

Distributed January 4, 2021:



The Deadline to Submit Your 2020 Data for the Medicare Promoting Interoperability Program is March 1

The Centers for Medicare & Medicaid Services (CMS) reminds all Medicare Promoting Interoperability Program participants that the deadline to submit 2020 data is **March 1, 2021 at 11:59 PM ET**.

Medicare Promoting Interoperability Program participants are required to register and attest through the [QualityNet Secure Portal](#).

Specific submission details for each program are listed below.

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** – These participants must attest to CMS through the [QualityNet Secure Portal](#).
- **Medicaid Eligible Professionals (EPs), Eligible Hospitals, CAHs** – These participants should follow the requirements of their State Medicaid agencies to submit their meaningful use attestation.
- **Dual-Eligible Hospitals and CAHs** – Those who qualify for both the Medicare and Medicaid Promoting Interoperability Programs are required to demonstrate meaningful use to CMS through the [QualityNet Secure Portal](#) (not their State Medicaid agency).

Registering on Behalf of a Medicaid EP?

An EP can designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an EP must have an Identity and Access Management System (I&A) web user account (User ID/Password) and be associated with the EP's National Provider Identifier. If you are working on behalf of one or more EPs and do not have an I&A web user account, please visit [I&A Security Check](#) to create one.

Note: States and territories will not necessarily offer the same functionality for registration and attestation in the Medicaid Promoting Interoperability Program. Check with your state or territory's Promoting Interoperability Program to see what functionality is offered.

Additional Resources

Medicare & dual-eligible hospitals participating in the Medicare and Medicaid Promoting Interoperability Programs may contact the QualityNet help desk for assistance at 1 (866) 288-8912 or qnetssupport@hcqis.org.



Now Available: Updated 2021 CMS QRDA III Implementation Guide, Schematron, and Sample Files to Support MIPS APM Entity Reporting

The Centers for Medicare & Medicaid Services (CMS) has published an update of the [2021 Quality Reporting Document Architecture \(QRDA\) Category III Implementation Guide \(IG\), Schematron, and Sample Files](#) for Eligible Clinicians and Eligible Professionals Programs. The updated 2021 CMS QRDA III IG includes the addition of Merit-Based Incentive Payment System (MIPS) Alternative Payment Model (APM) Entity reporting for QRDA III submissions.

The IG outlines requirements for eligible clinicians and eligible professionals to report electronic clinical quality measures, improvement activities, and promoting interoperability measures for the calendar year 2021 performance period for these programs:

- Quality Payment Program: MIPS and APMs
- Comprehensive Primary Care Plus
- Primary Care First
- Medicaid Promoting Interoperability Program

The updated 2021 CMS QRDA III IG includes these changes:

- Added a new CMS Program Name code "MIPS_APMENTITY", which is required for MIPS APM Entity reporting.
- Updated Section 4.3 - MIPS QRDA III Submissions, and Section 4.4 - Identifiers with relevant language for MIPS APM Entity reporting.
- New conformance statements for MIPS APM Entity reporting.

Changes to the 2021 CMS QRDA III Schematron:

- The addition of Conformance rules to support MIPS APM Entity reporting.

Update to the 2021 CMS QRDA III Sample Files:

- Addition of a new sample file showing the use of MIPS_APMENTITY.

Additional QRDA-Related Resources:

Find additional QRDA-related resources, as well as current and past IGs, on the [Electronic Clinical Quality Improvement Resource Center QRDA page](#). For questions related to this guidance, the QRDA IGs, or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).

Distributed February 10, 2021:



The Deadline to Submit Your 2020 Data for the Medicare Promoting Interoperability Program is April 1

The Centers for Medicare & Medicaid Services (CMS) has extended the deadline to submit 2020 data for the Medicare Promoting Interoperability Program to **April 1, 2021 at 11:59 PM ET**.

Medicare Promoting Interoperability Program participants are required to register and attest through the [QualityNet Secure Portal](#).

Specific submission details for each program are listed below.

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** – These participants must attest to CMS through the [QualityNet Secure Portal](#).
- **Medicaid Eligible Professionals (EPs), Eligible Hospitals, CAHs** – These participants should follow the requirements of their State Medicaid agencies to submit their meaningful use attestation.
- **Dual-Eligible Hospitals and CAHs** – Those who qualify for both the Medicare and Medicaid Promoting Interoperability Programs are required to demonstrate meaningful use to CMS through the [QualityNet Secure Portal](#) (not their State Medicaid agency).

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Note: States and territories will not necessarily offer the same functionality for registration and attestation in the Medicaid Promoting Interoperability Program. Check with your state or territory's Promoting Interoperability Program to see what functionality is offered.

Additional Resources

Medicare & dual-eligible hospitals participating in the Medicare and Medicaid Promoting Interoperability Programs may contact the QualityNet help desk for assistance at 1 (866) 288-8912 or qnetssupport@hcqis.org.

Distributed March 2, 2021:



The Deadline to Submit Your 2020 Data for the Medicare Promoting Interoperability Program is April 1

The Centers for Medicare & Medicaid Services (CMS) reminds all Medicare Promoting Interoperability Program participants that the deadline to submit 2020 data is **April 1, 2021 at 11:59 PM ET**.

