Medicare Promoting Interoperability Program for Eligible Hospitals and CAHs 101
July 20, 2023

Ketchum: Hi, everyone, and thank you for joining today's Medicare Promoting Interoperability Program 101 webinar. During today's webinar, CMS will provide an overview of the basics for the Medicare Promoting Interoperability Program for eligible hospitals and Critical Access Hospitals or CAHs. The session today will include a background and history of the program, an overview of the program basics, and review the calendar year 2023 program requirements.

The slides and recording of today's session will be posted to the Medicare Promoting Interoperability Program website in the coming weeks. At the end of the presentation today, CMS subject matter experts will address as many questions as time allows.

Now I'd like to introduce today's speakers, Elizabeth Holland and Jessica Warren, program leads for the Medicare Promoting Interoperability Program.

Jess, you may begin.

Jessica Warren, CMS: Thanks, Alle. Alright, obligatory disclaimer slide.

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So good afternoon to everyone and thank you so much for joining. Today, the CMS Medicare Promoting Interoperability team is presenting a PI 101 webinar, where we're really hoping to go back to the basics.

We're going to discuss the history of the PI Program, where we started, and where we are now, program requirements for calendar year 2023, which will be submitted from January 1st to February 29th of 2024. We will review the data submission process, how to submit Hardships, and how we calculate payment adjustments. We'll share resources that you can use, and last, we welcome any and all questions.

We encourage you to ask questions about the program in general using the chat feature throughout or live at the end of the presentation. We'll do our best to answer everyone's questions and make sure that the Q&A is available to everyone at a date TBD. And you'll also get a copy of the slides after the presentation.

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In 2009, the American Reinvestment & Recovery Act led way to the HITECH Act, which allowed CMS to expand on and improve care quality through health IT. Through this, we created the Medicare and Medicaid EHR Incentive Program mandated by the Office of the National Coordinator (ONC) for Health IT. Together, we worked to adopt certified EHR technology, which we also call CEHRTs through the adoption of these standards.

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Under HITECH, the Meaningful Use Program began in 2011. You may recognize this as Meaningful Use Stages One, Two, and Three. This initiative encouraged eligible professionals, which we now call eligible

clinicians under MIPS, to adopt, implement, and upgrade their EHR technology based on the standards set forth by ONC.

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As mentioned, we progressed through Meaningful Use Stages One, Two and Three. Over this time, we developed seven objectives in Stage Two, six in Stage Three, and we've continued to maintain alignment with the hospital IQR program on the submission of eCQMs. We continue to focus on the adoption and implementation of CEHRT.

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In Stage One, we focused on foundational work, to include electronic capturing of clinical data. In 2011, ONC adopted the first set of CEHRT standards from which our requirements were based.

In Stage Two, we focused on expansion and progression of the use of CEHRT, and ONC updated their CEHRT standards, called the 2014 edition.

Stage Three also focused on the expansion of CEHRT, and this is where the 2015 CEHRT standards were developed from ONC.

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So, over the years, we've undergone several name changes, signifying our progression through the program and expanded use of CEHRT.

Beginning in 2018, CMS launched a new phase of the EHR measurement for the program, which focused on Interoperability and improving patient access to their health information. At this time, there was a separation of clinicians and hospitals. MIPS was created and included eligible clinicians, previously known as eligible professionals, under the MIPS Promoting Interoperability performance category, and eligible hospitals and CAHs remained in the Medicare Promoting Interoperability Program.

Some of you may know that we were previously called the Medicare and Medicaid Promoting Interoperability Program, though with the end of the Medicaid program on December 31st of 2021, we are now just called Medicare Promoting Interoperability Program. And just a quick reminder that this presentation is tailored for eligible hospitals and CAHs, but the separation of hospitals and clinicians is important to note. We do run independent. We have different reporting requirements, standards, and we do work on separate rules. We do try to maintain alignment as much as is feasible, but we are two separate areas.

And just a quick side note that there is a public webinar for eligible clinicians next week, where we'll be reviewing the 2024 PFS proposed rule.

We will add a registration link in the chat comments, so if there are any clinicians on the call, please feel free to join next week.

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So, subsection (d) hospitals and subsection (d) hospitals in Puerto Rico are eligible to participate in the Medicare Promoting Interoperability Program.

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Our overarching goals for the Medicare Promoting Interoperability Program are to advance the functionality of CEHRTs, reduce reporting burden, advance Interoperability, and improve patient access to their health information.

