2020 MEDICARE PROMOTING INTEROPERABILITY PROGRAM OVERVIEW FACT SHEET

Overview

On August 16, 2019, the Centers for Medicare & Medicaid Services (CMS) published the *Fiscal Year (FY) 2020 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Acute Care Hospital (LTCH)* final rule. In this final rule, CMS continued its focus on the advancement of certified electronic health record technology (CEHRT) utilization, burden reduction, and improving interoperability and patient access to health information for the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospital (CAHs).

Program Requirements for 2020

Changes for Calendar Year (CY) 2020

Modifications to Objectives and Measures

1. Numerators and denominators increment based on actions that have occurred during the electronic health record (EHR) reporting period that was selected by the eligible hospital or CAH.

2. The Query of Prescription Drug Monitoring Program (PDMP) measure will remain **optional** in CY 2020 and is worth **five bonus points**. This measure will require a Yes/No attestation instead of numerator/denominator reporting.

3. The Verify Opioid Treatment Agreement measure has been removed from the Electronic Prescribing objective, beginning in CY 2020. Based on feedback, stakeholders felt that the measure presented significant implementation challenges and does not further promote interoperability.

4. The Support Electronic Referral Loops by Receiving and Incorporating Health Information measure was revised to clearly state the electronic summary of care record must be received using CEHRT and that clinical information reconciliation for medication, medication allergy, and current problem list must be conducted using CEHRT.

EHR Reporting Period

In CY 2020, the EHR reporting period is a minimum of any continuous 90-day period for new and returning participants in the Medicare Promoting Interoperability Program attesting to CMS. The applicable incentive payment year and payment adjustment years for the EHR reporting period in 2020, as well as the deadlines for attestation and other related program requirements,

were not changed.

Electronic Clinical Quality Measure (eCQM) Requirements

For the CY 2020 EHR reporting period, eligible hospitals and CAHs submit one, self-selected calendar quarter of data for four self-selected eCQMs from the Promoting Interoperability Program eCQM measure set. We reduced the eCQM measure set from 16 eCQMs to 8 eCQMs. In addition, EHR technology must be certified to all eCQMs available to report for the CY 2020 EHR reporting period.

Reporting Requirements for CY 2020

2015 Edition CEHRT

Participants in the Medicare Promoting Interoperability Program are required to use the 2015 Edition CEHRT. The 2015 Edition CEHRT does not have to be implemented on January 1, 2020, but the functionality must be in place by the first day of the EHR reporting period. Eligible hospitals and critical access hospitals (CAHs) must use the 2015 Edition functionality for the full EHR reporting period.

Performance-based Scoring Methodology

The Medicare Promoting Interoperability Program includes a performance-based scoring methodology that promotes program flexibility and decreases provider burden.

The scoring methodology applies to eligible hospitals and CAHs that attest to CMS under the Medicare Promoting Interoperability Program, including Medicare-only and dual-eligible hospitals and CAHs (those that are eligible for an incentive payment under Medicare and/or subject to the Medicare payment reduction, and are also eligible to earn a Medicaid incentive payment).

In addition to meeting the requirement above, eligible hospitals and CAHs must complete the following requirements:

▸ Collect data in EHR technology with 2015 Edition functionality for a minimum of any continuous 90-day period

▸ Submit a "yes" to the Prevention of Information Blocking Attestations

▸ Submit a "yes" to the ONC Direct Review Attestation

▸ Report the required numerator and denominator or yes/no measures from each of the four objectives or claim their exclusion(s)

▸ Earn a minimum total score of 50 points

Failing to report on the requirements above will result in a zero score for the Medicare Promoting Interoperability Program.

If you qualify for and claim the exclusion for one or more of the required Promoting Interoperability Program measures, then the points for the required measure would be

redistributed to another measure or measures. If you report a zero in the numerator or denominator, or report a no for the yes/no required measures without claiming the exclusion, you would not meet the requirements and would earn a score of zero for the Medicare Promoting Interoperability Program and be subject to a downward payment adjustment.

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 (20 points)	Provide Patients Electronic Access to Their Health Information (40 points)	CHOOSE 2: • Syndromic Surveillance Reporting • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry— Reporting • Electronic Reportable Laboratory Result Reporting (10 points)
	Bonus: Query of Prescription Drug Monitoring Program (PDMP) (5 bonus points)	Support Electronic Referral Loops by Receiving and Incorporating Health Information (20 points)		

Additional Resources

For more information on program requirements for 2020 of the Promoting Interoperability Programs, please visit the Promoting Interoperability Programs website.

For more information pertaining to the final rule, please visit the Federal Register.