

CMS Medicare Promoting Interoperability Program Overview Webinar

December 6, 2023

Ketchum: Hi, everyone.

Thank you for joining today's webinar, the Calendar Year 2024 Medicare Promoting Interoperability Program Overview for Eligible Hospitals and Critical Access Hospitals, or also known as CAHs.

During today's webinar, CMS will provide updates on changes to the Medicare Promoting Interoperability Program for eligible hospitals and Critical Access Hospitals in Calendar Year 2024.

The presentation today will also include an overview of the program, modification to the program, objectives and their measures. We'll go over scoring requirements, new electronic clinical quality measures, or eCQMs, and, lastly, important dates and where to find resources.

A copy of the slides used today in today's presentation, along with the recording, will be posted on the Medicare Promoting Interoperability Program website in the coming week.

At the end of the presentation, CMS will address as many questions as time allows.

Now I'd like to introduce today's speakers, Elizabeth Holland, Jessica Warren and Chelsea Mackiewicz, from CMS's Medicare Promoting Interoperability Program team.

Chelsea, you may begin.

CMS: Hello, everyone.

I hope you're having a wonderful day.

Before we get started, can we actually go to the next slide, please. And then the next slide.

All right. So, this is the order of our presentation today.

So, we're just going to start with a program background, any key changes for Calendar Year 2024, the reporting requirements, then hop on over to objectives and measures. And then we'll end the session with a Q&A.

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All right. And we're going to get started with the background.

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So, under the Recovery Act of 2009, HITECH provisions were established, and this stands for the Health Information Technology and Economic Clinical Health Act. It was created to promote and expand the adoption of HIT with its main objective being to improve health care quality, safety and efficiency. So, within HITECH, it created the Medicare and Medicaid EHR Incentive Programs. It also mandated the Office of the National Coordinator for HIT, also called ONC, and it mandated the adoption of functions and standards for the certification of EHR technology.

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So, in 2011, the EHR Incentive Programs were introduced as part of HITECH. And it offered financial incentives to encourage eligible professionals and eligible hospitals, along with critical access hospitals, also called CAHs, to adopt and use certified EHR technology, which is referred to as CEHRT. The goal is to motivate these EPs, eligible hospitals and CAHs to demonstrate their meaningful usage of HIT.

The Incentive Programs developed over three different stages with the first being establishing requirements for gathering clinical data, the second being encouraging the usage of CEHRT to meet established quality measures, and the third being focusing on the meaningful use of CEHRT to advance health outcomes.

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So, we're going to give an overview of the EHR Incentive Programs. And, just a quick note, threshold-based means you fulfilled a measure if you hit or exceeded the threshold, like 60% for e-Prescribing. And, previously, we had more objectives, but, for 2024, we have four objectives.

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So, beginning in 2018, CMS overhauled the EHR Incentive Programs and created the Medicare PI Program for eligible hospitals and CAHs. And this focused on increasing interoperability and improving patient access to health information. And, as you can see, the Medicaid PI Program ended in 2021.

Also, EPs are now considered eligible clinicians, or ECs. And the Promoting Interoperability Performance category, which is part of MIPS, shares for the most part objectives and measures within the PI Program.

So, a lot of these do actually overlap.

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So, those who are eligible for the PI Program are hospitals to be either Subsection (d) hospitals or a Subsection (d) hospital in Puerto Rico.

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Participants in the PI Program need to report objectives and measures that aim to achieve the goals of the program. And this includes advancement of CEHRT functionality, burden reduction, advancing interoperability and improving patient access to health information. If these participants do successfully report these measures, they will avoid receiving a negative payment adjustment.

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So, eligible hospitals and CAHs must successfully demonstrate meaningful use every year to avoid a downward payment adjustment. Hospitals must fulfill all the required measures and earn a score of at least 60 points. The payment adjustment for eligible hospitals is a reduction of the market basket update. And, for CAHs, they would receive 100% of their reasonable costs instead of 101% for that year.

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All right.

Now we're just going to talk about changes to the PI Program.

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So, there's been several changes to objectives and measures within the PI Program for the calendar year.

