

# Medicare Promoting Interoperability Program

## Call for Measures Submission Form

Submission Deadline: June 29, 2018

Stakeholders must use this form to propose new measures in Calendar Year (CY) 2018 for eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability (PI) Program in CY 2020. **The submission deadline is June 29, 2018.** Proposals submitted by the deadline will be considered for inclusion in rulemaking in CY 2019. If finalized, measure implementation would be required beginning in CY 2021 but optional in CY 2020.

Proposals must be sent to [CMSCallforMeasuresEHR@Ketchum.com](mailto:CMSCallforMeasuresEHR@Ketchum.com). Stakeholders will receive email confirmations of their submission.

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### SECTION 1: STAKEHOLDER INFORMATION

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Provide the following information for the individual, group or association proposing a new measure for the Medicare PI Program. All required fields are indicated with an asterisk (\*). This information will be used to contact the stakeholder(s) if necessary, and apprise them of determinations made for their proposed measure(s).

Submitter First Name*	Middle Initial	Submitter Last Name*	Credentials (MD, DO, etc.)
Name of Organization (if applicable)*:			

Address Line 1 (Street Name and Number – <u>Not</u> a Post Office Box or Practice Name)*		
Address Line 2 (Suite, Room, etc.)		
City/Town*	State (2 character code)*	Zip Code (5 digits)*

Email Address* (This is how we will communicate with you.)	
Business Telephone Number (include Area Code)	Extension

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## SECTION 2: CONSIDERATIONS WHEN PROPOSING MEASURES

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CMS priorities for measure proposals include those that: (1) build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Standards and Certification Criteria; (2) increase health information exchange and interoperability; (3) continue improving program efficiency, effectiveness, and flexibility; and (4) measure patient outcomes and emphasize patient safety. Proposals submitted by June 29, 2018 will be considered for inclusion in rulemaking effective for CY 2020.

When preparing proposals, please consider the following:

1. Does the new measure duplicate existing objectives and measures?
2. Will CMS be able to validate the new measure?

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## SECTION 3: REQUIRED INFORMATION FOR MEASURE PROPOSALS

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Proposals that do not provide information for every field/section will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state "N/A" or "not applicable" or the proposal will not be considered, as the application will be judged as incomplete.

- 1. MEASURE DESCRIPTION** (Provide a description of the measure to be considered and relevance to the Medicare PI Program):

**Measure Description:**

**Program Relevance:**

- 2. MEASURE TYPE** (Please indicate in which category your measure description fits):

Patient Outcome Measure

Process Measure

Patient Safety Measure

Other (Please indicate the type of measure):

**3. REPORTING REQUIREMENT** [Yes/No Statement or Numerator/Denominator Description. Indicate whether the measure should include a reporting requirement: 1) a yes/no statement and exclusion criteria (if applicable) or 2) the numerator/denominator, threshold (if applicable) and exclusion criteria (if applicable)]:

YES/NO STATEMENT

**Exclusion Criteria** (If applicable and rationale for exclusion proposal, otherwise use N/A):

OR

**Denominator Language:**

**Numerator Language:**

**Threshold:** [Ex. at least one (clinical action or patient) or a percentage - at least 5 percent.

The clinical action must be tied to the numerator proposed language.

*Ex. e-prescribing Measure:* More than 10 percent of hospital discharge medication orders for permissible prescriptions are queried for a drug formulary and transmitted electronically using CEHRT.

*Numerator language:* The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically.

Include a rationale for recommendation]:

At least one (ex. Patient or clinical action)

Recommended percentage (ex. At least 5 percent)

**Rationale:**

**Exclusion Criteria** (If applicable and rationale for exclusion proposal, otherwise use N/A):

**4. CEHRT FUNCTIONALITIES REQUIRED FOR PROPOSED MEASURE** [Describe CEHRT functionalities that are needed to attest successfully to this proposed measure, if applicable. If you do not believe certain functionalities are required (such as an application programming interface, or API) please use N/A]:

**Functionality type (ex. API):**

**N/A**

**Optional** (Additional Information, suggestions and/or comments related to the Call for Measures):