So, this concludes my section of the presentation. Up next, we have Elizabeth Holland. She is the Promoting Interoperability senior clinical, senior technical advisor. She helps with the hospital Promoting Interoperability Program. She is the lead for the MIPS Promoting Interoperability Performance category. She's an amazing advocate for all PI Program efforts, all around a great person. So, we're super happy to have Elizabeth, all of her expertise on the call, so take advantage with your questions.

We've got a great group here to help everyone out, and thank you so much for joining, Elizabeth.

Elizabeth Holland, CMS: Thank you, Jessica. That was amazing.

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Just to review, today we're going to be talking about what you need to do to report for the Promoting Interoperability Program for 2023. I point this out because we are establishing the requirements for 2024 at this time.

We do annual rulemaking every year, so we have a proposed rule that's out for Promoting Interoperability, and we are working on the final rule, which we hope to have out very soon, but that will apply to all 2024 submissions, and we will have updated information on our website once we finalize the 2024 requirements.

Okay, so for 2023, the reporting period, the EHR reporting period must be within the calendar year. The reporting of your data happens after the close of the calendar year. So, it opens January 1st of 2024, and because next year is a leap year, you get an extra day, and you have through February 29th, 2024.

If for some reason you are not able to successfully demonstrate meaningful use, you may submit a Hardship exception, and that Hardship exception application period is open in 2024 for the 2023 data. We do have Hardship exceptions open now, which are for people who could not report in 2022.

Again, we say hospitals, Critical Access Hospitals, and eligible hospitals are eligible to participate, but because they are eligible to participate, if they don't participate or if they do not meet the standards that we established, they will be subject to a payment adjustment, and we'll talk more about that later.

Next slide, please.

Okay, so this is the core of our program. You use certified EHR technology, and these are the objectives and measures that you report on. There are other requirements that I will touch on later, but understand, this slide is going to appear twice in this webinar because we believe it's so important. This is the guts of our program.

As you see, the different measures are allocated points. All the points, if you include the bonus points, sum to 105 points. For health information exchange, you either have to do the two support measures or

the health information exchange bi-directional exchange measure or the enabling exchange under TEFCA measure. As I said, these points sum to 105. You must earn a score of 60 or greater to be considered a meaningful user and avoid a negative payment adjustment.

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Okay, I said there were additional requirements. These are some of the additional requirements. You need to do the security risk analysis measure, the safer guide measure. And this is a measure that for 2023, you can either submit a yes or a no and fulfill the measure, but if you do not answer this measure, you will fail. And so most of these measures, if you don't submit information on them, you will fail. So, you need to submit yeses for most of these.

The ONC-ACB is an optional measure, so it's okay. You don't need to submit that if you don't want to, and the SAFER guides is yes or no.

But for these other three, you must submit a yes, and it should be true. You must submit a yes to fulfill the requirements.

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Okay, for scoring -- generally, it's performance based. As I mentioned, you can receive up to 105 points, must earn 60, as I mentioned, submit either your numerators and denominators or yes/no for all the required measures and the other measures I mentioned. One I did not mention was, you also need to submit your electronic clinical quality measures. That is a requirement as well.

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Okay, so just to give you a sense of how scoring works, we use the number of points that are allocated, and we use the numerator and denominator to calculate how many of those points.

So, if you submit a numerator and denominator of 500 over 500 for e-prescribing, that would equate to getting the full 10 points. There are also situations where you cannot fulfill a measure, but there are exclusions, and we'll go through this later.

There are exclusions, and the exclusion enables you to not fulfill the measure and have those points redistributed. And that's only if you meet the requirements of a specific exclusion.

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So, as we mentioned, see, you can see in this example, the query of PDMP was redistributed to the e-prescribing. So, the total objective is still worth 20 HIE. They earn 30 points, and public health, you need to submit.

There are four required measures, and you can earn 25 points. And then if you submit either of the two bonus measures, you could earn 5 points. If you do both bonus measures, you still only earn five optional bonus points.

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Okay, so Promoting Interoperability requires the use of certified Electronic Health Record technology. For 2023, you need to be using the 2015 Edition Cures Update criteria. In previous years, we've had flexibility. This year, you must be using the 2015 Edition Cures Update.

That means for your EHR reporting period, which is the minimum of 90 consecutive days, you must be earning, you must be using, 2015 Edition for those 90 days.

So, if you're having difficulties upgrading your system, you may need to choose the final 90-day period in 2023 to make sure that you're using that 2015 Edition version.