Medicare Promoting Interoperability Program participants are required to register and attest through the [QualityNet Secure Portal](#).

Specific submission details for each program are listed below:

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** – These participants must attest to CMS through the [QualityNet Secure Portal](#).
- **Medicaid Eligible Professionals (EPs), Eligible Hospitals, CAHs** – These participants should follow the requirements of their State Medicaid agencies to submit their meaningful use attestation.
- **Dual-Eligible Hospitals and CAHs** – Those who qualify for both the Medicare and Medicaid Promoting Interoperability Programs are required to demonstrate meaningful use to CMS through the [QualityNet Secure Portal](#) (not their State Medicaid agency).

For More Information

Visit the [Registration and Attestation](#) page on the [CMS Promoting Interoperability Programs website](#).

Medicare & dual-eligible hospitals participating in the Medicare & Medicaid Promoting Interoperability Programs may contact the QualityNet help desk for assistance at 1 (866) 288-8912 or qnet-support@hcqis.org.

Distributed March 3, 2021:



Now Accepting Public Comments on the Draft 2022 CMS QRDA I Implementation Guide for HQR

The Centers for Medicare & Medicaid Services (CMS) has posted the draft 2022 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting (HQR) for public comment. The draft IG will be available for public comment starting on **March 3, 2021** and ending at 5:00 p.m. eastern time (ET) on **March 24, 2021**. The 2022 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report electronic clinical quality measures (eCQMs) for the calendar year 2022 reporting period. Visit the [QRDA Issue Tracker on the ONC Project Tracking System \(Jira\)](#) website to submit comments.

The 2022 CMS QRDA I IG uses the same base Health Level 7 QRDA I standard as the 2021 CMS QRDA I IG: QRDA I, Release 1, STU Release 5.2 with errata.

The draft 2022 CMS QRDA I IG contains the high-level change compared with the 2021 CMS QRDA I IG:

- Updates to Section 6 Hybrid Measure/CCDE Voluntary Submission for the 2022 voluntary reporting period

Information about submitting comments:

- Ticket number: [QRDA-971](#)
- You must have a JIRA account to submit a comment.
- We are accepting comments until 5:00 p.m. ET on March 24, 2021.

Please note, this is a *draft* document and the contents are subject to change. Contents may change based on final rules and your comments. We look forward to receiving your feedback on the draft 2022 CMS QRDA I IG.

Additional QRDA-Related Resources:

To find out more about QRDA and eCQMs, visit the [Electronic Clinical Quality Improvement Resource Center](#).

For questions related to the QRDA IGs and/or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).

Distributed March 22, 2021:



REMINDER: Now Accepting Public Comments on the Draft 2022 CMS QRDA I Implementation Guide for Hospital Quality Reporting

The Centers for Medicare & Medicaid Services (CMS) has posted the draft 2022 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting (HQR) for public comment. The draft IG will be available for public comment starting on **March 3, 2021** and ending at 5:00 p.m. Eastern Time (ET) on **March 24, 2021**. The 2022 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report electronic clinical quality measures (eCQMs) for the calendar year 2022 reporting period. Visit the [QRDA Issue Tracker on the ONC Project Tracking System \(Jira\)](#) website to submit comments.

The 2022 CMS QRDA I IG uses the same base Health Level 7 QRDA I standard as the 2021 CMS QRDA I IG: QRDA I, Release 1, STU Release 5.2 with errata.

The draft 2022 CMS QRDA I IG contains the high-level change compared with the 2021 CMS QRDA I IG:

- Updates to Section 6 Hybrid Measure/CCDE Voluntary Submission for the 2022 voluntary reporting period.

Information about submitting comments:

- Ticket number: [QRDA-971](#).
- You must have a JIRA account to submit a comment.
- We are accepting comments until 5:00 p.m. ET on March 24, 2021.

Please note, this is a *draft* document and the contents are subject to change. Contents may change based on final rules and your comments. We look forward to receiving your feedback on the draft 2022 CMS QRDA I IG.

Additional QRDA-Related Resources:

To find out more about QRDA and eCQMs, visit the [Electronic Clinical Quality Improvement Resource Center](#).

For questions related to the QRDA IGs and/or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).

Now Available: eCQMs Webinar and Video Series

In Case You Missed It: CMS, The Joint Commission, and Mathematica released a series of video shorts on topics related to eCQMs. Episodes are approximately 2-3 minutes long and offer a brief overview of topics including eCQM resources, eCQM constructs and logic expression language concepts (CQL, FHIR). Access all of the links to the videos [here](#).

In Case You Missed It: CMS, The Joint Commission, and Mathematica released a series of webinars that highlight changes made to eCQMs as part of the annual update process. Each full length webinar is approximately 45 minutes long and offers an in-depth explanation of updates made to a specific measure. Additionally, a full length webinar reviews the intent and structure of the new eCQM, Safe Use of Opioids – Concurrent Prescribing. Access all of the links to the videos [here](#).

Distributed March 25, 2021:



CMS is Now Accepting Proposals for New Measures for the Medicare Promoting Interoperability Program

The Centers for Medicare & Medicaid Services (CMS) [Annual Call for Measures](#) for eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program is now open. Submit a measure proposal by **Wednesday, June 30, 2021**.

