

CY 2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM AND PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY OVERVIEW

ELIZABETH S. HOLLAND, MPA
SENIOR TECHNICAL ADVISOR
DIVISION OF ELECTRONIC AND CLINICIAN QUALITY
QUALITY MEASUREMENT & VALUE-BASED INCENTIVE GROUP
CENTER FOR CLINICAL STANDARDS AND QUALITY
CENTERS FOR MEDICARE & MEDICAID SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

January 2022



DISCLAIMERS

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this presentation.



MEDICARE & MEDICAID EHR INCENTIVE PROGRAMS: 2011-2018

Introduced in 2011 as part of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009

Encouraged eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) to adopt, implement, and upgrade (AIU) certified electronic health record technology (CEHRT) and demonstrate meaningful use of health information technology (health IT)

Advanced in 3 stages:

1

STAGE 1:

Established requirements for the electronic capture of clinical data

2

STAGE 2:

Encouraged the use of CEHRT to meet key quality measures established by the agency

3

STAGE 3:

Focused on using CEHRT to advance health outcomes

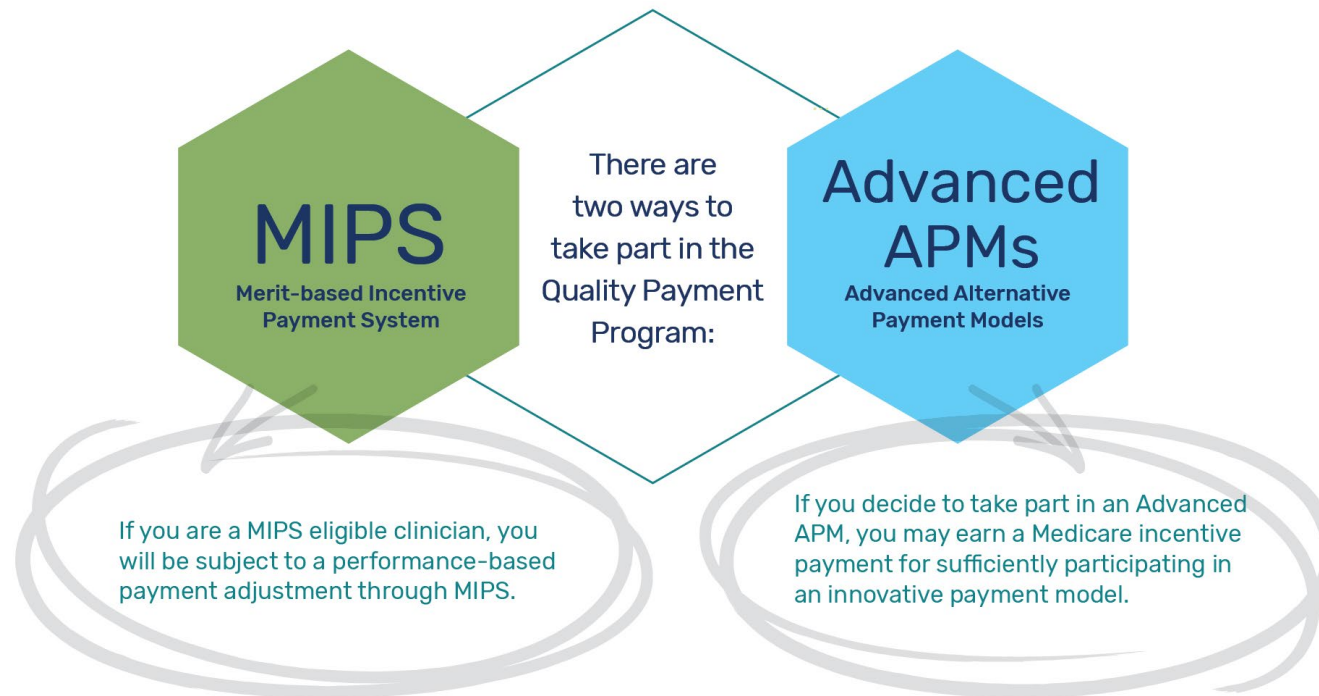
MEDICARE & MEDICAID EHR INCENTIVE PROGRAMS

- Medicare incentives ended in 2016 (with the exception of eligible hospitals in Puerto Rico)
- Medicare downward payment adjustments started in 2015
- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Medicare EHR Incentive Program for eligible professionals
- Renamed Promoting Interoperability in 2018
- Medicaid incentives ended in 2021