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Okay, as I mentioned before, one of the requirements of the EHR of the Promoting Interoperability Program is submitting your electronic Clinical Quality Measures.

The requirements for Promoting Interoperability is you can choose three self-selected eCQMs, and you must submit the Safe Use of Opioids concurrent prescribing eCQM. The reporting period for eCQMs is the full calendar year, so understand you'll have a different EHR reporting period for your Promoting Interoperability measures than you do for your eCQMs.

Of course, you could choose the whole calendar year for Promoting Interoperability, but it is not required.

And another thing to note is...eligible hospitals are required to participate in the Inpatient Quality Reporting Program. If you submit data for that program, that data is also used for Promoting Interoperability, so you do not have to submit your data twice. It will count for both programs, as long as you designate that when you are submitting your data.

Next slide, please.

Okay, so these are all of the eCQMs. Remember the one that I mentioned, the Safe Use of Opioids, is required, and then you can choose any three of this list. These are the Electronic Clinical Quality Measures. I know there's lots of other quality measures, but because we require the use of certified EHR technology, we only accept the electronic clinical quality measures for the Promoting Interoperability Program.

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Okay, so now we're going to get into the nuts and bolts of the program.

Next slide, please.

Okay, so the first objective is electronic prescribing. There are two measures under electronic prescribing. One is e-prescribing, which is worth 10 points, and it has a numerator and denominator, and the other is the Query of Prescription Drug Monitoring Program.

People who are familiar with this know that this measure was optional for several years, but now it is required. So, you have to submit a yes to fulfill the measure. It only requires that you do a query for one Schedule II opioid or Schedule III or IV drug, so it's a pretty low bar to fulfill this measure. But there are exclusions available in case you do not prescribe those drugs.

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We support electronic referral loops by sending health information and the support electronic referral loops by receiving and reconciling health information. These are two measures that have been around for a long time, and if you choose to submit both of those measures, you need to submit both.

Or, you can submit the bi-directional exchange measure or the TEFCA measure. I will note that for these, there are no exclusions available.

Okay. Next slide.

Okay, the provider patient exchange. The measure is providing patients electronic access to their health information. This is, you submit your numerator and denominator, and there are no exclusions available. I will note, at the end, we're going to have a resource slide, and we do have specification sheets on our website which go into great detail for each of these measures. We have a separate one for each measure, and they do explain all the different exclusions, if a particular measure does have exclusions associated with it.

Next slide, please.

Okay, so this is public health, and there are four required measures for public health -- immunization, syndromic surveillance, electronic case reporting, and electronic reportable lab reporting. There are exclusions available, and you must be in active engagement with these registries.

Next slide.

So, these are the two optional measures. You do not have to submit them, but if you do, you can earn up to 5 bonus points, and that can be very significant if you're coming very close to earning 60.Like, if you were only earning 58 or 59 and needed to get over that 60 threshold, reporting to an additional registry measure could help you achieve the necessary score.

Next slide, please.

Okay, so I mentioned active engagement. There are two levels of active engagement, and you need to be at one of them. The first is Option 1 -- you are in pre-production and validation, and the second is Option 2, validated data production. I will add that one of the requirements when you submit your public health measures, for each measure you submit, you must tell us which option you're choosing.

There are four required measures. You could be at Option 1 for two of them and Option 2 for the other two. It all depends on where you actually are in your situation. Our goal is to get everybody submitting validated data production.

We do have some rules associated with how long you can stay in pre-production and validation. Those become effective in 2024, so that anybody who is in Option 1 in 2024 should be in Option 2 by 2025. And another taste of how we do an annual rulemaking, last year when we did our annual rulemaking, we did adopt a new measure, the Antimicrobial Use and Resistance or AUR Surveillance Measure.

We do propose it for 2023, but we got a lot of pushback from commenters, and so we delayed the requirement until the 2024 reporting period. So, this is just a taste of what that additional requirement will be for next year.

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Okay, here are the other requirements -- the security risk analysis, so this requires that you conduct or review your security risk analysis of CEHRT. This is actually the HIPAA requirement, and I think HIPAA requires that you do this every other year.

We require it every year to do this, and you must submit a yes, because if you submit a no, you will fail and get a Promoting Interoperability score of 0. Anytime you don't fulfill a requirement, you will earn a score of 0. Doesn't matter how many points you achieved, it doesn't balance out that way. You need to have 60 points, and you need to fulfill all the requirements.