Proposals submitted by the deadline will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition and/or 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 burden; and
- Align with the MIPS Promoting Interoperability Performance Category.

Applicants should also consider the following when submitting their proposal:

- Health IT activities that may be attested to in lieu of traditional reporting;
- Potential new Opioid Use Disorder prevention and treatment related measures; and
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes.

Submission Details

Proposals must be sent to CMSPICallforMeasures@ketchum.com. Applicants will receive email confirmations of their submission.

Submission forms must be complete to be considered. Proposals that do not provide information for every field/section in the form 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.

Resources

- [Medicare Promoting Interoperability Program Call for Measures Submission Form](#)
- [Medicare Promoting Interoperability Program Call for Measures Fact Sheet](#)

For More Information

Visit the [2021 Call for Measures](#) page on the [Promoting Interoperability Programs](#) website.

Distributed March 29, 2021:



The Deadline to Submit Your 2020 Data for the Medicare Promoting Interoperability Program is Thursday, April 1st

The Centers for Medicare & Medicaid Services (CMS) reminds all Medicare Promoting Interoperability Program participants that the deadline to submit 2020 data is **Thursday, April 1, 2021 at 11:59 p.m. ET.**

Medicare Promoting Interoperability Program participants are required to register and attest through the [QualityNet Secure Portal](#).

Specific submission details for each program are listed below:

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** – These participants must attest to CMS through the [QualityNet Secure Portal](#).
- **Medicaid Eligible Professionals (EPs), Eligible Hospitals, CAHs** – These participants should follow the requirements of their State Medicaid agencies to submit their meaningful use attestation.
- **Dual-Eligible Hospitals and CAHs** – Those who qualify for both the Medicare and Medicaid Promoting Interoperability Programs are required to demonstrate meaningful use to CMS through the [QualityNet Secure Portal](#) (not their State Medicaid agency).

For More Information

Visit the [Registration and Attestation](#) page on the [CMS Promoting Interoperability Programs website](#).

Medicare & dual-eligible hospitals participating in the Medicare & Medicaid Promoting Interoperability Programs may contact the QualityNet help desk for assistance at 1 (866) 288-8912 or qnet-support@hcqis.org.

Distributed April 28, 2021:



CMS Issues FY 2022 IPPS and LTCH Prospective Payment System Proposed Rule

On April 27, 2021, the Centers for Medicare & Medicaid Services (CMS) issued the [Fiscal Year 2022 Inpatient Prospective Payment Systems \(IPPS\) for Acute Care Hospitals and the Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) Proposed Rule](#).

Proposed changes to the Medicare Promoting Interoperability Program include, but are not limited to:

- Maintaining a continuous 90-day EHR reporting period for new and returning participants (eligible hospitals and CAHs) in the Medicare Promoting Interoperability Program for calendar years (CY) 2022 and 2023, and transitioning to a continuous 180-day EHR reporting period beginning in CY 2024 for all new and returning program participants;
- Increasing the available bonus points for the Electronic Prescribing Objective's Query of Prescription Drug Monitoring Program measure from 5 points to 10 points;
- Updating the Provide Patients Electronic Access to their Health Information measure to require hospitals and CAHs to maintain electronic health information from encounters on or after January 1, 2016;
- Adopting the Health Information Exchange Bi-Directional Exchange measure (worth 40 points) as part of the Health Information Exchange Objective as an alternative to the 2 existing measures;
- Requiring reporting on 4 of the Public Health and Clinical Data Exchange Objective measures: Syndromic Surveillance Reporting; Immunization Registry Reporting; Electronic Case Reporting; and Electronic Reportable Laboratory Result Reporting, which is worth up to 10 points;
 - The Public Health Registry Reporting and Clinical Data Registry Reporting measures will remain optional and available for a total of 5 bonus points.
- Requiring eligible hospitals and CAHs to attest to having completed an annual assessment via a SAFER Guides measure, under the Protect Patient Health Information objective, beginning January 1, 2022;
- Removing attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's prevention of information blocking requirement;
- Increasing the minimum scoring threshold from 50 points to 60 points;

- Adopting 2 new electronic clinical quality measures (eCQMs) beginning with the reporting period in CY 2023, and removing 4 eCQMs beginning with the reporting period in CY 2024; and
- Requiring use of the 2015 Edition Cures Update beginning in CY 2023 for all available eCQMs. To learn more about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act final rule](#).

For More Information

To learn more about these and other proposed changes, review the [proposed rule](#), [press release](#), and this [fact sheet](#).

Distributed May 4, 2021:



CMS Accepting Proposals for New Measures for the Medicare Promoting Interoperability Program until June 30

The Centers for Medicare & Medicaid Services (CMS) wants to remind eligible hospitals and critical access hospitals that the [Annual Call for Measures](#) for the Medicare Promoting Interoperability Program is open through **Wednesday, June 30, 2021**.

Proposals submitted by the deadline will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of certified electronic health record technology using 2015 Edition and/or 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 burden; and
- Align with the MIPS Promoting Interoperability Performance Category.

Applicants should also consider the following when submitting their proposal:

- Health IT activities that may be attested to in lieu of traditional reporting;
- Potential new Opioid Use Disorder prevention and treatment related measures; and
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes.

