Promoting Interoperability
PROGRAMS

PROMOTING INTEROPERABILITY FOR ELIGIBLE CLINICIANS ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS

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PROMOTING INTEROPERABILITY REQUIREMENTS

CEHRT Requirements

Utilize the 2015 Edition Cures Update certified electronic health record technology (CEHRT)

Reporting Requirements

Report data for a minimum of 180 consecutive days within the calendar year

THE PROGRAM

- The Medicare Promoting Interoperability Program is for eligible hospitals and critical access hospitals (CAHs).
- These hospitals must successfully demonstrate meaningful use or submit a hardship exception application and be approved to avoid a negative payment adjustment. Hospitals are limited to 5 hardship exceptions from 2015 forward.
- Program was previously known as the Electronic Health Record (EHR) Incentive Program and began in 2011.

2024 MEDICARE PROMOTING INTEROPERABILITY PROGRAM SCORING METHODOLOGY

OBJECTIVES	Electronic Prescribing	Health Information Exchange	Provider to Patient Exchange	Public Health and Clinical Data Exchange
MEASURES	e-Prescribing (10 points)	Support Electronic Referral Loops by Sending Health Information (15 points)	Provide Patients Electronic Access to Their Health Information (25 points)	Report on the following: • Syndromic Surveillance Reporting • Immunization Registry Reporting • Electronic Case Reporting • Electronic Reportable Laboratory Result Reporting • AUR Surveillance • (25 points)
	Query of Prescription Drug Monitoring Program (PDMP) (10 points)	Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points)		
		OR		
		Health Information Exchange Bi-Directional Exchange (30 points)	Enabling Exchange under TEFCA (30 points)	
				Bonus: Report only one: • Public Health Registry Reporting • Clinical Data Registry Reporting (5 bonus points)

SCORING METHODOLOGY

Scoring Methodology

- Performance-based scoring
- Can receive up to 100 total points
- Must earn a minimum of 60 points in order to satisfy the requirement to report on the objectives and measures of meaningful use
- Must submit a complete numerator/denominator or yes/no data for all required measures
- Must complete activities required by the Security Risk Analysis measure, SAFER Guides measure. Attest to the information blocking statement

MEDICARE PROMOTING INTEROPERABILITY PROGRAM 2024

Public Health and Clinical Data Exchange Objective

- Eligible hospitals and CAHs must demonstrate their level of active engagement and submit their level:
- ***Option 1***: Pre-production and Validation
- ***Option 2***: Validated Data Production
- Limited to one EHR reporting period at option 1 starting in 2024.

MEDICARE PROMOTING INTEROPERABILITY PROGRAM 2024

- ***Option 1***: *Pre-production and Validation:* 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. 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 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.
- ***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 the PHA or CDR.

IMMUNIZATION REGISTRY REPORTING MEASURE

Measure Name:	Immunization Registry Reporting
Measure Description	The eligible hospital or CAH is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).
Maximum Points Available	**25 points**
Yes/No Attestation	Yes/No Required
Exclusion Available?	**Yes** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH: • Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the electronic health record (EHR) reporting period; • Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the EHR reporting period.
If exclusion claimed, points re-distribution	If an eligible hospital or CAH is able to claim an exclusion for three or fewer of the four 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 applicable exclusions for all four required measures are claimed, then the 25 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.

DATA VALIDATION

- •A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that eligible hospital or CAH's system (e.g., identified by National Provider Identifier (NPI), and CCN OR
- • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that eligible hospital or CAH (e.g., identified by National Provider Identifier (NPI) and CCN OR
- • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties

SYNDROMIC SURVEILLANCE REPORTING MEASURE

Measure Name:	Syndromic Surveillance Reporting
Measure Description	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.
Maximum Points Available	**25 points**
Yes/No Attestation	Yes/No required
Exclusion Available?	**Yes** • Does not have an emergency department; • 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 • 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.
If exclusion claimed, points re-distribution	If an eligible hospital or CAH is able to claim an exclusion for three or fewer of the four 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 applicable exclusions for all four required measures are claimed, then the 25 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.
Associated Health IT Certification Criterion	

ELECTRONIC CASE REPORTING MEASURE

Measure Name:	Electronic Case Reporting
Measure Description	The eligible hospital or CAH is in active engagement with a PHA to submit case reporting of reportable conditions.
Maximum Points Available	**25 points**
Yes/No Attestation	Yes/No Required
Exclusion Available?	**Yes** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the eligible hospital or CAH: • Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the electronic health record (EHR) reporting period; • Operates in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of six months prior to the start of the EHR reporting period.
If exclusion claimed, points re-distribution	If an eligible hospital or CAH is able to claim an exclusion for three or fewer of the four 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 applicable exclusions for all four required measures are claimed, then the 25 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.

