

**Medicare Promoting Interoperability**  
*PROGRAM*

**Medicare Promoting  
Interoperability Program  
Frequently Asked Questions  
(FAQs)**



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## General

### 1. ***Who is required to participate in the Medicare Promoting Interoperability Program?***

The program is open to eligible hospitals and critical access hospitals (CAHs) that receive federal funds from Medicare. Those that do not participate are subject to a negative payment adjustment.

### 2. ***What are the requirements for successfully reporting data for the Medicare Promoting Interoperability Program?***

To be considered a successful participant in the program, eligible hospitals and CAHs must:

- Use the appropriate edition of Certified Electronic Health Record Technology (CEHRT),
- Attest to the required objectives and their measures for the required EHR reporting period,
- Satisfy the minimum score requirement,
- Report on the required amount of Electronic Clinical Quality Measure (eCQM) data, and
- Attest to the following:
  - The annual self-assessment of the SAFER Guides measure, with a “yes/no” attestation;
  - The Security Risk Analysis measure; and
  - The Actions to limit or restrict the compatibility or interoperability of CEHRT attestation.

### 3. ***How does the Medicare Promoting Interoperability Program differ from the Medicare and Medicaid EHR Incentive Programs?***

The EHR Incentive Programs were introduced in 2011 as part of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The programs encouraged eligible professionals (EPs), eligible hospitals, Medicare Advantage (MA) 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).

Starting in 2018, for a greater focus on interoperability and improving patient access to health information, the programs were renamed to the Medicare & Medicaid Promoting Interoperability Programs and the program requirements were overhauled to align to this new focus. In 2022, CMS discontinued the Medicaid Promoting Interoperability Program leaving the Medicare Promoting Interoperability Program as the only active program. Eligible clinicians that previously participated in the Medicare & Medicaid EHR Incentive Programs are now required to participate in the Merit-based Incentive Payment System (MIPS).

## Objectives and Measures

### 4. **What are the required objectives and measures under the Medicare Promoting Interoperability Program?**

Eligible hospitals and CAHs are required to report on measures from each of the program's four scored objectives:

Electronic Prescribing	Health Information Exchange
Provider to Patient Exchange	Public Health & Clinical Data Exchange

### 5. **Are there bonus measures?**

For CY 2022 EHR reporting period, the following measures are considered bonus measures:

- Query of Prescription Drug Monitoring Program (PDMP) – 10 bonus points
- Public Health Registry Reporting OR Clinical Data Registry Reporting - 5 bonus points

### 6. **What is the Health Information Exchange Bi-Directional Exchange Measure?**

The Health Information Exchange (HIE) Bi-Directional Exchange measure was adopted in the Medicare Promoting Interoperability Program beginning with the CY 2022 EHR reporting period. It measures hospitals providing a bi-directional flow through HIE (e.g., a patient's health information would flow via HIE). Currently, this measure is worth 40 points.

If attesting to this new measure, participants are no longer required to attest on the two other HIE measures - Support Electronic Referral Loops by Sending Health Information and Support Electronic Referral Loops by Receiving and Incorporating Health Information to meet the requirements of the Health Information Exchange objective.

Support Electronic Referral Loops by Sending Health Information (20 points)	Support Electronic Referral Loops by Receiving and Reconciling Health Information (20 points)	OR	Bi-Directional Exchange through Health Information Exchange (40 points)
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The HIE Bi-Directional Exchange measure is a “yes/no” attestation. This means participants must either attest to “Yes” (requires an HIE provide this bi-directional flow for every inpatient encounter, transition, or referral) on this measure, or submit numerators and denominators for both the Support Electronic Referral Loops by Sending Health Information and Support Electronic Referral Loops by Receiving and Reconciling Health Information measures.

**7. Which measures under the Public Health and Clinical Data Exchange objective are required?**

For CY 2022 EHR reporting period, we require reporting on four of the Public Health and Clinical Data Exchange Objective measures that are worth up to 10 total points. All four measures are “yes/no” attestations.

- Syndromic Surveillance Reporting,
- Immunization Registry Reporting,
- Electronic Case Reporting, and
- Electronic Reportable Laboratory Result Reporting.

As a reminder, the Public Health Registry Reporting and Clinical Data Registry Reporting measures are optional and available for a total of 5 bonus points.

**8. What if we cannot attest to every required measure?**

Each measure contributes to your total Medicare Promoting Interoperability Program score. Eligible hospitals or CAHs that submit less than a 1 in the numerator or report a “no” for a required measure or attestation will not earn a score. These hospitals or CAHs will not be considered meaningful EHR users and will be subject to a negative payment adjustment.

## SAFER Guides

**9. What are the SAFER Guides?**

As part of the [FY 2022 Hospital Inpatient Prospective Payment Systems \(IPPS\) for Acute Care Hospital and Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) Final Rule](#), CMS added the Safety Assurance Factors for EHR Resilience (SAFER) Guides measure as an additional measure, to further support the Medicare Promoting Interoperability Program’s goals of improved EHR use and healthcare quality.

Beginning with the CY 2022 EHR reporting period, participants are required to attest on an annual basis to whether or not they have completed a self-assessment on the 9 SAFER Guides at any point during the calendar year. This measure will not be scored, and an attestation of yes or no is acceptable and will not affect the total score or status.

**10. What does attesting “Yes” or “No” to the SAFER Guides indicate?**

Attesting “yes” indicates that a hospital conducted an annual self-assessment of the 9 SAFER guides. Attesting “no” signifies that a hospital did not complete a self-assessment of the 9 SAFER guides.