A new measure titled the Antimicrobial Use and Resistance, AUR, measure. It's a surveillance measure. This was just added. So, we will go into greater detail on a later slide about this.

Additionally, eligible hospitals and CAHs will not have to report a "yes, attestation" to having conducted a self-assessment. And this will be for all nine SAFER Guides. And it will occur at any point in the calendar year during the EHR reporting period. And you might recall that in 2022 and 2023 a "yes" or a "no" would fulfill this measure.

The EHR reporting period is no longer 90 days as well. We have actually extended it to a minimum of any continuous 180-day period.

And, finally, the Severe Obstetric Complications and Cesarean Birth eQMs are now required to be reported.

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And now we're going to go into requirements.

So, in Calendar Year 2024 EHR Reporting Year, this starts on January 1st, and it will be ending on December 31st. And, during that time, eligible hospitals and CAHs will select a 180-day period from which they're able to collect the data. And the data chosen from the 180-day EHR Reporting Period will be submitted through HQR. And this will last between January 1st and February 28, 2025.

Also, in 2025, eligible hospitals and CAHs can submit a hardship exemption application.

And this is if not -- if they were not able to meet the minimum program requirements due to one of the hardship exemption reasons. And just a reminder that eligible hospitals and CAHs are limited to a maximum of five hardship exemptions. Failure to submit a hardship exemption or meet minimum reporting requirements, this will subject the hospitals and CAHs to a downward payment adjustment.

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So, eligible hospitals and CAHs can have a total score that adds up to 100 points. We do add the scores of individual measures to get the final total score. And to be considered a meaningful user, eligible hospitals and CAHs must have a minimum total score of 60 points.

And they can be deemed a meaningful user by reporting on all required measures in the PI Program. Bonus points will also be added on and this will be an additional five points.

Also, hospitals must attest "yes" to the SAFER Guides measure, Security Risk Analysis measure and acting to limit or restrict the compatibility or interoperability of CEHRT. Also, the ONC Direct Review Attestation does remain optional.

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And just here we have a visual of the objectives and measures and the associated points. And this is just a reminder for the Health Information Exchange objective, participants can either report both of the support measures or HIE Bi-Directional or TEFCA.

Next slide, please.

So, these are the CEHRT requirements. EHR requires the use of the 2015 Edition Cures Update criteria. Participants must also go to the CHPL on the ONC website to get their CMS EHR Certification ID. And this will allow them to submit the rest of their data.

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So, these are the eCQM requirements for the calendar year. Eligible participants in the PI Program must report on three eCQMs of their choice: the Safe Use of Opioids eCQM and the Severe Obstetric Complications and Cesarean Birth eCQMs. So, the required eCQMs are shown down below in the chart. I know it's a little small. We could talk about it later also. And they're also marked with an asterisk. And the three remaining eCQMs can be selected from the remaining choices on the list.

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All right. And now I'm going to be handing over the rest of the presentation to my colleague, Jess.

-Hi, everybody.

Thanks so much for joining.

Next slide, please.

All right. So, we're going to do a little bit of a deep dive going through the current requirements. We'll let you guys know if there are any updates that are planned based on 2024 Rulemaking

And, again, please feel free to submit any questions that you have so we can help as much as we can after the presentation.

So, under the Electronic Prescribing objective, we have the e-Prescribing measure and the query of PDMP measure. We don't have any changes to the e-Prescribing measure, 10 points numerator and denominator exclusions available.

For the query of PDMP measure, this is a required measure, 10 points, yes/no attestation. And we do have exclusions available for it.

Next slide, please.

All right. For the Health Information Exchange objective, we have three different reporting options. So, you simply have to select one of them.

The first option is sending and receiving. In order to earn the 15 points, you have to submit a numerator and denominator for both. We don't allow for any partial points to be given.

There are no exclusions.

The second option is the Bi-Directional Exchange. And each of these total 30 points altogether. So, the same points. This, you don't have to submit numerator and denominator. It's a yes/no attestation.

