Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

Objectives and Measures for the 2022 EHR Reporting Period

The following information is for eligible hospitals and critical access hospitals (CAHs) attesting to CMS for their participation in the Medicare Promoting Interoperability Program in 2022.

Objective	Public Health and Clinical Data Exchange
Optional Bonus Measure	**Clinical Data Registry Reporting** The eligible hospital or CAH is in active engagement to submit data to a clinical data registry (CDR).

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 either the Clinical Data Registry Reporting measure by being in active engagement to submit data to a CDR, OR, to the Public Health Registry Reporting measure, to earn the bonus.
- The EHR reporting period in 2022 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 the following **four measures** under the Public Health and Clinical Data Exchange objective: Immunization Registry Reporting, Syndromic Surveillance Reporting, Electronic Case Reporting, and Electronic Reportable Laboratory Result Reporting.

Scoring Information

- Total points available for this measure: 5 bonus points.
- 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 and SAFER Guides[1] measures, submit their complete numerator and denominator or Yes/No data for all required measures, attest to the Actions to limit or restrict the compatibility or interoperability of CEHRT statement, 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 (except for the SAFER Guides measure[2]) will result in a total score of 0 points for the Medicare Promoting Interoperability Program. Such eligible hospitals or CAHs who fail to achieve a minimum total score of 60 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 2022, 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

[1] The SAFER, or Safety Assurance Factors for EHR Resilience, Guides measure was added in 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 but will not affect Medicare Promoting Interoperability Program participants' total scores in 2022.

[2] In 2022, eligible hospitals and CAHs will be required to submit one "yes/no" attestation statement for completing an annual self-assessment using all nine SAFER Guides, but the "yes" or "no" attestation response will not affect participants' total scores.

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.
- 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).
- Reporting more than one bonus measure for this objective will not earn the eligible hospital or CAH any additional bonus points.

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 83 FR 41634 through 41677.
- No 2015 Edition health IT certification criteria are required at this time.