ELECTRONIC REPORTABLE LABORATORY RESULT REPORTING MEASURE

Measure Name:	Electronic Reportable Laboratory Result Reporting
Measure Description	The eligible hospital or CAH is in active engagement with a PHA to submit electronic reportable laboratory (ELR) results.
Maximum Points Available	**25 points**
Yes/No Attestation	Yes/No required
Exclusion Available?	**Yes** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the ELR result reporting measure if the eligible hospital or CAH: • Does not perform or order laboratory tests that are reportable in their jurisdiction during the electronic health record (EHR) reporting period; • Operates in a jurisdiction for which no PHA is capable of accepting the specific ELR standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no PHA has declared readiness to receive ELR results from an eligible hospital or CAH as of six months prior to the start of the EHR reporting period.
If exclusion claimed, points re-distribution	If an eligible hospital or CAH is able to claim an exclusion for three or fewer of the four 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 applicable exclusions for all four required measures are claimed, then the 25 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.

ANTIMICROBIAL USE AND RESISTANCE (AUR) SURVEILLANCE MEASURE

Measure Name:	Antimicrobial Use and Resistance (AUR) Surveillance
Measure Description	The eligible hospital or CAH is in active engagement with CDC's National Healthcare Safety Network (NHSN) to submit AUR data for the EHR reporting period.
Maximum Points Available	**25 points**
Yes/No Attestation	Yes/No required
Exclusion Available?	**Yes** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the AUR Surveillance measure if the eligible hospital or CAH: • Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period; • Does not have electronic medication administration records (eMAR)/barcoded medication administration (BCMA) records or an electronic admission discharge transfer (ADT) system during the EHR reporting period; or • Does not have an electronic laboratory information system (LIS) or electronic ADT system during the EHR reporting period.
If exclusion claimed, points re-distribution	If an eligible hospital or CAH is able to claim an exclusion for three or fewer of the four 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 applicable exclusions for all four required measures are claimed, then the 25 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.

PUBLIC HEALTH AND CLINICAL DATA EXCHANGE OBJECTIVE OVERVIEW *(CONTINUED)*

Public Health and Clinical Data Exchange Objective and Measures

Public Health Registry Reporting *(bonus)*: The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit data to public health registries.

- 5 bonus points total for both measures
- Yes/No attestation
- No exclusion available

Clinical Data Registry Reporting *(bonus)*: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry (CDR).

- 5 bonus points total for both measures
- Yes/No attestation
- No exclusion available

PERFORMANCE-BASED SCORING METHODOLOGY FOR CY 2024

Objective	Measure	Maximum Points	Required/Optional
Electronic Prescribing	e-Prescribing	10 points	Required
	Query of PDMP	10 points	Required
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	15 points	Required (eligible hospital or CAH's choice of one of the three reporting options)
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	15 points	
	-OR-		
	Health Information Exchange Bi-Directional Exchange	30 points	
	-OR-		
	Enabling Exchange under TEFCA	30 points	
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	25 points	Required
Public Health and Clinical Data Exchange	Report the following five measures: • Syndromic Surveillance Reporting • Immunization Registry Reporting • Electronic Case Reporting • Electronic Reportable Laboratory Result Reporting • AUR Surveillance Reporting	25 points	Required
	Report one of the following measures: • Public Health Registry Reporting • Clinical Data Registry Reporting	5 points (bonus)	Optional

Note: The Security Risk Analysis measure, SAFER Guides measure, and attestations required by section 106(b)(2)(B) of MACRA are required, but will not be scored. eCQM measures are required, but will not be scored.

DATA SUBMISSION

- Participants must submit their data through the Hospital Quality Reporting (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 the end of February to submit.

PAYMENT ADJUSTMENTS

For the Medicare Promoting Interoperability Program, eligible hospitals and CAHs must demonstrate meaningful use by successfully reporting and earn a minimum of 60 points. Submit datausing the CMS Hospital Quality Reporting System to avoid a downward payment adjustment: https://hqr.cms.gov/hqrng/login

Eligible hospitals and CAHs must demonstrate meaningful use for an EHR reporting period every year to avoid a downward payment adjustment.

If an eligible hospital does not demonstrate meaningful use, the payment adjustment is applied as a reduction to the applicable percentage increase to the Inpatient Perspective Payment System payment rate for one year.