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Another requirement is to review the 9 Safety Assurance Factors for EHR Resilience, or the SAFER guides. There are nine of them for hospitals. Again, I talked about this before. You must do your self-assessment, but for 2023, this measure can either be fulfilled with a yes or a no answer. Leaving it blank will fail.

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There is another attestation that is required, the Office of the National Coordinator or ONC Direct Review attestation. This essentially means that if there is a Direct Review, you agree to cooperate, and a yes is required for that.

Next slide, please. This is our information blocking. That's what we used to call it, but we renamed it, and so this is now called -- you need to tell us that you're not acting to limit or restrict the compatibility or interoperability of certified EHR technology.

Next slide, please. Okay.

So we're trying to be very transparent with information, and we do post information about hospitals on our Care Compare site. We have been posting lots of data on clinicians, but not so much data on hospitals, but we are going to start posting information for Promoting Interoperability on the website.

We're going to share data from the 2023 reporting period probably sometime in 2024. This will include the hospital name, the CMS Certification Number, or CCN, meaningful Use, that's essentially whether you met the 60 points or not, and what your total score was.

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Now, we're going to talk about data submission, Hardships, and payment adjustments. Good stuff.

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Okay, so in 2023, you're gathering your data, but then when January comes in 2024, you can start submitting. You must submit your data through the Hospital Quality Reporting System. And so I would recommend that you go to this site before then to make sure that you have, you know, your login and password so you will be able to go in and submit data. And again, as I mentioned, you have until February 29th, because it is going to be a leap year.

Next slide, please.

Again, just to review, these are the measures you need to be submitting your data for. And again, there's specification sheets for every one of these measures.

Next slide, please.

Okay, so a reminder of what you need to submit in addition to those measures. I mentioned that you need to be using 2015 Edition Cures Update Certified EHR Technology. You need to tell us that by going to this website. It's called the CHPL, and it's sponsored by ONC. You go there and put in your EHR that you're using, and it will generate a CMS certification ID for you. If you have several modules, you need to put in all those modules so that they sum to 100, and you will get one certification ID.

You cannot submit more than one certification ID. You need to put all your modules in and just send us one, and that is required. It will tell us whether you are using the correct, certified EHR technology version. Again, the EHR reporting period is a minimum of 90 consecutive days.

I will warn you that last year in rulemaking, we did establish 180-day reporting period, consecutive day reporting period for 2024, so that is coming.

Security risk analysis -- again, you need to tell us yes. You need to attest that you did not knowingly or willfully restrict the compatibility of your interoperability or interoperability of your certified EHR technology.

You must do the ONC Direct Review attestation. You must submit your SAFER guide. Again, that's yes or no, and you must report on 4 eCQMs, the three self-selected ones and the Safe Use of Opioids measure. And again, for eCQMs, the reporting period is the full calendar year. Next slide, please.

Okay. So, talk about Hardship exceptions. If for some reason you forgot to submit your data or let's say you submitted your data and you failed, there could be reasons that you submit a Hardship exception. They are under these umbrellas -- that your HER technology is decertified, you don't have sufficient internet connectivity, and extreme and uncontrollable circumstances.

This could be vendor issues, or it could be disasters or something like that. There is one loophole here that's unfortunate, but in the law that Congress passed, there is a 5-year limitation for getting Hardship exceptions.

So, understand that if your hospital reorganizes and you are still using the same CCN, you are limited that we associate the Hardship Exception Number with that CCN.

So, you are not allowed, per the law, to get more than five Hardship exceptions over the course of the program. And I believe we started doing payment adjustments in 2016, so many hospitals are now starting to reach that limit, and under no circumstances can we grant more than five, because of the law. So that's why I say it's unfortunate.

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Okay, so as I mentioned, the applications are open now for 2022. For 2023, the applications won't be available till next year, because it's after the data is submitted.

Let's see. Next slide, please.

Okay, so we mentioned where you go to submit your data. You have to demonstrate Meaningful Use. That is, submit your data every single year, or else you will get a downward payment adjustment. And what does that mean? For eligible hospitals, that's a 75% reduction to the market basket update for your Inpatient Prospective Payment System bills. And for Critical Access Hospitals, instead of receiving 101% of your reasonable costs, that will be lowered to 100% for that year.

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Okay, resources, help, and Q&A.

So, I think we have lots of time for Q&A, so if people have questions, certainly ask. This is your opportunity.

