENTIVE PROGRAMS OVERVIEW

EHR Incentive Programs

- Threshold-based scoring methodology
- Progressed in 3 stages
- 2014 Edition CEHRT Required
- 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 in 2018

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Moved programs to new phase of EHR measurement focused on interoperability and improving patient access to health information

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Overhauled Medicare reporting requirements in calendar year (CY) 2019 to align with new focus

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Medicaid Promoting Interoperability Program ends on December 31, 2021

MEDICARE PROMOTING INTEROPERABILITY 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
- Focuses on:
  - Advancement of CEHRT functionality
  - Burden reduction
  - Advancing interoperability
  - Improving patient access to health information

CHANGES TO THE MEDICARE PROMOTING INTEROPERABILITY PROGRAM IN CY 2022

CHANGES TO THE MEDICARE PROMOTING INTEROPERABILITY PROGRAM IN CY 2022

EHR Reporting Period:

- A minimum of any continuous 90-days for eligible hospitals and CAHs*

Electronic Prescribing Objective:

- Available bonus points for PDMP will increase from 5 points to 10 points

Health Information Exchange Objective:

- Health Information Exchange Bi-Directional Exchange measure (worth 40 points) added as an alternative to the 2 existing measures

Public Health and Clinical Data Exchange Objective:

- Requiring reporting a **"yes"** on 4 of the Public Health and Clinical Data Exchange Objective measures, worth up to 10 points;
    - Public Health Registry Reporting and Clinical Data Registry Reporting measures will remain **optional** and available for a total of 5 bonus points.

**No change from the 2021 EHR Reporting Period*

CHANGES TO THE MEDICARE PROMOTING INTEROPERABILITY PROGRAM IN CY 2022 *(CONTINUED)*

Scoring Threshold:

- Increasing the minimum scoring threshold from **50 points to 60 points**

Attestation:

- Requiring eligible hospitals and CAHs to attest to having completed an annual self-assessment of the SAFER Guides measure, under the Protect Patient Health Information objective, beginning with the CY 2022 EHR reporting period
- Removing attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's prevention of information blocking requirement

eCQMs:

- Safe Use of Opioids eCQM is now mandatory for CY 2022 reporting (was optional in CY 2021)

CY 2022 EHR REPORTING PERIOD TIMELINE

2022

- Begins January 1, 2022
- Ends December 31, 2022

February 28, 2023

- Final day to attest using QualityNet

2023

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

2022- 2024

- Eligible hospital FY 2024
- CAHs 2022

SCORING METHODOLOGY

Scoring Methodology

- Scores for each individual measure added together to calculate total score of up to 100 possible points for the required measures. Bonus points have the potential to add 15 points
- Eligible hospitals and CAHs must earn a minimum total score of **60 points** to be considered a Meaningful User *(increased from 50 points)*
  - *Note – Program participants must report on **all** required measures to be considered a meaningful user, regardless of final score.*
  - When calculating performance rates and measure and objective scores, CMS will round to the nearest whole number to a maximum of up to 115 points

CY 2022 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 **(20 points)**	Provide Patients Electronic Access to Their Health Information **(40 points)**	**Report on the following:** • Syndromic Surveillance Reporting • Immunization Registry Reporting • Electronic Case Reporting • Electronic Reportable Laboratory Result Reporting **(10 points)**
	Bonus: Query of Prescription Drug Monitoring Program (PDMP) **(10 bonus points)**	Support Electronic Referral Loops by Receiving and Reconciling Health Information **(20 points)**		***Bonus***: Report on one: • Public Health Registry Reporting • Clinical Data Registry Reporting **(5 bonus points)**
		OR		
		Health Information Exchange Bi-Directional Exchange **(40 points)**		

CEHRT REQUIREMENTS

CEHRT Requirements

- Must utilize 2015 Edition certification criteria, 2015 Edition Cures Update criteria, or a combination of the two
- CEHRT functionality must be in place by the first day of the EHR reporting period and the product must be certified by the last day of the EHR reporting period
- The eligible hospital or CAH must be using their selected version's functionality during the entire EHR reporting period

eCQM REQUIREMENTS

9 available eCQMS for CY 2022

Beginning in CY 2022: Must **report** on **3** self-selected eCQMs and the Safe Use of Opioids – Concurrent Prescribing measure using **3** self-selected quarters of data

Added the following **2** eCQMs for CY 2023:

- Hospital Harm - Severe Hypoglycemia (NQF #3503e)
- Hospital Harm - Severe Hyperglycemia (NQF #3533e)

Removed the following **3** eCQMs for CY 2024:

- STK-06 (Discharged on Statin Medication)
- PC-05 (Exclusive Breast Milk Feeding)
- ED-2 (Admit Decision Time to ED Departure Time for Admitted Patients)

Required use of the 2015 Edition Cures Update beginning in CY 2023 for all available eCQMs

eCQM REQUIREMENTS

eCQMs for Eligible Hospitals and CAHs for CY 2022

Short Name	Measure Name	NQF No.
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	0497
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

OBJECTIVES & MEASURES
CY 2022

ELECTRONIC PRESCRIBING OBJECTIVE OVERVIEW

Electronic Prescribing Objective and Measures

e-Prescribing: For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions) are 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) *(bonus)*: For at least one Schedule II opioid electronically prescribed using certified electronic health record technology (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, except where prohibited and in accordance with applicable law.

- Optional 10 bonus points
- Yes/No attestation
- No exclusion available

HEALTH INFORMATION EXCHANGE OBJECTIVE OVERVIEW

Health Information Exchange Objective Overview & Measures

Support Electronic Referral Loops by Sending Health Information:

- Up to 20 points
  - Numerator/ Denominator reporting
  - No exclusion available

Support Electronic Referral Loops by Receiving and Reconciling Health Information:

- Up to 20 points
  - Numerator/ Denominator reporting
  - No exclusion available

OR

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

- Up to 40 points
- Yes/No attestation
- 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 is in 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 10 points total for all 4 measures
- Yes/No attestation
- Exclusions available

Syndromic Surveillance Reporting: submit syndromic surveillance data from an emergency department.

- Up to 10 points total for all 4 measures
- Yes/No attestation
- Exclusions available

Electronic Case Reporting: submit case reporting of reportable conditions.

- Up to 10 points total for all 4 measures
- Yes/No attestation
- Exclusions available

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

- Up to 10 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

Public Health Registry Reporting *(bonus)*: The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit data to public health registries.

- Up to 5 bonus points total for both measures
- Yes/No attestation
- No exclusion available

Clinical Data Registry Reporting *(bonus)*: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry (CDR).

- Up to 5 bonus points total for both measures
- Yes/No attestation
- No exclusion available

SECURITY RISK ANALYSIS MEASURE

Eligible hospitals and CAHs must conduct or review a security risk analysis of CEHRT including addressing encryption/security of data, and implement updates as necessary at least once each calendar year and attest to conducting the analysis or review.

It is acceptable for the security risk analysis to be conducted outside the EHR reporting period; however, the analysis must be conducted within the calendar year of the EHR reporting period.	It remains a requirement of the Medicare Promoting Interoperability Program, but is not scored.	A Yes/No attestation is required.

SAFER GUIDES

- ONC developed and released the 9 Safety Assurance Factors for EHR Resilience Guides (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 is adding 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 of 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 2022, this measure is **required**, will not be scored, and an attestation of yes/no is acceptable and will not affect the total score or status.

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ACTIONS TO LIMIT OR RESTRICT THE COMPATIBILITY OR INTEROPERABILITY OF CEHRT

- There are currently 3 attestation statements which support the “prevention of information blocking,” allowing eligible hospitals and CAHs to attest to their information blocking practices.
- Beginning with CY 2022:
  - We will no longer require statements 2 and 3;
  - Statement 1 will remain without modification;
  - We are modifying the heading of the regulation text and the definition of “meaningful EHR user” from “support for health information exchange and the prevention of information blocking” to “actions to limit or restrict the compatibility or interoperability of CEHRT.”

ADDITIONAL RESOURCES

- For more information on final changes to the Medicare Promoting Interoperability Program in CY 2022:
  - Review fact sheet on final rule (CMS-1752-F)
  - View final rule (CMS-1752-F) on Federal Register
  - Visit CMS website
  - Subscribe to CMS Promoting Interoperability Programs listserv
- 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
- Quality Net Help Desk: Medicare Promoting Interoperability Program participants may contact the QualityNet help desk for assistance at qnetsupport@hcqis.org or 1-866-288-8912.

QUESTIONS?

You can ask questions in various ways, including:

- **Phone** – Dial 1-833-376-0535
  - If prompted, use passcode: 3165820
  - Press *1 to be added to the question queue
- **Chat** – Type your question into the “Questions” box

THANK YOU!