And the last option is option three, and this would be participating in TEPCA. It's a "yes" and "no" and no exclusions available. And, again, you just have to select one of them, with option one being a two-parter.

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So, next up, we have Provider to Patient Exchange objective, provide patients electronic access to their health information measure. We don't have any changes to this. It's a 25-point total. Nothing partial, numerator and denominator, no exclusions. Next slide, please.

All right. So, this will be a two-part slide. So, we'll move over to the second part in just a second. For the Public Health and Clinical Data Exchange objective, we have five measures that are to be reported or have an exclusion submitted. There are no partial points available. If you can't submit an exclusion and you only are able to submit data -- submit an attestation for two of the five, you don't get partial points. It's an all or nothing including exclusions. So, included are the Immunization Registry Reporting, Syndromic Surveillance Reporting, Electronic Case Reporting.

And, again, these are all yes/no attestation.

And then we'll finish this up with the next slide, please.

And then the final two are Electronic Reportable Lab and AUR, Antimicrobial Use and Resistance. So, just a reminder that we did finalize in the 2023 Rulemaking for AUR that we were not actually going to start requiring it until 2024. So, 2024 will be the first time that this is available and required.

All right

And next slide, please.

So, we do have an opportunity to earn five bonus points. There's only one bonus measure offered at -- bonus objective measure offered at this time. And that would be submitting one or both of the Public Health Registry and the Clinical Data Registry. And just a reminder that it's not five bonus points per registry selected. If you do one or the other or both, there are still only five bonus points that can be submitted.

Next slide, please.

So, under the Protect Patient Health Information objective, we have two requirements.

The first is the SAFER Guides measure. So, we had made this available for "yes" or "no" submissions, did you complete the annual self-assessment, "yes" or "no." And it didn't have any effect on scoring. "Yes" and "no" were both acceptable answers.

Now, the SAFER Guides measure is required, which essentially means that a "yes" is considered meaningful user in passing and a "no" response would be not meeting the minimum requirements and potential failure of the program, which would result in a downward payment adjustment.

So, for the Security Risk Analysis, we haven't had any changes. This is required, also not scored and a yes/no attestation.

Next slide, please.

The ONC Direct Review Attestation is also unscored. It's not required. There is an option to attest whether you did this or not in HQR. There have been no changes to this.

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Acting to limit or restrict the compatibility or interoperability of CEHRT is a very long way of saying this is the self-reporting of information blocking requirement that we have.

Essentially, what we're asking is that you attest that you did or did not block information from other users, from patients, other facilities. For anyone who does self-report, just a reminder that we also have in policy that this information will be made available on CMS or the web page and it's limited to your hospital name and your CCN.

Next slide, please.

Oh, I think I am a slide off. I'm on 30, Publicly Reported Information. Okay. Sorry, I think my slides are out of order. Okay, the next slide, please. I think we can go Slide 32? Okay.

So, for Publicly Reported Information, this was finalized in 2023 policy. But we said that in 2024 we are going to begin publicly reporting certain information. As of this time, that's limited to the hospital name, the CCN, their Meaningful Use Designation, so the EHR logo, and the total score that was earned.

Next slide, please.

All right, next slide.

Some additional information. We are currently revamping our CMS web page. So, you'll see some changes coming. Please feel free to come back, check out the website. Like always, we will have all the slides, the transcripts and the recording made available. But there is a slight delay in having it publicly posted.

And then, last, the CCSQ Help Desk, we are working on a new system to get questions and answers turned around a little bit quicker. So, please feel free to utilize this service. We are also working on a publicly available question and answer bank. So, feel free to check out all of these resources. We're hoping to make some improvements in this area based on feedback we've gotten.

Next slide, please.

So, feel free, everybody, to submit any questions that you have. We'll try and answer as many live. We've got a little bit of time. And then just a friendly reminder that the ONC Information Blocking Disincentives rule has gone out for public comment. So, please feel free to check it out, read about it and submit any comments you have while the comment period is still open.

Now I'll turn it back to Alle, unless, Elizabeth, you have anything to add before we hop to the questions.