Submission Details

Proposals must be sent to CMSPICallforMeasures@ketchum.com. Applicants will receive email confirmations of their submission.

Submission forms must be complete to be considered. Proposals that do not provide information for every field/section in the form 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.

Resources

- [Medicare Promoting Interoperability Program Call for Measures Submission Form](#)
- [Medicare Promoting Interoperability Program Call for Measures Fact Sheet](#)

For More Information

Visit the [Call for Measures](#) page on the [Promoting Interoperability Programs](#) website.

Distributed May 10, 2021:



Provide Feedback on Proposed Changes to the Medicare Promoting Interoperability Program for Hospitals

On April 27, 2021, the Centers for Medicare & Medicaid Services (CMS) issued the [Fiscal Year 2022 Inpatient Prospective Payment Systems \(IPPS\) for Acute Care Hospitals and the Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) Proposed Rule](#).

Submit a Formal Comment

Comments on the FY 2022 IPPS and LTCH PPS Proposed Rule are due no later than 5 p.m. Eastern Daylight Time, **June 28, 2021**. The public can submit comments in several ways:

- By regular mail;
- By express or overnight mail;
- Electronically: Through the “submit a comment” instructions on the Federal Register.

Please review the proposed rule for specific instructions for each method and submit comments by **one method** only.

More Information on the FY 2022 IPPS and LTCH PPS Proposed Rule

Page numbers [25628](#) – [25654](#)

Proposed changes to the Medicare Promoting Interoperability Program include, but are not limited to:

- Maintaining a continuous 90-day EHR reporting period for new and returning participants (eligible hospitals and CAHs) in the Medicare Promoting Interoperability Program for calendar years (CY) 2022 and 2023, and transitioning to a continuous 180-day EHR reporting period beginning in CY 2024 for all new and returning program participants;
- Increasing the available bonus points for the Electronic Prescribing Objective’s Query of Prescription Drug Monitoring Program measure from 5 points to 10 points;
- Updating the Provide Patients Electronic Access to their Health Information measure to require hospitals and CAHs to maintain electronic health information from encounters on or after January 1, 2016;

- Adopting the Health Information Exchange Bi-Directional Exchange measure (worth 40 points) as part of the Health Information Exchange Objective as an alternative to the 2 existing measures;
- Requiring reporting on 4 of the Public Health and Clinical Data Exchange Objective measures: Syndromic Surveillance Reporting; Immunization Registry Reporting; Electronic Case Reporting; and Electronic Reportable Laboratory Result Reporting, which is worth up to 10 points;
 - The Public Health Registry Reporting and Clinical Data Registry Reporting measures will remain optional and available for a total of 5 bonus points.
- Requiring eligible hospitals and CAHs to attest to having completed an annual assessment via a SAFER Guides measure, under the Protect Patient Health Information objective, beginning January 1, 2022;
- Removing attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's prevention of information blocking requirement;
- Increasing the minimum scoring threshold from 50 points to 60 points;
- Adopting 2 new electronic clinical quality measures (eCQMs) beginning with the reporting period in CY 2023, and removing 4 eCQMs beginning with the reporting period in CY 2024; and
- Requiring use of the 2015 Edition Cures Update beginning in CY 2023 for all available eCQMs. To learn more about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act final rule](#).

For More Information

Review this [press release](#) and [fact sheet](#) on the proposed rule. To view the proposed rule (CMS-1752-P), please visit the [Federal Register](#).

Distributed May 24, 2021:



Important Information on Upcoming Medicare Promoting Interoperability Program Deadlines

The Centers for Medicare & Medicaid Services (CMS) would like to remind Medicare Promoting Interoperability Program participants about the following upcoming deadlines:

Formal Comments on the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS) and Long-Term Acute Care Hospital (LTCH) Prospective Payment System (PPS) Proposed Rule

Comments on the FY 2022 IPPS and LTCH PPS Proposed Rule are due no later than **5 p.m. Eastern Time (ET) on June 28, 2021**. The public can submit comments by **one** of several ways:

- By regular mail
- By regular, express or overnight mail
- Electronically: Through the “submit a comment” instructions on the Federal Register

Please review the proposed rule for specific instructions for each method and submit comments by **one method** only. Review this [press release](#) and [fact sheet](#) on the proposed rule. To view the proposed rule (CMS-1752-P), please visit the [Federal Register](#).

Measure Proposals for Medicare Promoting Interoperability Program

CMS encourages you to submit [measure proposals](#) for the [Annual Call for Measures](#) for eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability Program. Proposals must be submitted to CMSPICallforMeasures@ketchum.com by **Wednesday, June 30, 2021**.

Medicare Promoting Interoperability Program Hardship Exception Application

Medicare eligible hospitals and CAHs may be exempt from Medicare penalties and avoid a payment adjustment if they can show that compliance with the requirement for being a meaningful electronic health records user would result in a significant hardship. To be considered for an exemption, eligible hospitals and CAHs must submit a hardship exception application [electronically](#) or by calling the QualityNet Help Desk at (866) 288-8912 by **Wednesday, September 1, 2021**.

For More Information

For more information about these deadlines, please visit the [Promoting Interoperability Programs website](#).