QUALITY PAYMENT PROGRAM

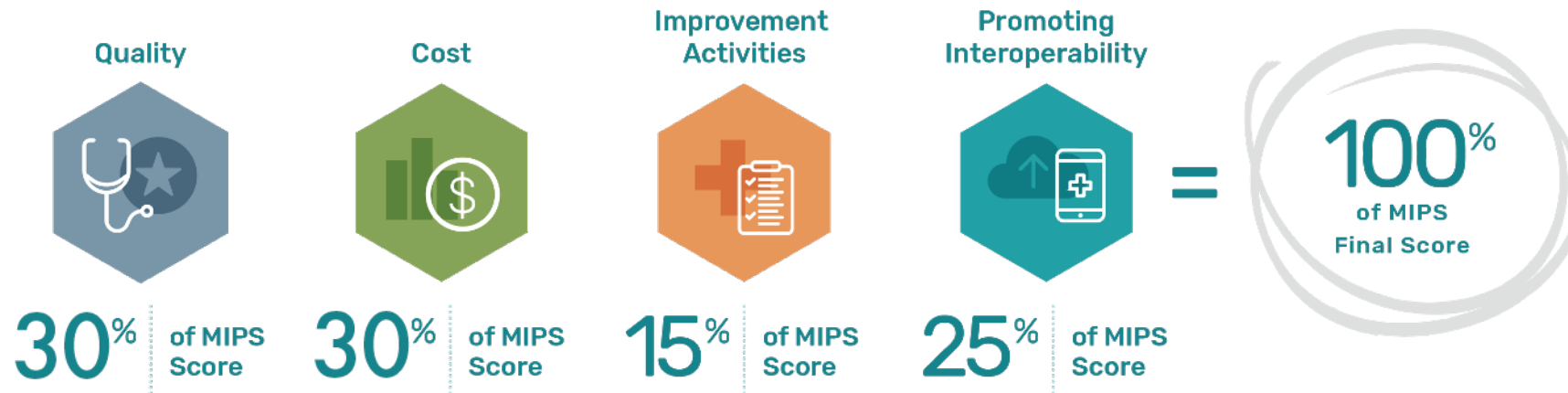
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) required CMS by law to implement an incentive program, referred to as the Quality Payment Program, that provides two participation tracks:



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.**

2022 PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY FOR ELIGIBLE CLINICIANS

For the 2022 performance year, the Promoting Interoperability performance category:

- Is worth **25%** of your MIPS Final Score
- Has a minimum performance period of **90 continuous days** between January 1, 2022 and December 31, 2022
- Uses **performance-based scoring** at the individual measure level
- Requires **2015 Edition CEHRT, 2015 Edition Cures Update CEHRT, or a combination of both**



2022 Promoting Interoperability Performance Category Objectives and Measures

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
(20 points)

Provide Patients Electronic Access to Their Health Information
(40 points)

Report on the following:

- Immunization Registry Reporting
- Electronic Case Reporting

(10 points)

Bonus: Query of Prescription Drug Monitoring Program (PDMP)
(10 bonus points)

Support Electronic Referral Loops by Receiving and Reconciling Health Information
(20 points)

OR

Health Information Exchange Bi-Directional Exchange
(40 points)

Bonus: Report on one:

- Public Health Registry Reporting
- Clinical Data Registry Reporting
- Syndromic Surveillance Reporting

(5 bonus points)

2022 PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY REPORTING

To report data for the 2022 Promoting Interoperability performance category, you must:

- Submit collected data for **all required measures from each of the objectives** for the same performance period
- Provide your EHR's CMS Certification ID and **attest “yes”** to:
 - Does not take actions to limit or restrict the compatibility of CEHRT attestation
 - The ONC Direct Review Attestation;
 - The Security Risk Analysis measure.
 - The SAFER Guide measure (review the High Priority Practices Guide)
- When reporting on measures with a numerator/denominator, you must submit **at least 1** in the numerator if you do not claim an exclusion.



2022 PROMOTING INTEROPERABILITY SCORING

- The Promoting Interoperability performance category is weighted at **25% of the MIPS Final Score**.
- You may earn a maximum score of up to 100%.
 - For 2022, you can earn **10 bonus points** by submitting a “yes” for the optional Query of PDMP measure and **5 bonus points** by submitting a “yes” for the Public Health or Clinical Data Registry measures, but your Promoting Interoperability score can’t exceed 100 achievement points.



2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM FOR ELIGIBLE HOSPITALS AND CAHS

For the 2022 performance year, the Promoting Interoperability performance category:

- Has a minimum performance period of **90 continuous days** between January 1, 2022 and December 31, 2022
- Uses **performance-based scoring** at the individual measure level
- Requires **2015 Edition CEHRT, 2015 Edition Cures Update CEHRT, or a combination of both**



CY 2022 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)

Bonus: Query of Prescription Drug Monitoring Program (PDMP)
(10 bonus points)

Support Electronic Referral Loops by Sending Health Information
(20 points)

Support Electronic Referral Loops by Receiving and Reconciling Health Information
(20 points)

OR

Health Information Exchange Bi-Directional Exchange
(40 points)

Provide Patients Electronic Access to Their Health Information
(40 points)

Report on the following:

- Syndromic Surveillance Reporting
- Immunization Registry Reporting
- Electronic Case Reporting
- Electronic Reportable Laboratory Result Reporting

(10 points)

Bonus: Report on one:

- Public Health Registry Reporting
- Clinical Data Registry Reporting

(5 bonus points)



SCORING METHODOLOGY

Scoring Methodology

- Scores for each individual measure added together to calculate total score of up to 100 possible points for the required measures. Bonus points have the potential to add 15 points.
- Eligible hospitals and CAHs must earn a minimum total score of **60 points** to be considered a Meaningful User (*increased from 50 points*)
- When calculating performance rates and measure and objective scores, CMS will round to the nearest whole number