Ketchum: Thanks, Chelsea and Elizabeth. Yes, thank you all. We are now going to start the Q&A portion of today's webinar. As a reminder, you can ask questions using the Q&A box. And I've seen that people

are already using it. So, please submit any questions that you do have. You can also ask your question out loud if you can just please use the Hand-Raising feature to ask your question via the webinar audio, and we will unmute your line. Please note that if you do use the Hand-Raising feature or the Audio Question feature, just please make sure that you have a working microphone.

So, with that, I'll go through a couple of the questions that we have already received.

The first question is, "Are Rural Emergency Hospitals Subsection (d) hospitals?" -

CMS: No, not at the time. Right now, all that are included in Subsection (d) for participation in PI are eligible hospitals, eligible hospitals in Puerto Rico and also CAHs. But, Rural Emergency, if you choose to go that route, it's not Subsection (d) and you would no longer be participating in PI. Jess, isn't that the route that many CAHs are deciding to take?

Yes, exactly. So, CAHs will have the option, I believe it opened up recently, to convert over to Rural Emergency Hospital status. I don't believe it's an option for eligible hospitals, but I could be wrong. But if you choose to convert to REH status, you're no longer required to participate in PI, you can't participate in PI, and then it could potentially affect payments. But that's for another call.

Ketchum: Perfect. Thanks, Jess. Thanks, Elizabeth.

Our next question, "Is a hardship exemption the same or different from an exemption for anx--" I'm trying to -- I'm sorry. Let me reread this. "Is a hardship exemption the same or different from an exemption from, for example, Syndromic Surveillance due to no emergency department?"

CMS: They are two different things.

So, each measure may have exclusions. And there could be multiple exclusions. And you would claim an exclusion if it's applicable. And that would get you out of having to report that particular measure. A hardship exception is something that happens after data is submitted. So, after the data is submitted, you may notice that you failed, you're not a meaningful user, and you believe that this is going to be a significant hardship to you. You still have some of your five available hardship exceptions available.

And you can look at the types of hardship exceptions and see if one of those types applies to you. For example, there was a flood and it prevented you from collecting data and that's why your data wasn't good and you failed. And, so, if you were in a declared disaster zone, then you could apply for a hardship exception because of that. And that would happen, as I mentioned, after the data is submitted. There'll be a certain amount of time, I think it's usually like four or five months, that's it's open for eligible hospitals. And it's generally open a little longer, closing usually in September the following year, for our Clinical Access Hospitals.

While we're asking questions, somebody wants to look at the AUR slide and the SAFER Guides slide.

If we can go back to slide -- sorry, I'm just pulling it up here.

Ketchum: If we can please go back first to Slide 25. And, Jess, I'm not sure if you want to re-go over that again.

CMS: Sure. So, for the Public Health and Clinical Data Exchange objective, we have a series of five measures that are included for reporting. So, if you are able to submit on all five measures or have a combination of submissions and exclusions, you'll get the full bonus point. Each of the measures are

available for yes/no attestation. And, in addition to that, for each of the five measures, you would need to submit or report on your level of active engagement. So, right now, we have option one, pre-production, and then option two, validation.

So, for 2024, what is new in here is including reporting on Antimicrobial Use and Resistance Reporting. So, essentially, what we require is that the eligible hospital or CAH is in active engagement with one of their chosen registries. We can always help with that if you have a private question for us depending on the state that you're in.

And then you would have the data transferred over to your registry after you finish the registration process, the testing and validation, and you're ready for data transfer. Essentially, what they're trying to track is if you are prescribing antibiotics to your patients and you receive your Culture and Sensitivity Reporting afterward, they want to figure out what is the tie between antibiotic use and antibiotic resistance. And the way that we can more accurately tie that information together to clinical practice is to have the data sent. And the data sent would be the antibiotics used and then the Culture and Sensitivity Reporting. But feel free to speak up if that didn't answer the particular question. You can raise your hand I think.

Ketchum: Thanks, Jess. And then if we can go to Slide 27 for SAFER Guides, if you don't mind going back over that as well.