Distributed May 27, 2021:



Now Accepting Public Comments on the Draft 2022 CMS QRDA III Implementation Guide and Schematron for Eligible Clinicians and Eligible Professionals Programs

The draft 2022 Centers for Medicare & Medicaid Services (CMS) Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG) and Schematron for Eligible Clinicians and Eligible Professionals Programs are now available for public comment starting on **May 27, 2021** and ending on **June 17, 2021**. The 2022 CMS QRDA III IG outlines requirements for eligible clinicians and eligible professionals to report electronic clinical quality measures for the calendar year 2022 performance period. Visit the [ONC Project Tracking System \(Jira\) website](#) to submit public comments by June 17, 2021.

The draft 2022 CMS QRDA III IG contains these high-level changes, as compared with the 2021 CMS QRDA III IG:

- Relevant updates have been made for the Comprehensive Primary Care Plus (CPC+) Model.
- Relevant updates have been made for the Primary Care First (PCF) Model.
- Updates from the recently published 2021 CMS QRDA III IG v1.3 to support Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM) Performance Pathway (APP) have been carried forward to this draft.

Changes to the 2022 CMS QRDA III Schematron:

- The Schematron has been updated to support conformance statement updates as outlined in this draft version of the IG.

How to submit comments:

- Ticket number: [QRDA-991](#).
- You must have a Jira account to submit a comment.
- We will accept comments until 5:00 p.m. ET on June 17, 2021.

Please note, these are *draft* documents and the contents are subject to change. Content may change based on the final rule and updated measure tables are anticipated post-final rule publication. We look forward to receiving your feedback on the draft 2022 CMS QRDA III IG and Schematron.

Additional QRDA-Related Resources:

Find additional QRDA-related resources, as well as current and past implementation guides, on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#). For questions related to this guidance, the QRDA Implementation Guides, or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).

Distributed June 7, 2021:



Provide Feedback on Proposed Changes to the Medicare Promoting Interoperability Program for Hospitals

On April 27, 2021, the Centers for Medicare & Medicaid Services (CMS) issued the [Fiscal Year 2022 Inpatient Prospective Payment Systems \(IPPS\) for Acute Care Hospitals and the Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) Proposed Rule](#).

Submit a Formal Comment

Comments on the FY 2022 IPPS and LTCH PPS Proposed Rule are due no later than 5 p.m. Eastern Daylight Time, **June 28, 2021**. The public can submit comments in several ways:

- By regular mail;
- By express or overnight mail;
- Electronically: Through the “submit a comment” instructions on the Federal Register.

Please review the proposed rule for specific instructions for each method and submit comments by **one method** only.

Proposed changes to the Medicare Promoting Interoperability Program include, but are not limited to:

- Maintaining a continuous 90-day EHR reporting period for new and returning participants [eligible hospitals and critical access hospitals (CAHs)] in the Medicare Promoting Interoperability Program for calendar years (CY) 2022 and 2023, and transitioning to a continuous 180-day EHR reporting period beginning in CY 2024 for all new and returning program participants;
- Increasing the available bonus points for the Electronic Prescribing Objective’s Query of Prescription Drug Monitoring Program measure from 5 points to 10 points;
- Updating the Provide Patients Electronic Access to their Health Information measure to require hospitals and CAHs to maintain electronic health information from encounters on or after January 1, 2016;
- Adopting the Health Information Exchange Bi-Directional Exchange measure (worth 40 points) as part of the Health Information Exchange Objective as an alternative to the 2 existing measures;
- Requiring reporting on 4 of the Public Health and Clinical Data Exchange Objective measures: Syndromic Surveillance Reporting; Immunization Registry Reporting;

Electronic Case Reporting; and Electronic Reportable Laboratory Result Reporting, which is worth up to 10 points;

- The Public Health Registry Reporting and Clinical Data Registry Reporting measures will remain optional and available for a total of 5 bonus points.
- Requiring eligible hospitals and CAHs to attest to having completed an annual assessment via a SAFER Guides measure, under the Protect Patient Health Information objective, beginning January 1, 2022;
- Removing attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's prevention of information blocking requirement;
- Increasing the minimum scoring threshold from 50 points to 60 points;
- Adopting 2 new electronic clinical quality measures (eCQMs) beginning with the reporting period in CY 2023, and removing 4 eCQMs beginning with the reporting period in CY 2024; and
- Requiring use of the 2015 Edition Cures Update beginning in CY 2023 for all available eCQMs. To learn more about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act final rule](#).

For More Information

Review this [press release](#) and [fact sheet](#) on the proposed rule. To view the proposed rule (CMS-1752-P), please visit the [Federal Register](#).

Distributed June 9, 2021:



CMS Accepting Proposals for New Measures for the Medicare Promoting Interoperability Program until June 30

The Centers for Medicare & Medicaid Services (CMS) wants to remind eligible hospitals and critical access hospitals that the [Annual Call for Measures](#) for the Medicare Promoting Interoperability Program is open through **Wednesday, June 30, 2021**.

Proposals submitted by the deadline will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of certified EHR technology using 2015 Edition and/or 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 burden; and
- Align with the Merit-based Incentive Payment System Promoting Interoperability Performance Category.

