DISCLAIMERS

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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:

MIPS
Merit-based Incentive Payment System

There are two ways to take part in the Quality Payment Program:

If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

Advanced APMS
Advanced Alternative Payment Models

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.
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.
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

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<th>MEASURES</th>
<th>OBJECTIVES</th>
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<td><strong>Electronic Prescribing</strong></td>
<td>e-Prescribing (10 points)</td>
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<tr>
<td><strong>Health Information Exchange</strong></td>
<td>Support Electronic Referral Loops by Sending Health Information (20 points)</td>
</tr>
<tr>
<td></td>
<td>Support Electronic Referral Loops by Receiving and Reconciling Health Information (20 points)</td>
</tr>
<tr>
<td><strong>Provider to Patient Exchange</strong></td>
<td>Provide Patients Electronic Access to Their Health Information (40 points)</td>
</tr>
</tbody>
</table>
| **Public Health and Clinical Data Exchange** | Report on the following:  
  - Immunization Registry Reporting  
  - Electronic Case Reporting (10 points) |
| Bonus: Query of Prescription Drug Monitoring Program (PDMP) (10 bonus 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) |
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.

### Example:

\[
\text{Points} \times \frac{1}{4} = \text{Points Towards Final Score}
\]

\[
83 \times \frac{1}{4} = 20.75 \text{ points}
\]
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

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<tr>
<td></td>
<td>• Electronic Case Reporting</td>
</tr>
<tr>
<td></td>
<td>• Electronic Reportable Laboratory Result Reporting ( (10 \text{ points}) )</td>
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<td></td>
<td><strong>Bonus</strong>: Report on one:</td>
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<tr>
<td></td>
<td>• Clinical Data Registry Reporting ( (5 \text{ bonus points}) )</td>
</tr>
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</table>
• 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
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

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

• For more information on the Promoting Interoperability performance category visit [https://qpp.cms.gov](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](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

**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

**Bi-Directional Exchange through Health Information Exchange (HIE):** (Alternative to two previous HIE measures)
- Up to 40 points
- Yes/No attestation
- No exclusion available

OR
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...

<table>
<thead>
<tr>
<th>Reporting Type</th>
<th>Submit Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Registry Reporting</td>
<td>Submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</td>
</tr>
<tr>
<td>Syndromic Surveillance Reporting</td>
<td>Submit syndromic surveillance data from an emergency department. Up to 10 points total for all 4 measures. Yes/No attestation. Exclusions available.</td>
</tr>
<tr>
<td>Electronic Case Reporting</td>
<td>Submit case reporting of reportable conditions. Up to 10 points total for all 4 measures. Yes/No attestation. Exclusions available.</td>
</tr>
<tr>
<td>Electronic Reportable Laboratory (ELR) Result Reporting</td>
<td>Submit ELR results. Up to 10 points total for all 4 measures. Yes/No attestation. Exclusions available.</td>
</tr>
</tbody>
</table>
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.