CMS: Yeah, sure. All right. So, specific to the SAFER Guides, we had a couple of years where we were introducing the nine SAFER Guides, housed on the ONC web page. I think we might have a link to it at the end. If not, we can share it with everybody.

So, there are nine SAFER Guides. Each of them asks that you do a self-assessment. You just go through the list, you can print it, you can do it online. And you are saying to what level -- to what degree you are utilizing each of these functions. We don't ask for anything more than a self-assessment. If you score poorly or in the middle or you score really well, that's more for internal use.

We just want hospitals and CAHs to get in the practice of using something that's standardized completely across the board just to see where you're sitting and where improvements can be made internally. So, what you choose to do with this information is completely hospital driven. We just want you to do the assessment.

So, in the first couple years, because this was new, this was something that hadn't been done before, we allowed hospitals and CAHs to say, "Yes, I did the self-assessment, I kept a copy of it," or, "No, I chose not to do the self-assessment." And then, you know, that's that.

So, we had a couple of years where both of these options were fine. The requirement has remained unscored and is still unscored for 2024. It's still a yes/no attestation. The only difference this year is that we need hospitals and CAHs to attest that, "Yes, I did the self-assessment" in order to pass. A "no" would mean that you didn't fulfill all of the measure -- all the program requirements and you could potentially fail the program and be subject to a downward payment adjustment. We don't require that you submit "exceeds" in all areas for every question on the self-assessment. That's why it's a self-assessment done internally.

What we do suggest is that you keep a copy of your self-assessment. You can review it, make updates to it every year. We often find that the first self-assessment is the most time consuming because it's a new process. But barring any significant changes to EHR vendor or facility, many of the questions remain the same.

And I'm not sure, I think there was a question in the chat about the 180-day EHR reporting period and if you needed to complete the SAFER Guide within that period. The answer is "no." You can work on the SAFER Guide self-assessment all through the year. You can take the full 12 months to complete it or you can complete it, you know, in a week. That's completely up to you.

This is one requirement where you can take your time with it and it's not tied to the EHR reporting period. And, again, if this doesn't answer the question, feel free to raise your hand. But you do have to do something every calendar year.

Yes. Please do something every year.

Ketchum: Perfect. Thanks, Jess. Thanks, Elizabeth.

We're going to go to the phone line right now. Sherry Hares, I'm sorry if I am getting that wrong, but your line is unmuted. You may be self-muted on your end, but go ahead and ask your question. And, again, you may -- you may be muted on your end. Okay, we'll come back to her if she has a question.

We've got a couple of questions here for PDMP. I'll read a couple of them.

But one attendee asked if for PDMP, do you need to show within the patient chart proof that the provider did the query?

Another one is, "Do we need to show the medications within the patient chart that the query was made for as proof?" Or -- and then additionally someone asked, "What audit documentation should be kept for the PDMP measure?"

CMS: No to all of those. We ask that you perform or conduct at least one query of PDMP.

If you're able to do a screenshot of the transaction, then, by all means, that's great to have on record. But, beyond that, you just say "I did a minimum" or "only one query of PDMP within the EHR performance period." So, anything additional would be for internal use. But what I would suggest is keeping some documentation, some record of the patient or the medication, keep it very simple.

Ketchum: Perfect. Thanks so much, Jess. Somebody else asked if you could please give some examples on what qualifies as a Clinical Registry.

CMS: Sure. The difference between a Clinical Registry and a Public Health Registry is who sponsors it. So, a Public Health Registry is a registry that's sponsored by some governmental entity, be it a county or a state or the federal government. And a Clinical Data Registry is one that's sponsored by a private entity, such as the specialty society.

Ketchum: All right. Thank you, Elizabeth.

A couple other questions that are coming in.

Somebody asked if eligible hospitals have -- must eligible hospitals have historically participated in the Meaningful Use Program.

CMS: I'm sorry. What is the first part of the question?

Ketchum: They were just asking if hospitals had to have historically participated in the Meaningful Use Program. I'm thinking to now participate, you know, in the program as it is today.

CMS: Oh, no. So, in the early stages of the incentives portion of the program, so five years of incentives were paid out. Those incentive payments are no longer available.