Applicants should also consider the following when submitting their proposal:

- Health IT activities that may be attested to in lieu of traditional reporting;
- Potential new Opioid Use Disorder prevention and treatment related measures; and
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes.

Submission Details

Proposals must be sent to CMSPICallforMeasures@ketchum.com. Applicants will receive email confirmations of their submission.

Submission forms must be complete to be considered. Proposals that do not provide information for every field/section in the form 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.

Resources

- [Medicare Promoting Interoperability Program Call for Measures Submission Form](#)
- [Medicare Promoting Interoperability Program Call for Measures Fact Sheet](#)

For More Information

Visit the [Annual Call for Measures](#) page on the [Promoting Interoperability Programs](#) website.

Distributed June 17, 2021:



Don't Forget to Provide Feedback on Proposed Changes to the Medicare Promoting Interoperability Program

On April 27, 2021, the Centers for Medicare & Medicaid Services (CMS) issued the [Fiscal Year \(FY\) 2022 Inpatient Prospective Payment Systems \(IPPS\) for Acute Care Hospitals and the Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) Proposed Rule](#).

Don't Forget to Submit a Formal Comment

Comments on the FY 2022 IPPS and LTCH PPS Proposed Rule are due no later than 5 p.m. Eastern Daylight Time, **June 28, 2021**. The public can submit comments in several ways:

- By regular mail;
- By express or overnight mail; or
- Electronically: Through the "submit a comment" instructions on the Federal Register.

Please review the proposed rule for specific instructions for each method and submit comments by **one method** only.

More Information on the FY 2022 IPPS and LTCH PPS Proposed Rule

Proposed changes to the Medicare Promoting Interoperability Program include, but are not limited to:

- Maintaining a continuous 90-day EHR reporting period for new and returning participants (eligible hospitals and Critical Access Hospitals [CAHs]) in the Medicare Promoting Interoperability Program for calendar years (CY) 2022 and 2023, and transitioning to a continuous 180-day EHR reporting period beginning in CY 2024 for all new and returning program participants;
- Increasing the available bonus points for the Electronic Prescribing Objective's Query of Prescription Drug Monitoring Program measure from 5 points to 10 points;
- Updating the Provide Patients Electronic Access to their Health Information measure to require hospitals and CAHs to maintain electronic health information from encounters on or after January 1, 2016;
- Adopting the Health Information Exchange Bi-Directional Exchange measure (worth 40 points) as part of the Health Information Exchange Objective as an alternative to the 2 existing measures;

- Requiring reporting on 4 of the Public Health and Clinical Data Exchange Objective measures: Syndromic Surveillance Reporting; Immunization Registry Reporting; Electronic Case Reporting; and Electronic Reportable Laboratory Result Reporting, which is worth up to 10 points;
 - The Public Health Registry Reporting and Clinical Data Registry Reporting measures will remain optional and available for a total of 5 bonus points.
- Requiring eligible hospitals and CAHs to attest to having completed an annual assessment via a SAFER Guides measure, under the Protect Patient Health Information objective, beginning January 1, 2022;
- Removing attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's prevention of information blocking requirement;
- Increasing the minimum scoring threshold from 50 points to 60 points;
- Adopting 2 new electronic clinical quality measures (eCQMs) beginning with the reporting period in CY 2023, and removing 4 eCQMs beginning with the reporting period in CY 2024; and
- Requiring use of the 2015 Edition Cures Update beginning in CY 2023 for all available eCQMs. To learn more about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act Final Rule](#).

For More Information

Review this [press release](#) and [fact sheet](#) on the proposed rule. To view the proposed rule (CMS-1752-P), please visit the [Federal Register](#).

Distributed June 28, 2021:



Deadline to Provide Feedback on Proposed Changes to the Medicare Promoting Interoperability Program is Today

On April 27, 2021, the Centers for Medicare & Medicaid Services (CMS) issued the [Fiscal Year \(FY\) 2022 Inpatient Prospective Payment Systems \(IPPS\) for Acute Care Hospitals and the Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) Proposed Rule](#).

Comments on the FY 2022 IPPS and LTCH PPS Proposed Rule are due no later than 5 p.m. Eastern Daylight Time, **today, June 28, 2021**. The public can submit comments electronically on the Federal Register. Please review the proposed rule for specific instructions.

More Information on the FY 2022 IPPS and LTCH PPS Proposed Rule

Proposed changes to the Medicare Promoting Interoperability Program include, but are not limited to:

- Maintaining a continuous 90-day EHR reporting period for new and returning participants (eligible hospitals and Critical Access Hospitals [CAHs]) in the Medicare Promoting Interoperability Program for calendar years (CY) 2022 and 2023, and transitioning to a continuous 180-day EHR reporting period beginning in CY 2024 for all new and returning program participants;
- Increasing the available bonus points for the Electronic Prescribing Objective's Query of Prescription Drug Monitoring Program measure from 5 points to 10 points;
- Updating the Provide Patients Electronic Access to their Health Information measure to require hospitals and CAHs to maintain electronic health information from encounters on or after January 1, 2016;
- Adopting the Health Information Exchange Bi-Directional Exchange measure (worth 40 points) as part of the Health Information Exchange Objective as an alternative to the 2 existing measures;
- Requiring reporting on 4 of the Public Health and Clinical Data Exchange Objective measures: Syndromic Surveillance Reporting; Immunization Registry Reporting; Electronic Case Reporting; and Electronic Reportable Laboratory Result Reporting, which is worth up to 10 points;
 - The Public Health Registry Reporting and Clinical Data Registry Reporting measures will remain optional and available for a total of 5 bonus points.