**11. Are the SAFER Guides separate from the Security Risk Analysis measure?**

Yes, the SAFER Guides measure is separate from the Security Risk Analysis measure. For the Security Risk Analysis measure, participants must conduct or review a security risk analysis of their CEHRT and address the encryption/security of data, implement updates as necessary, and then submit a

“yes/no” attestation of completion. A “yes” response is required to fulfill the measure.

Attestation to both the SAFER Guides measure and the Security Risk Analysis measure on an annual basis are required to successfully meet the program requirements each year.

**12. *Where are the SAFER Guides located?***

All of the SAFER Guides can be found on the Office of the National Coordinator for Health Information Technology (ONC) [website](#).

## **Certified Electronic Health Record Technology (CEHRT)**

**13. *What is CEHRT and why do I have to use CEHRT?***

To efficiently capture and share patient data, health care providers need certified electronic health record (EHR) technology (CEHRT) that stores data in a structured format. Structured data allow health care providers to easily retrieve and transfer patient information and use the EHR in ways that can aid patient care.

**14. *What are the CEHRT requirements?***

For CY 2022 EHR reporting period, in order to be considered a meaningful user and avoid a negative payment adjustment, program participants may use technology meeting the:

- (1)** existing 2015 Edition certification criteria,
- (2)** the 2015 Edition Cures Update criteria, or
- (3)** a combination of the two in order to meet the certified electronic health record (EHR) technology (CEHRT) definition, as finalized in the [Calendar Year \(CY\) 2021 Physician Fee Schedule final rule \(85 FR 84818 through 84828\)](#).

**15. *When do I need to be using my CEHRT?***

A hospital’s CEHRT functionality must be in place by the first day of the hospital’s applicable EHR reporting period but must be certified by the last day of the EHR reporting period. Eligible hospital or CAHs must be using their selected version’s functionality for the full EHR reporting period.

## **Electronic Clinical Quality Measures (eCQM) Reporting**

**16. *What are eCQMs?***

Electronic clinical quality measures (eCQMs) use data electronically extracted from electronic health records (EHRs) and/or health information technology systems to measure the quality of health care services that provided.

There are several benefits of using eCQMs:

- eCQMs use clinical data to assess the outcomes of treatment by measured entities.

- eQMs reduce the burden of manual abstraction and reporting for measured entities.
- eQMs foster the goal of access to real-time data for point of care quality improvement and clinical decision support.

CMS requires that Medicare Promoting Interoperability Program participants report on eQMs.

**17. *How many eQMs are required to be reported? What is the reporting period?***

For CY2022 EHR reporting period, eligible hospitals and CAHs are required to report on at least three eQMs, plus the Safe Use of Opioids – Concurrent Prescribing measure, for a total of four eQMs.

For the calendar year (CY) 2022 eQm reporting period, hospitals are required to report three self-selected quarters of CY 2022 data.

## Scoring Methodology

**18. *What score does a hospital need to be considered a successful participant?***

Eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program must score a minimum of the total required points as specified by CMS to satisfy the scoring requirement and successfully attest.

For the CY 2022 EHR reporting period, participants must score a minimum of 60 out of a possible 100 points.

**19. *How are final scores calculated?***

CMS adds the scores for each of the individual measures together to calculate the total score of up to 100 possible points for each eligible hospital or CAH.

**20. *What if my final score is under the required amount of points?***

Eligible hospitals or CAHs scoring below the required minimum points will not be considered meaningful EHR users and could be subject to a negative payment adjustment.

**21. *When and how will I be informed of my score?***

A hospital or CAH will learn their final Promoting Interoperability score after submitting their required attestation, objective, and measure data into the Hospital Quality Reporting (HQR) system. Once the data has been successfully submitted the user can then see their submitted data, individual scoring, and overall score achieved by viewing the data form. There is also the option to download a PDF report containing all submitted data, which can serve as documentation of successful reporting. This can be done by selecting the blue “Export Data” button on the right-hand side of the screen.

Hospitals and their vendors should report their data in the HQR system early enough before the reporting deadline to review their submission report and make any corrections before the deadline.

Once the deadline passes, no correction to the data can be made. Participants will be notified via a physical letter in mid-September if they're subject to a negative payment adjustment. At that time, they'll be given an additional chance to submit a Hardship Reconsideration Application.

## Attestation

### 22. *How do we attest for each reporting year?*

Participants must submit their attestation through the HQR system, ensuring they've met all the program requirements for the EHR reporting period and their eCQMs for the required reporting period. Participants have until February 28th (note: this date is subject to change due to weekends and/or federal holidays) of each year to attest for the previous year. **Where can we find help with attesting?**

If you need help with attesting or have questions, you can contact the CCSQ Help Desk for assistance at 1 (866) 288-8912 or [qnetssupport@cms.hhs.gov](mailto:qnetssupport@cms.hhs.gov).

## Hardship Exception

### 23. *Who is eligible for a hardship exception?*

To be considered for an exception (to avoid a negative payment adjustment), eligible hospitals and CAHs must complete and submit a hardship exception application. If approved, the hardship exception is valid for only one payment adjustment year. By law, eligible hospitals and CAHs are limited to 5 years of hardship exceptions. Eligible hospitals and CAHs may submit a Medicare Promoting Interoperability Program hardship exception application citing one of the following specified reasons for review and approval:

- Using decertified EHR technology
- Insufficient internet connectivity
- Extreme and uncontrollable circumstances

### 24. *How can we obtain a hardship exception?*

We now have gone paperless for the Medicare Promoting Interoperability Program hardship exception applications. If an electronic submission is not possible, you may contact the CCSQ Service Desk and work with a representative to verbally apply at 1 (866) 288-8912.

Applications may only be submitted during the hardship application period (appx. May – September). Applications are subject to annual renew.