But anybody who is eligible, like an eligible Subsection (d) hospital or CAH, not REH, yeah, they can and, hopefully, will participate. But you didn't have to receive the incentive in order to participate now.

And the thing is, even if you didn't participate, now we're in the payment adjustment phase.

So, even if you didn't participate because you chose not to and now you have your EHR, you're going to get a payment adjustment unless you successfully demonstrate meaningful use every year.

Ketchum: All right. Thank you both.

Another question, "Do we need to obtain two CEHRT IDs for our 2025 submission?" I'm thinking they're meaning when they submit in 2025 for 2024.

CMS: No. You can only submit one. So, if you have more than one, you need to go to the CHPL, put those numbers in and get one number, because our system only allows us to have one number.

Ketchum: Perfect. Thanks, Elizabeth.

Somebody wanted to know if you could explain a little bit more on the information or repeat the information about the CAH and rural designation being exempt from PI.

CMS: Yeah, sure.

And I think what we plan to do in the coming weeks as we start developing our question and answer bank is actually linking information about the Rural Emergency Hospital designation and the conversion process.

And, of course, if you have a facility-specific question, as mentioned before, we are working on a different process for Q&A under QNet, and maybe we can link that here.

But CAHs have the option to convert their status from CAH to Rural Emergency Hospital. There are different kinds of benefits for choosing one or the other. And there is definitely a finite list of reasons that one could or could not convert.

Because PI has in statute that we can only allow eligible -- Subsection (d) eligible hospitals and CAHs and Puerto Rico eligible hospitals to participate, and Rural Emergency Hospitals are not considered under Subsection (d), they would not be able to participate in PI. The payments is a whole other presentation. It's a little bit more detailed. But, essentially, the moment that you switch your status to REH, you are no longer eligible to participate in PI.

So, I would highly recommend reaching out to us through the QNet tool and we can make sure to get you directed to the right Rural Emergency Hospital contact person. And then we can also let you know what that means as far as your status with us at PI.

Hey, can we go back to Slide 22?

Because we have a question on Health Information Exchange. So, these are the options for Health Information Exchange. And they really are options. And you have to select one option.

Either you're doing the two measures on the top, the two support measures, or you're doing Bi-Directional, or you're doing TEFCA.

So, if you do Bi-Directional, you don't have to do the two support and you don't have to do TEFCA.

So, hopefully, that is clear now.

Ketchum: Thank you, Elizabeth.

We can go back to the Q&A slide, please.

We'll go back to the phone lines.

Pamela Green, it looks like you have a question. We've unmuted your line. You may be self-muted. But you may go ahead and ask your question.

Pamela Green: Oh, sorry. I really was just going to ask if they could show the slide that has the nine SAFER Guides on it.

CMS: Sure.

Pamela Green: And I can -- I can -- -Are those links on there?

CMS: We can message you the links to find if that's more helpful. Okay. We will message you that link.

Thank you.

Ketchum: Our next question is Ed Bolding. Ed, your line is unmuted. You may go ahead and ask your question.

Ed Bolding: Hi. I would like to follow up on Peggy Johnson's question for Elizabeth Holland.

Thank you, Elizabeth, for the -- all the years of great guidance that you've given us. What is exactly -- we're trying to nail down what exactly is required for HIE Bi-Directional. Is it just enough to incorporate the record into the EMR? Or do -- is there an expectation of a reconciliation of problems, medications and allergies?

CMS: No.

It's just that the -- there was actually -- for that measure, there was actually three -- like I think it's three attestations that need to be completed. I put the -- them somewhere in the chat previously. I don't know if we can find that. But you just need to be able to fulfill those three options.

And I will also say that we do have, I think Jess linked it, our Promoting Interoperability website. And, on the website, we do have all our Specification Guides. And, so, Specification Guides are really a one-stop shop for each measure. So, you can go -- if you have a question about AUR, for example, all the information about AUR is on the specification sheet.