- Requiring eligible hospitals and CAHs to attest to having completed an annual assessment via a SAFER Guides measure, under the Protect Patient Health Information objective, beginning January 1, 2022;
- Removing attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's prevention of information blocking requirement;
- Increasing the minimum scoring threshold from 50 points to 60 points;
- Adopting 2 new electronic clinical quality measures (eCQMs) beginning with the reporting period in CY 2023, and removing 4 eCQMs beginning with the reporting period in CY 2024; and
- Requiring use of the 2015 Edition Cures Update beginning in CY 2023 for all available eCQMs. To learn more about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act final rule](#).

For More Information

Review this [press release](#) and [fact sheet](#) on the proposed rule. To view the proposed rule (CMS-1752-P), please visit the [Federal Register](#).

Distributed June 29, 2021:



Don't Forget to Submit Proposals for New Measures for the Medicare Promoting Interoperability Program

The Centers for Medicare & Medicaid Services (CMS) wants to remind eligible hospitals and critical access hospitals that the [Annual Call for Measures](#) for the Medicare Promoting Interoperability Program closes **tomorrow, June 30, at 11:59 p.m. ET**.

Proposals submitted by the deadline will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of certified electronic health record technology (CEHRT) using 2015 Edition and/or 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 burden; and
- Align with MIPS Promoting Interoperability performance category.

Applicants should also consider the following when submitting their proposal:

- Health IT activities that may be attested to in lieu of traditional reporting;
- Potential new Opioid Use Disorder prevention and treatment related measures; and
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes.

Submission Details

Proposals must be sent to CMSPICallforMeasures@ketchum.com. Applicants will receive email confirmations of their submission.

Submission forms must be complete to be considered. Proposals that do not provide information for every field/section in the form 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.

Resources

- [Medicare Promoting Interoperability Program Call for Measures Submission Form](#)
- [Medicare Promoting Interoperability Program Call for Measures Fact Sheet](#)

For More Information

Visit the [Annual Call for Measures](#) page on the [Promoting Interoperability Programs](#) website.



Submit Your Medicare Promoting Interoperability Program Hardship Exception Application Today

For performance year 2020, the Centers for Medicare & Medicaid Services (CMS) required all eligible hospitals and critical access hospitals (CAHs) to use 2015 Edition certified electronic health record technology (CEHRT) in order to meet the requirements of the Medicare Promoting Interoperability Program. As required by law, downward payment adjustments must be applied to eligible hospitals and CAHs that are not meaningful users of CEHRT.

Eligible hospitals and CAHs may be exempt from Medicare penalties if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. To be considered for an exemption, eligible hospitals and CAHs must complete a hardship exception application and provide proof of hardship. 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 in no case may an eligible hospital or CAH be granted an exception for more than five years.

The application for eligible hospitals and CAHs is available online via QualityNet as a web-based application and can be found [here](#). Previously registered users should already have account access, and new users can create an account by visiting [QualityNet](#) and selecting "Register."

Hardship Exception Application Details

- You may now submit hardship applications electronically [here](#).
- If an electronic submission is not possible, you may verbally submit your application over the phone by calling the QualityNet Help Desk at (866) 288-8912.
- The deadline for eligible hospitals and CAHs to submit an application is **September 1, 2021**.

For More Information

For more information about payment adjustments and hardship information, click [here](#). For more information on the Promoting Interoperability Programs, visit the [Promoting Interoperability Programs website](#).

Distributed August 25, 2021:



Eligible Hospitals and Critical Access Hospitals: Submit Your Medicare Promoting Interoperability Program Hardship Exception Application by Next Wednesday, September 1.

For reporting year 2020, the Centers for Medicare & Medicaid Services (CMS) required all eligible hospitals and critical access hospitals (CAHs) to use the existing 2015 Edition certified electronic health record technology (CEHRT) to meet the requirements of the Medicare Promoting Interoperability Program. As required by law, downward payment adjustments must be applied to eligible hospitals and CAHs that are not meaningful users of CEHRT.

Eligible hospitals and CAHs may be exempt from Medicare penalties if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. 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 in no case may an eligible hospital or CAH be granted an exception for more than five years.

The application for eligible hospitals and CAHs is available online via QualityNet as a web-based application and can be found [here](#). If an electronic submission is not possible, you may verbally submit your application over the phone by calling the QualityNet Help Desk at (866) 288-8912. **The deadline for eligible hospitals and CAHs to submit an application is 11:59 p.m. ET on Wednesday, September 1.**

For More Information

For more information about payment adjustments and hardship information, click [here](#). For more information on the Promoting Interoperability Programs, visit the [Promoting Interoperability Programs website](#).



