Medicare Promoting Interoperability Program Eligible Hospitals, Critical Access Hospitals, and Dual-Eligible Hospitals Attesting to CMS Objectives and Measures for the 2021 Reporting Period

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 2021. Those attesting to their State should refer for the 2021 Promoting Interoperability Medicaid specification sheets.

Objective	Public Health and Clinical Data Exchange
Measure	**Clinical Data Registry Reporting** The eligible hospital or CAH is in active engagement to submit data to a clinical data registry (CDR).
Exclusion	Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the CDR reporting measure if the eligible hospital or CAH: I. Does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the electronic health record (EHR) reporting period; II. Operates in a jurisdiction for which no CDR is capable of accepting electronic registry transactions in the specific standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the EHR reporting period; or III. Operates in a jurisdiction where no CDR for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period.

Definition of Terms

Active Engagement: Means that the eligible hospital or CAH is in the process of moving towards sending "production data" to a public health agency (PHA) or 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 to submit data to a CDR.
- The EHR reporting period in 2021 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 CAHs 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, submit their complete numerator and denominator or Yes/No data for all required measures, attest to program questions on the Prevention of Information Blocking and the ONC Direct Review, as well as report on the required electronic clinical quality measure data.
- Failure to report at least a "1" in 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 Promoting Interoperability Program. Such eligible hospitals or CAHs who fail to achieve a minimum

total score of 50 points are not considered meaningful users and may undergo a downward payment adjustment.

- *Rounding*: When calculating the performance rates and measure and objective scores, scores will be rounded to the nearest whole number.

Additional Information

- In 2021, eligible hospitals and CAHs may use technology meeting the existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of the two in order 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 21st 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 to the 2015 Edition Cures Update criteria, visit the Certified Health IT Product List (CHPL) at https://chpl.healthit.gov/.
- 2015 Edition or 2015 Edition Cures Update 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 to the 2015 Edition or 2015 Edition Cures Update criteria by the last day of the EHR reporting period.
- If CDRs 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 may choose to report to more than one CDR to meet the number of measures required to meet the measure.
- The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the provider is reporting. A registry that is ''borderless'' would be considered a registry at the national level and would be included for purposes of this measure.
- Eligible hospitals or CAHs that have previously registered, tested, or begun ongoing submission of data to a registry do not need to "restart" the process.
- If the CDR does not use a specified standard, it must use another standard specified in Title 45 of the Code of Federal Regulations at 170.205 to meet the measure. For example, the transmission could be in the form of a Consolidated Clinical Document Architecture (C-CDA) per 170.205(a)(4), or Quality Reporting Document Architecture (QRDA) per 170.205(h)(2). If an eligible hospital or CAH practices in a jurisdiction where no CDR for which they are eligible to submit data has declared readiness to receive electronic registry transactions in accordance with the 2015 Edition standards as of six months prior to the start of the EHR reporting period, they may take an exclusion from these measures, as appropriate (83 FR 41709 through 41710).
- Reporting more than two measures for this objective will not earn the eligible hospital or CAH any additional points, but they will meet the requirements for the objective.

Regulatory References

- The measure's objective may be found in Title 42 of the Code of Federal Regulations at 495.24 (e)(8)(i). For further discussion, please see please see 83 FR 41634 through 41677.
- No 2015 Edition health IT certification criteria are required at this time.