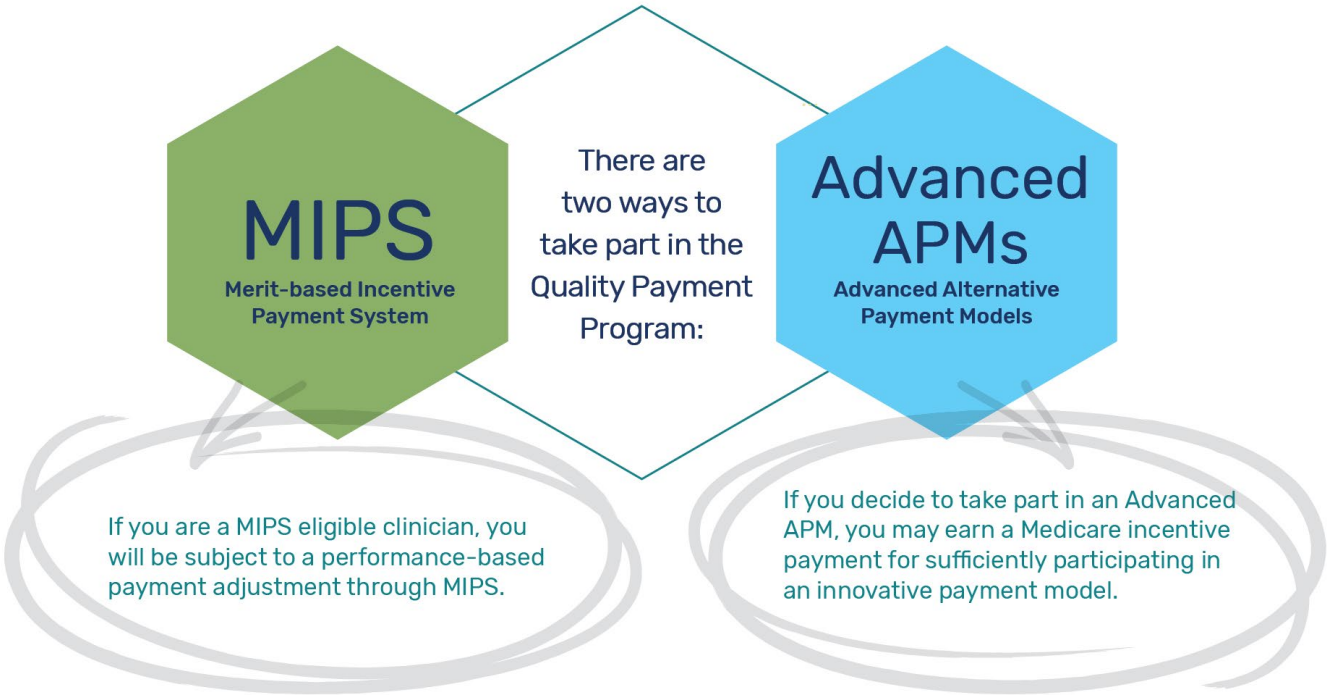
If a CAH does not demonstrate meaningful use, its Medicare reimbursement will be reduced from 101 percent of its reasonable costs to 100 percent for that year.

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
- To be considered for an exception (to avoid a downward 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. Eligible hospitals and CAHs would need to submit a new application for subsequent years and no eligible hospital or CAH can be granted more than five exceptions.

QUALITY PAYMENT PROGRAM – ELIGIBLE CLINICIANS

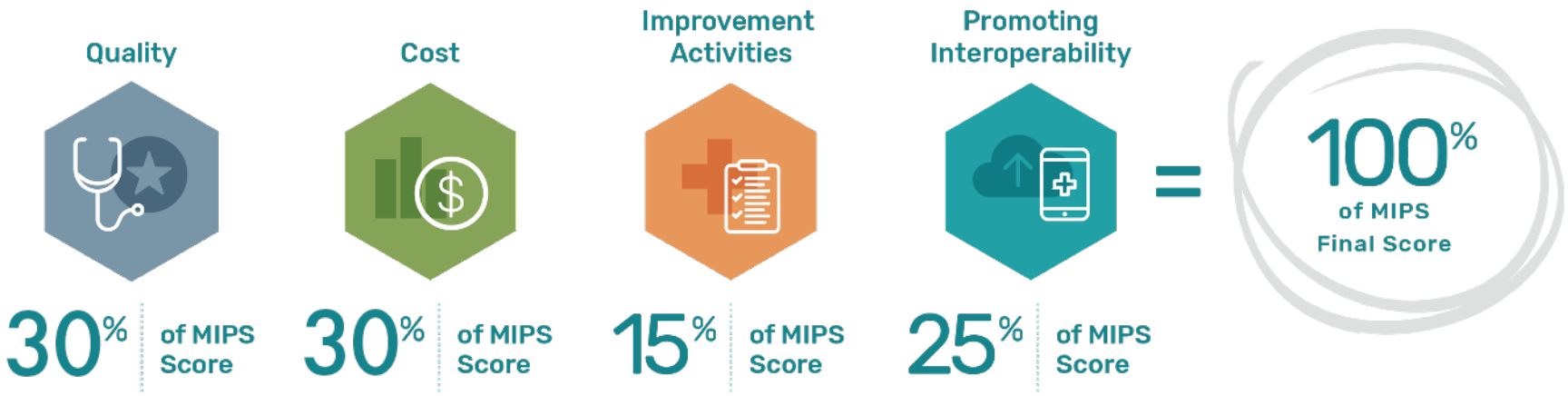
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) required CMS by law to implement an incentive program, referred to as the Quality Payment Program, that provides two participation tracks:



MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) IN 2022

Overview

MIPS Performance Categories



MIPS scoring is comprised of **4** performance categories

The points from each performance category are added together to give you a MIPS Final Score.