Medicare Promoting Interoperability Program Participants Can Apply for Payment Adjustment Reconsideration by December 3, 2021

The American Recovery and Reinvestment Act of 2009 requires critical access hospitals (CAHs) and eligible hospitals (EHs) participating in the Medicare Promoting Interoperability Program to successfully demonstrate meaningful use of certified electronic health record (EHR) technology (CEHRT) during the applicable reporting period to avoid a downward payment adjustment for a CAH or EH applicable payment year. CAHs who are not meaningful users will receive a 100% instead of a 101% reimbursement of reasonable costs for their 2020 cost reports.

CMS applies a reduced annual payment update to the Inpatient Prospective Payment System (IPPS) for subsection (d) hospitals that aren't meaningful EHR users or haven't been granted a hardship exception. The applicable percentage increase to the IPPS payment rate will be adjusted downward for those eligible hospitals that aren't meaningful EHR users. For eligible hospitals that aren't meaningful EHR users, the percentage increases will be reduced by 75% in FY 2017 and subsequent years.

CAHs and EHs that did not successfully demonstrate meaningful use of CEHRT recently received a letter from CMS notifying them they will be subject to a negative payment adjustment. However, if you received a letter from CMS stating your CAH is subject to a negative fiscal year (FY) 2020 Medicare EHR payment adjustment, or your EH is subject to a negative FY 2022 Medicare EHR payment adjustment, and you believe this determination was reached in error, you may apply for a payment adjustment reconsideration.

Applications must be attached to an email and sent to gnetsupport@hcgis.org with the subject line "2022 Eligible Hospital Hardship Reconsideration Request" or "Critical Access Hospital FY2020 Reconsideration request" by **December 3, 2021**. If approved, this payment adjustment reconsideration is valid for the relevant year's payment adjustment only.

Both application forms are available below for hospitals wishing to apply for a reconsideration. Please review the instructions and fill out your form completely before submitting.

- [2020 Medicare Promoting Interoperability Program CAH Payment Adjustment Reconsideration Application](#)
- [2022 Medicare Promoting Interoperability Program EH Payment Adjustment Reconsideration Application](#)

For More Information

For more information about payment adjustments and hardship information, click [here](#). For more information on the Promoting Interoperability Programs, visit the [Promoting Interoperability Programs website](#).

Distributed October 29, 2021:



Deadline Extended for CY 2021 eCQM Submissions and Medicare Promoting Interoperability Program Attestation

The Centers for Medicare & Medicaid Services (CMS) has extended two deadlines affecting eligible hospitals and critical access hospitals (CAHs) participating in the Hospital Inpatient Quality Reporting (IQR) Program and/or the Medicare Promoting Interoperability Program.

- The deadline for the submission of electronic clinical quality measure (eCQM) data for the calendar year (CY) 2021 reporting period, pertaining to the fiscal year (FY) 2023 payment determination, has been changed from Monday, February 28, 2022, to **Thursday, March 31, 2022, at 11:59 p.m. Pacific Time (PT)**.
- The Medicare Promoting Interoperability Program attestation deadline for eligible hospitals and CAHs has been changed from Monday, February 28, 2022, to **Thursday, March 31, 2022, at 11:59 p.m. PT**.

For CY 2021 reporting, all other aspects of eCQM reporting requirements remain the same. Successful submission continues to be defined as reporting on at least four of the nine eCQMs available, for two self-selected quarters, utilizing a combination of Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions. The self-selected eCQMs must be the same eCQMs across quarters in a given reporting year. This information is reported through the [Hospital Quality Reporting Secure Portal](#). For hospitals participating in the Hospital IQR Program, the deadline for submitting an Extraordinary Circumstances Exceptions (ECE) request for CY 2021 eCQM reporting remains Friday, April 1, 2022.

The Medicare Promoting Interoperability Program has a separate hardship exception process. Instructions and applications for eligible hospitals and CAHs based on payment adjustment year are available on the [Scoring Payment Adjustment and Hardship Information page](#) in the Medicare Promoting Interoperability Program section of the CMS.gov website. Questions regarding this program can be directed to the [QualityNet Service Center](#).

More Information

Visit the eCQM Reporting Overview page on [QualityNet.org](#) and the Hospital IQR Program Resources and Tools page on [QualityReportingCenter.com](#) for additional information on reporting eCQMs for the Hospital IQR Program. Tools and resources for CY 2021 eCQM reporting are now available.

Information regarding Medicare Promoting Interoperability Program requirements, tip sheets, and fact sheets can be found on the CMS.gov [2021 Program Requirements](#) page. Additional

details regarding attestation via the [Hospital Quality Reporting Secure Portal](#) are available on the CMS.gov [Promoting Interoperability Program Eligible Hospital Information](#) page.

Contact Information

- For further assistance regarding the Hospital IQR Program and policy information contained in this message, which includes questions about the eCQM ECE submission process, please contact the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor at https://cmsqualitysupport.servicenowservices.com/qnet_qa or (844) 472-4477.
- Questions regarding any aspect of the attestation process and the Medicare Promoting Interoperability Program can be directed to the QualityNet Service Center at qnet-support@hcqis.org or (866) 288-8912. The QualityNet Service Center can also assist with questions regarding the Hospital Quality Reporting (HQR) System, which includes user roles, reports, data upload, and troubleshooting file errors.
- For questions regarding eCQM specifications, value sets, and appropriateness of mapping, please submit questions to the Office of the National Coordinator for Health Information Technology (ONC) CQM Issue Tracker at <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>.