

## MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE HOSPITALS, CRITICAL ACCESS HOSPITALS, AND DUAL-ELIGIBLE HOSPITALS ATTESTING TO CMS OBJECTIVES AND MEASURES FOR 2020

The following information is for eligible hospitals, critical access hospitals (CAHs), and dual-eligible hospitals attesting to CMS for their participation in the Medicare Promoting Interoperability Program in 2020. Those attesting to their state should refer to the 2020 Promoting Interoperability Medicaid specification sheets.

Objective	Public Health and Clinical Data Exchange
Measure	<b>Syndromic Surveillance Reporting</b> The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit syndromic surveillance data from an urgent care setting.
Exclusion	Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: <ul style="list-style-type: none"><li>I. Does not have an emergency or urgent care department;</li><li>II. Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the electronic health record (EHR) reporting period; or</li><li>III. Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of six months prior to the start of 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 a PHA or clinical data registry (CDR), or is sending production data to a PHA or CDR.

**Active Engagement Option 1:** Completed Registration to Submit Data: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; 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 the PHA or CDR to begin testing and validation. This option allows eligible hospitals or CAHs to meet the measure when the PHA or the CDR 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:** Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Eligible hospitals or CAHs must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that eligible hospital or CAH not meeting the measure.

**Active Engagement Option 3:** Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

**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 - The eligible hospital or CAH must attest YES to being in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting.
- The EHR reporting period in 2020 for new and returning participants attesting to CMS is a minimum of any continuous 90-day period within the calendar year.
- Eligible hospitals and CAHs are required to report on any **two measures** under the Public Health and Clinical Data Exchange objective of the eligible hospital or CAH's choice.

## Scoring Information

- Total points available for attesting to two measures: 10 points.

- If one exclusion is claimed, but one measure is attested to, the 10 points will be granted for the Public Health and Clinical Data Exchange objective.
- If two exclusions are claimed, then the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.
- 100 total points will be available for the required objectives and measures of the Medicare Promoting Interoperability Program.
- In order to earn a score greater than zero, an eligible hospital or CAH must complete the activities required by the Security Risk Analysis measure and submit their complete numerator and denominator or yes/no data for all required measures.
- *Rounding:* When calculating the performance rates and measure and objective scores, we stated that we would generally round to the nearest whole number. Scores under 50 points would not be considered meaningful users.

### Additional Information

- Continuing in program year 2020, eligible hospitals and CAHs must use 2015 Edition CEHRT. The 2015 Edition functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. The eligible hospital or CAH must be using the 2015 Edition functionality for the full EHR reporting period. In many situations the product may be deployed, but pending certification.
- If PHAs have not declared six months before the start of the EHR reporting period whether the registry they are offering will be ready on January 1 of the upcoming year for use by providers seeking to meet EHR reporting periods in that upcoming year, an eligible hospital or CAH can claim an exclusion.
- Eligible hospitals or CAHs who have previously registered, tested, or begun ongoing submission of data to a registry do not need to “restart” the process.
- An exclusion does not apply if an entity designated by PHA can receive electronic syndromic surveillance data submissions. For example, if the PHA cannot accept the data directly or in the standards required by CEHRT, but if it has designated a HIE to do so on their behalf and the health information exchange is capable of accepting the information in the standards required by CEHRT, the provider could not claim the second exclusion.

### Regulatory References

- The measure’s objective may be found in Section 42 of the code of the federal register at 495.24 (e)(8)(i). For further discussion, please see [83 FR 41634 through 41677](#).
- In order to meet this measure, an eligible hospital or CAH must possess the capabilities and standards of CEHRT at 45 CFR 170.315 (f)(2).

## Certification Criteria and Standards

Below is the corresponding certification criteria and standards for EHR technology that supports this measure.

### Certification Criteria

Information about certification for 2015 Edition CEHRT can be found at:  
[§ 170.315 \(f\)\(2\) Transmission to public health agencies – syndromic surveillance](#)

### Certification Standards

Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub:  
<https://www.healthit.gov/topic/certification/2015-standards-hub>