2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM REPORTING

To report data for the 2022 Promoting Interoperability Program, you must:

- Submit collected data for **all required measures from each of the objectives** for the same EHR reporting period
- Provide your EHR's CMS Certification ID and **attest “yes”** to:
 - Does not take actions to limit or restrict the compatibility of CEHRT attestation
 - The ONC Direct Review Attestation; and
 - The Security Risk Analysis measure.
 - The SAFER Guide measure (review all 9 guides)
- When reporting on measures with a numerator/denominator, you must submit **at least 1** in the numerator if you do not claim an exclusion.
- Submit electronic clinical quality measures



eCQM REQUIREMENTS

9 available eCQMS for CY 2022, **11** available eCQMs for CY 2023, and **6** available eCQMs for CY 2024

Beginning with CY 2022: Must **report** on **3** self-selected eCQMs and the Safe Use of Opioids – Concurrent Prescribing measure using **3** self-selected quarters of data

eCQMs align with the
Hospital Inpatient Quality
Reporting Program

eCQM REQUIREMENTS

eCQMs for Eligible Hospitals and CAHs for CY 2022

Short Name	Measure Name	NQF No.
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	0497
PC-05	Exclusive Breast Milk Feeding	0480
STK-02	Discharged on Antithrombotic Therapy	0435
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	0438
STK-06	Discharged on Statin Medication	0439
VTE-1	Venous Thromboembolism Prophylaxis	0371
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	3316e

RESOURCES

- For more information on the Promoting Interoperability performance category visit <https://qpp.cms.gov>
- For more information on the Medicare Promoting Interoperability Program for eligible hospitals and CAHs visit <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>
- Elizabeth.Holland@cms.hhs.gov



APPENDIX

Objectives & Measures CY 2022 Medicare Promoting Interoperability Program for eligible hospitals and CAHs



ELECTRONIC PRESCRIBING OBJECTIVE OVERVIEW

Electronic Prescribing Objective and Measures

e-Prescribing: For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).

- 10 points
- Numerator/Denominator reporting
- Exclusion available

Query of Prescription Drug Monitoring Program (PDMP) (*bonus*): For at least one Schedule II opioid electronically prescribed using certified electronic health record technology (CEHRT) during the electronic health record (EHR) reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.

- Optional 10 bonus points
- Yes/No attestation
- No exclusion available

HEALTH INFORMATION EXCHANGE OBJECTIVE OVERVIEW

Health Information Exchange Objective Overview & Measures

Support Electronic Referral Loops by Sending Health Information:

- Up to 20 points
- Numerator/ Denominator reporting
- No exclusion available

Support Electronic Referral Loops by Receiving and Reconciling Health Information:

- Up to 20 points
- Numerator/ Denominator reporting
- No exclusion available

OR

Bi-Directional Exchange through Health Information Exchange (HIE): (Alternative to two previous HIE measures)

- Up to 40 points
- Yes/No attestation
- No exclusion available

PROVIDER-TO-PATIENT EXCHANGE OBJECTIVE OVERVIEW

Provider-to-Patient Exchange Objective & Measure

Provide Patients Electronic Access to Their Health Information: For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) the patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and the eligible hospital or CAH ensures the patient's health information is available for the patient (or patient authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interfaces (API) in the eligible hospital or CAHs CHERT.

Up to 40 points

Numerator/Denominator reporting

No exclusion available

PUBLIC HEALTH AND CLINICAL DATA EXCHANGE OBJECTIVE OVERVIEW

Public Health and Clinical Data Exchange Objective and Measures

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to...

Immunization Registry

Reporting: submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

- Up to 10 points total for all 4 measures
- Yes/No attestation
- Exclusions available

Syndromic Surveillance

Reporting: submit syndromic surveillance data from an emergency department.

- Up to 10 points total for all 4 measures
- Yes/No attestation
- Exclusions available

Electronic Case

Reporting: submit case reporting of reportable conditions.

- Up to 10 points total for all 4 measures
- Yes/No attestation
- Exclusions available

Electronic Reportable Laboratory (ELR) Result

Reporting: submit ELR results.

- Up to 10 points total for all 4 measures
- Yes/No attestation
- Exclusions available

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.

- Up to 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).

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

SAFER GUIDES

- ONC developed and released the 9 Safety Assurance Factors for EHR Resilience Guides (SAFER Guides) to help hospitals conduct self-assessments to optimize the safety and safe use of EHRs.
- Beginning with CY 2022 EHR reporting period, CMS is adding a new SAFER Guides measure to the Protect Patient Health Information objective.

Eligible hospital or CAH must attest to having conducted an annual self-assessment of all 9 SAFER Guides at any point during the calendar year in which the EHR reporting period occurs.

A Yes/No attestation statement is required, accounting for having completed an annual self-assessment on all 9 SAFER guides. For CY 2022, it will not be scored or affect the total score for the Medicare Promoting Interoperability Program.