Next slide, please. So, we mentioned that we do rulemaking every year. That means the program is constantly changing. Our rule is the Inpatient Prospective Payment System rule. It includes the Promoting Interoperability changes, as well as the changes to clinical quality measures for the Inpatient Quality Reporting Program. We do the rules in the spring. They are all effective October 1st, so we will try to get the final rule out by August 1st, which is very, very soon. Once it is released, we will put a copy of it up on our website.

Next slide, please. Every year we do a Call For Measures. It is now closed now for 2024, but we do ask people who have ideas for new measures or modifications to existing measures to send us that information.

Again, you'll have to check back next year, early in the year when the call will be open again.

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Additional resources. As I kept mentioning, you need to go to our website. We have lots of information. This is where things will be posted. This is where the specification sheets are if you want to learn more about the ONC requirements, because those are the requirements for the certification of EHR technology.

You can see their website here as well as the CHPL website, where you will go to get your CMS certification number for your certified EHR technology.

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Okay, we do have a help desk, so you could ask your questions now, or if you have more individual questions. Today, we're trying to answer questions that apply to hospitals in general, but if you have specific questions about your particular hospital, you can call or email them at this website or this phone number.

I think that's the last slide.

Is that correct?

Oh, well, Q&A.

Ketchum: Thanks, Elizabeth. We are going to start the Q&A portion of today's webinar. As a reminder, you can ask questions using the Q&A box, or you can raise your hand to ask a question via the webinar

audio. Please just make sure that your mic is working. If you do choose to ask a question via the audio, we will unmute your line. So, with this, we will start with a couple of questions that have come in. First, about Hardship.

"If you submit a Hardship or exceptional circumstances application for eCQMs, can you still successfully meet the program requirements?"

Jessica Warren, CMS: So I think you're asking if you meet the ECE for eCQMs under hospital IQR, can you still meet, can you still pass the Medicare Promoting Interoperability Program? Assuming that's the question, we do have separate requirements. The hospital IQR program has an ECE process for their eCQMs, and the Medicare Promoting Interoperability Program, as Elizabeth mentioned, has the five Hardship per lifetime per CCN process. So, If you are unable to submit the eCQMs for hospital IQR, you might receive an exception for that program. To receive the Hardship for PI, you would need to either file a Hardship, submit the eCQMs, or take a failure of the program.

So, although the submission runs simultaneous to reduce reporting burden, we do have two separate requirements.

Ketchum: Okay. Thank you, Jess.

The next question,

"Does the PDMP query need to happen via integration between EHR and PDMP vendor?"

Elizabeth Holland, CMS: No, it does not.

Ketchum: Okay. Thank you.

A couple of active engagement questions.

"What is considered active engagement? And can you talk a little bit more about what option, the two different options a little bit more?"

And if you need us to go back, let us know.

Elizabeth Holland, CMS: Unfortunately, I don't think we have a lot of information in the slides, but that doesn't mean that we cannot give that. I'm just trying to pull it up now, so I get the exact verbiage. Not working for me.

Okay, so, there are two levels of active engagement. The first one is pre-production and validation. That means that you have registered to submit data, and you're waiting for the invitation from the registry to begin testing and validation.

And then you would be beginning that testing and validation.

So, if you're registered and you've begun the testing and validation or you're in line to get into testing and validation, you would select Option 1. Option 2 means you have completed your testing and validation of your electronic submission, and you are currently electronically submitting production data to the registry on an ongoing basis.

So hopefully that helps.

Ketchum: Okay. Thank you, Elizabeth. Our next question. "Would a cyberattack count as a Hardship?"

Elizabeth Holland, CMS: Yes, it could be considered under extreme and uncontrollable circumstances as long as you have not met your five Hardship limit.

Ketchum: Okay. Thank you, Elizabeth. Another Hardship question:

"How do you verify if a CCN has or has not claimed a Hardship in prior years?"

Elizabeth Holland, CMS: We check the CCNs every year and know how many that they have received. And Drew, you can add.

Drew Morgan, CMS: Yeah, so, Elizabeth, this is Drew Morgan.

So, you can submit a ticket or open a case through the CCSQ ServiceNow Help Desk, and they would be able to go in and find out how many Hardships have been filed and approved under that CCN.

As it was mentioned earlier in the presentation, that goes back as far as 2016 when the first Hardships were processed.

Ketchum: Okay. Thank you, Drew and Elizabeth.