The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive**, **negative**, or **neutral payment adjustment**.

2024 PROMOTING INTEROPERABILITY SCORING METHODOLOGY FOR ELIGIBLE CLINICIANS

OBJECTIVES	Electronic Prescribing	Health Information Exchange	Provider to Patient Exchange	Public Health and Clinical Data Exchange
MEASURES	e-Prescribing (10 points)	Support Electronic Referral Loops by Sending Health Information (15 points)	Provide Patients Electronic Access to Their Health Information (25 points)	**Report on the following:** • Immunization Registry Reporting • Electronic Case Reporting (25 points)
	Query of Prescription Drug Monitoring Program (PDMP) (10 points)	Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points)		

OR

Health Information Exchange Bi-Directional Exchange (30 points)	Enabling Exchange under TEFCA (30 points)

Bonus: Report only one: • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting (5 bonus points)

PUBLIC HEALTH AND CLINICAL DATA EXCHANGE OBJECTIVE OVERVIEW FOR ELIGIBLE CLINICIANS

Public Health and Clinical Data Exchange Objective and Measures

- 25 Points
- Yes/No attestation for the two required measures available
- Exclusions available
- Bonus points for submitting an additional measure
- Must submit level of active engagement

IMMUNIZATION REGISTRY REPORTING MEASURE

Measure Name:	Immunization Registry Reporting
Measure Description	The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).
Maximum Points Available	**25 points**
Yes/No Attestation	Yes/No Attest to two measures under the Public Health and Clinical Data Exchange objective
Exclusion Available?	**Yes** Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician: 1. Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period. OR 2. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period. OR 3. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.
If exclusion claimed, points re-distribution	• If one exclusion is claimed, but one measure is attested to, the 25 points will be granted for the Public Health and Clinical Data Exchange objective. • If two exclusions are claimed, then the 25 points will be redistributed to the Provide Patients Electronic

ELECTRONIC CASE REPORTING MEASURE

Measure Name:	Electronic Case Reporting
Measure Description	The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.
Maximum Points Available	**25 points**
Yes/No Attestation	Yes/No Attest to two measures under the Public Health and Clinical Data Exchange objective
Exclusion Available?	**Yes** Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician; 1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period. OR 2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR 3. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.
If exclusion claimed, points re-distribution	• If one exclusion is claimed, but one measure is attested to, the 25 points will be granted for the Public Health and Clinical Data Exchange objective. • If two exclusions are claimed, then the 25 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.

HARDSHIP EXCEPTIONS

- Eligible clinicians may submit a Promoting Interoperability performance period Hardship Exception application citing one of the following specified reasons for review and approval:
  - You have insufficient Internet connectivity
  - You have decertified electronic health record (EHR) technology
  - You lack control over the availability of certified EHR technology (CEHRT) (Lacking 2015 Edition CEHRT doesn't qualify as a reason to submit an exception application)
  - You face extreme and uncontrollable circumstances such as a disaster, practice closure, severe financial distress or vendor issues. To be considered for an exception (to avoid a downward payment adjustment), eligible clinicians CAHs must complete and submit a Hardship Exception application. If approved, the Hardship Exception is valid for only one payment adjustment year. No limit to the number of hardships that an eligible clinician can receive.
- Must apply prior to the end of the performance period.

ADDITIONAL RESOURCES FOR HOSPITALS

- For more information on final changes to the Medicare Promoting Interoperability Program visit the Promoting Interoperability Programs website.
  - Additional resources may be downloaded from the Promoting Interoperability Resource Library.
- CCSQ Help Desk: Medicare Promoting Interoperability Program participants may contact the CCSQ Help Desk for assistance at qnetsupport@cms.hhs.gov or 1-866-288-8912.

ADDITIONAL RESOURCES FOR CLINICIANS

Visit the QPP Resource Library for:

- **Promoting Interoperability performance category measure specification sheets**
- **Promoting Interoperability hardship exception application**
- **Quality Payment Program Service Center:**
- Contact the QPP Service Center by email at QPP@cms.hhs.gov, create a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET).
- People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.