So, it's a really good tool to get used to going there and looking at these specifications, because we work really hard to try to answer questions and put all the information you need about each measure there. I know the 2023 ones are up and we're getting ready to post the ones for 2024.

I also wanted to clarify something else about Public -- the Public Health measures because there seems to be a lot of confusion about the AUR measure. As Jess mentioned, now you need to submit your level of active engagement. And there's two levels of active engagement.

For 2023 and for 2024, you can be in option one, where you're registered and you're working on testing. That's option one.

You only have to be in validated data production, option two, by 2025. And that's for all of the Public Health measures, unless you can claim it an exclusion for a particular matter. So, I hope that clarified for Ed a little bit.

Ketchum: Thanks, Elizabeth. Our next question here comes from Carrie Butt. Carrie, your line is unmuted. You may be self-muted, but you may go ahead and ask your question.

Carrie Butt, do you have a question?

Okay, we'll go to the next person.

Our next question is Susan Stevens. Susan, your line is unmuted. You may go ahead and ask your question. And it looks like Susan may not be connected to a microphone. As a reminder, if you'd like to ask a question out loud, please make sure that you have a working microphone.

Tracy McGee, your line is unmuted. You may go ahead and ask your question.

Tracy McGee: Thank you. Our hospital is acquiring a new hospital at the end of this year. So, we're actually going to be renting their EMR. And, so, I just wanted to know, do we have to submit data on the three weeks of December that we will have acquired the hospital for EHPI and eCQMs?

CMS: No.

Tracy McGee: Thank you. And then if we do not officially move them on our EMR until July, we -- do we still need to submit for the January through July through their EMR and then through ours when it comes on our EMR in July?

CMS: I can't answer for eCQMs. Maybe Jess can answer that part. But, for PI, you need to choose 180 days. And, ideally -- -Okay. It's the same 180 days reporting period.

And, so, if they're still separate during that time, we need to add the numbers together.

Tracy McGee: Okay. Thank you.

Ketchum: Okay, I do see some hand raised -- hands raised, but it does not look like we have -- those people are connected to audio. So, please make sure if you want to ask a question out loud that you are connected to your audio.

Our next question, "How should we handle swing beds when it comes to our numerators and denominators for the HIE measures?"

CMS: I think we'll have to get back to you on that.

Ketchum: Okay, we'll flag that question to get a response. A couple of questions off the 180-day reporting period. Do you choose -- can you choose your 180-day period or is it assigned to you?

Somebody else asked specifically for the AUR measure, if they submit data monthly, will this be an issue for the 180-days reporting?

CMS: The monthly is fine just as long as you're doing it on an ongoing basis. And you choose your 180 days. And it doesn't have to be 180 days. It's just a minimum of 180 consecutive days. If you want to do 200 days, that's fine. But, for PI reporting, you can choose your 180 days. And it has to be the same 180-day minimum for all the measures.

Ketchum: Perfect. Thanks, Elizabeth.

A couple additional HIE questions.

Is a state's HIE a Public Registry or a Clinical Registry?

And then -- I'm sorry, I'm sorry, I'm -- I merged some questions together.

Regarding the answer of a Public versus Private Registry, if we are a county hospital, are we required to submit a Public Registry?

CMS: Well, you're not required to submit to the Public Health Registry because Public Health Registry is an optional measure. But it would be required to fill like the Immunization Registry and the other public health measures.

I mean, remember, the Public Health measure and the Clinical Data Registry are the two optional measures

So, you're not required to submit.

Ketchum: All right. Thank you. We're coming up to the last of our questions here.

Somebody asked, For PDMP, if you have a hospital with low volumes for the patient population and never have a denominator greater than zero, how would they answer this or report to this and -- without incurring a penalty? Or would they incur a penalty?

CMS: It would depend on whether they can claim one of the applicable exclusions.

Ketchum: Perfect. Thanks.

Somebody for HIE Bi-Directional asked what they should keep on file as an audit for the HIE Bi-Directional measure.

CMS: I'm going to refer you back to the website, because our website, we have a tab now that does list validation by each measure. It's the -- it's up there for 2023. But mostly will stay the same for 2024. And we'll be posting a 2024 version. But it's the 2023 Promoting Interoperability Program Data Validation Criteria.

