

# Medicare Promoting Interoperability PROGRAM

## ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR THE 2024 EHR REPORTING PERIOD

The following information is for eligible hospitals and critical access hospitals (CAHs) attesting to CMS for their participation in the Medicare Promoting Interoperability Program in calendar year (CY) 2024.

Objective	Public Health and Clinical Data Exchange
<b>Measure</b>	<b>Antimicrobial Use and Resistance (AUR) Surveillance Reporting:</b> The eligible hospital or CAH is in active engagement with the Centers for Disease Control & Prevention’s (CDC’s) National Healthcare Safety Network (NHSN) to submit antimicrobial use and resistance (AUR) data for the electronic health record (EHR) reporting period and receives a report from NHSN indicating their successful submission of AUR data for the EHR reporting period.
<b>Exclusions</b>	Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the AUR surveillance reporting measure if the eligible hospital or CAH: <ul style="list-style-type: none"> <li>i. Does not have any patients in any patient care location for which data are collected by the NHSN during the EHR reporting period;</li> <li>ii. Does not have electronic medication administration records (eMAR)/barcoded medication administration (BCMA) records or electronic admission discharge transfer (ADT) system during the EHR reporting period;</li> <li>iii. Does not have an electronic laboratory information system or ADT system during the EHR reporting period.</li> </ul>

### Definition of Terms

**Active Engagement:** Means that the eligible hospital or CAH is in the process of moving towards sending "production data" to NHSN or is sending production data to NHSN.

**Active Engagement Option 1: Pre-production and Validation:** The eligible hospital or CAH registered to submit data within NHSN; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from NHSN to begin testing and



validation. Then, the eligible hospital or CAH begins the process of testing and validation of the electronic submission of data.

Eligible hospitals or CAHs must respond to requests from NHSN within 30 days; failure to respond twice within an EHR reporting period would result in that eligible hospital or CAH not meeting the measure.

*Note:* This option allows eligible hospitals or CAHs to meet the measure when NHSN has limited resources to initiate the testing and validation process. Eligible hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

**Active Engagement Option 2: Validated Data Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to NHSN.

**Production Data:** Refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and “test data” which may be submitted for the purposes of enrolling in and testing electronic data transfers.

## Reporting Requirements

- YES/NO Attestation - The eligible hospital or CAH must attest YES to being in active engagement with NHSN to submit AUR surveillance data.
- The eligible hospital or CAH must also submit their level of active engagement for each measure that they submit.
- The EHR reporting period in 2024 for participants attesting to CMS is a minimum of any continuous 180-day period within the calendar year.
- Eligible hospitals and CAHs are required to report on the following five measures under the Public Health and Clinical Data Exchange objective: Immunization Registry Reporting, Syndromic Surveillance Reporting, Electronic Case Reporting, Electronic Reportable Laboratory Reporting, and Antimicrobial Use and Resistance (AUR) Surveillance.

## Scoring Information

- Total points available for attesting to the five required measures: 25 points.
- 100 total points will be available for the required objectives and measures of the Medicare Promoting Interoperability Program.
- Failure to report at least a “1” for all required measures with a numerator or reporting a “No” for a Yes/No response measure will result in a total score of 0 points for the Medicare Promoting Interoperability Program. Such eligible hospitals or CAHs who fail to achieve a minimum total score of 60 points are not considered meaningful users and may be subject to a downward payment adjustment.
- If an eligible hospital or CAH can claim an exclusion for three or fewer of the five required measures, 25 points will be granted for the Public Health and Clinical Data Exchange objective if they report

YES for one or more of the measures and claim applicable exclusions for which they qualify for the remaining measures.

- If an exclusion is claimed for each of the five measures, 25 points are redistributed to the Provide Patients Electronic Access to their Health Information measure.
- *Rounding:* When calculating the performance rates and measure and objective scores, scores will be rounded to the nearest whole number.
- *Reminder:* In order to earn a score greater than zero, an eligible hospital or CAH must complete the activities required by the Security Risk Analysis and SAFER Guides measures, submit their complete numerator and denominator or Yes/No data for all required measures, submit their level of engagement for the Public Health and Clinical Exchange measures, attest to the Actions to limit or restrict the compatibility or interoperability of CEHRT statement, and the ONC Direct Review attestation, as well as report on the required electronic clinical quality measure data.

## Additional Information

- For an EHR reporting period in CY 2024, eligible hospitals and CAHs must use technology certified updated to the 2015 Edition Cures Update to meet the CEHRT definition.
- To learn more about the 2015 Edition Cures Update and the changes to 2015 Edition certification criteria finalized in the 21<sup>st</sup> Century Cures Act final rule (85 FR 25642), we encourage hospitals to visit <https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update>.
- To check whether a health IT product that has been certified updated for the 2015 Edition Cures Update criteria, visit the Certified Health IT Product List (CHPL) at <https://chpl.healthit.gov/>.
- Certified functionality must be used as needed for a measure action to count in the numerator during an EHR reporting period. However, in some situations the product may be deployed during the EHR reporting period but pending certification. In such cases, the product must be certified by the last day of the EHR reporting period.
- Eligible hospitals or CAHs that have previously registered, tested, or begun ongoing submission of data to NHSN do not need to “restart” the process.
- Reporting on more than one of the two optional measures for this objective will not result in more than 5 bonus points.
- For more information from PHAs on the local implementation guides, which programs and implementation guides are supported, contact information, and more, please visit <https://www.healthit.gov/isa/appendix-iv-state-and-local-public-health-readiness-interoperability>.

## Regulatory References

- For further discussion, please see 87 FR 49335 through 49337.
- In order to meet this measure, an eligible hospital or CAH must use technology certified to the criterion at 45 CFR 170.315 (f)(6).

## Certification Criteria

Below are the corresponding certification criteria for EHR technology that support this measure.

### Certification Criteria

[§ 170.315\(f\)\(6\) Transmission to public health agencies — antimicrobial use and resistance reporting](#)