And it goes to the measures, measure by measure, and by the exclusions what we recommend as options for documentation. And that -- if you go to the Promoting Interoperability Program's website, it's in the Resource Library.

Ketchum: Perfect. Thank you, Elizabeth.

And we just sent out a link to the PI Resource Library, where that data validation document is housed, as well as the 2023 spec sheets.

The AUR spec sheet for 2024 is also -- can also be found there.

Just two more questions that we have so far.

But if you can please define what using data from CEHRT for the PDMP measure means.

CMS: So, I'm assuming they mean that any of the medications that are housed in the EMR, that's what we want to link to the query. I know it depends on the state you're in whether your PDMP is able to connect directly to your EHR or not. But the information housed in the EMR should be certified CEHRT.

Ketchum: Perfect. Thanks, Jess.

The last question, I can pull up the slide number, but someone wanted to know if you can review the bonus points that can lead to five -- to the -- or, I'm sorry, if you can review the bonus measures that can lead to five points. And I believe that is on Slide -- I'm trying to pull it up here, Slide 26. If someone able -- is able to go back over that.

CMS: You could have a choice. You can either -- if you need the bonus points -- because, remember, you're trying to earn a score of 60 and fulfill all the required measures. So, even if you do a bunch of measures, but on one measure that's required you get a zero, you fail, regardless of the number of points you're going to accrue. So, if you fulfill all the required measures, but you think you still need more points to get above 60, then you can see if you're able to fulfill one of these two bonus measures, the Public Health Registry reporting or the Clinical Data Registry reporting. And it doesn't matter if you submit one of them or two of them. You're only going to get five bonus points.

Ketchum: Perfect. Thank you, Elizabeth. We had another question come in. This is kind of a follow-up from what you already touched on, Elizabeth. But somebody asked if -- "When would a hospital that is - that newly opened in 2023, when would they be expected to report for the PI Program?"

CMS: So, if they are a newly eligible hospital and they choose to report under PI, you're given a one-year grace period. And you're given that because you need to have a 180-day EHR reporting period available. You have to choose which period you're going to pull your data from. So, if you don't have 180 days' worth of data to pull, that's -- you know, that's not very fair. So, you have to have a full calendar year from which to pull from. And then you would be required to report that data in the following year. So, there's always going to be a grace year

So, let's say you want to participate, you have your CCN, you're eligible and it's December 6th, then all of 2024 you would have the ability to skip 2023 reporting. But, for 2024, you would have to report that data in 2025. We did finalize a proposal to remove October 1st as a deadline from our rule language. It doesn't mean anything for newly participating hospitals or CAHs. Our HQR reporting system is only open from January to -- January 1st to February 28th. So, the previous reporting system was open throughout the year. So, that was why we had a cut off. But the cut off has been removed as it's kind of been -- it's obsolete at this point. So, one full year for a grace period and then you submit your data for the following year.

Ketchum: Perfect. Thanks, Jess. We've got time for about two more questions here.

One question, "Is the AUR measure a bonus measure for the Public Health and Clinical Data Exchange objective?"

CMS: No. It's required.

Ketchum: Perfect. Thank you. And, as a reminder, that AUR spec sheet is posted to the PI Resource Library for 2024.

One last question here.

"If we choose to meet the HIE objective using the two support measures, do both need a numerator count or is it okay to have one with a zero numerator?"

CMS: Both need a numerator account. So, if you report a zero in the numerator, you would fail. You would get a zero score for the Promoting Interoperability Program, because that's not fulfilling the measure. You need at least a numerator of one.

Ketchum: Okay. Perfect. Thank you, Elizabeth.

Well, that is -- that concludes the Q&A portion of today's webinar.

We are just about at time. Again, thank you all for joining us today.

And, as a reminder, we will be sharing the slides, the recording, and a transcript of today's session in the coming weeks on the Promoting Interoperability website on the Events page. And, again, we did send out that link earlier today.

But, again, we thank you all and we hope you have a great afternoon.