The next question, going back to the AUR measure and active engagement, "Can you claim Option 1 of active engagement in 2024 for the new AUR measure?"

Elizabeth Holland, CMS: Sorry. Yes.

Ketchum: Okay. Thank you.

And then kind of piggybacking off of this, "If we claim Option 1 for active engagement in calendar year 2023, can we choose this option again in calendar year 2024 and 2025, or would we need to be in full production in calendar year 2025?"

Elizabeth Holland, CMS: You need to be in full production by 2025.

So everybody could be in Option 1 for all the measures, including AUR in 2024, but everybody would need to move in 2025 to Option 2.

The only exception to that is if you're reporting to one registry in 2024, and then in 2025, you decide to switch registries and not report to the one you reported to in 2024. Then we would allow you to start over in Option 1 again.

Ketchum: Okay. Thanks, Elizabeth.

The next question, "We are a large health system, which includes over 60 hospitals who participate in the PI Program. We have found that a couple of our smaller facilities struggled to obtain a denominator for the 2023 calendar year, 2023 Query of PDMP measure, given their low volume. Do you have any recommendations for this type of situation? For example, we have two hospitals currently who have 0 Schedule II opioid or Schedule III or IV drugs prescribed for January 1st through today.

Elizabeth Holland, CMS: First of all, for PDMP, there's no numerator and denominator for that measure. It's a yes/no measure, and so you only have to do one query. But if you don't have -- if the particular

hospital, if your hospital system reports under one CCN, then the one query would apply to the whole system under that CCN. If they're separate CCNs, if they're not prescribing, there should be an exclusion for that that they can claim and fulfill the measure.

Ketchum: Okay. Thanks, Elizabeth. Next question.

"Will hospitals have to register with an antimicrobial use and resistance reporting registry with the CDC or PHA? Or will the registry have to declare readiness?"

Elizabeth Holland, CMS: It all happens through an HSN. We are currently working on a whole bunch of educational materials to explain more about this measure. Those materials should be up shortly. They'll be up before 2024 begins, because we know that people have a lot of questions about this measure. We are working very closely with CDC to make sure that we have comprehensive information out there. It's just not quite ready yet.

Ketchum: Thanks, Elizabeth.

A couple of payment adjustment type questions have come in. "What is the typical amount of payments that hospitals receive?" And then another one, "If you get 105 points, does that mean our annual payment will be greater than a hospital who only gets 60?"

Elizabeth Holland, CMS: No, the payment adjustments are flat. There is no positive update. It's just a negative update if you score less than 60. And the hospital payments, I can't even begin to think. I mean, for small hospitals, they don't get paid that much under IPPS, because they're low volume, but for large hospitals, this could have a huge impact on their revenue.

Ketchum: Okay, and then another one kind of going off of that. "If you're able to, can you please re-review the calendar reporting year and the associated fiscal year for hospitals and CAHs and explain why there is a difference?"

And if you need us to go back to that slide, let us know.

Elizabeth Holland, CMS: Okay, I'm not sure I understand the question fully, but I will tell you, we do rulemaking on the basis of the calendar year, so all our policies are effective for our calendar year. The only thing that varies is the payment adjustments, which are applied on the basis of the fiscal year. So for hospitals, if you're an eligible hospital and you're not a meaningful user for 2023, your payment adjustment would be effective in fiscal year 2025. If you're a critical access hospital, however, and you're not a meaningful user in 2023, the payment adjustment will be applied to you on your 2023 payments.

So I hope that was the question.

Ketchum: I think so, but if whoever asked that question, if you need clarification, please let us know. Our next question, going back to AUR, "Did you say that the AUR measure will be for data collected for 2024 reporting and then actually reported in 2025?"

I think there's just some confusion on when it's required and when the publicly reported data will be coming out.

Thank you.

Elizabeth Holland, CMS: That's correct. So, you will be starting to use that measure in 2024, and you will submit your data to us, whether or not you did that or not, in 2025. But you should be sending your data through the NHSN in 2024 to be registered and tested.

Ketchum: Perfect. Thank you.

Okay, at this time, we'll go to a phone question. I see one question from Troy Kaji.

Troy, your line is unmuted.

You may go ahead.

Troy Kaji, Participant: Hi. My question has to do with the requirement for the prescription drug monitoring program interface. First of all, I'm understanding that to be a required element for 2023. Is that correct?

Elizabeth Holland, CMS: Yes.

Troy Kaji, Participant: And then we're supposed to at least query one patient in one quarter? That's how I'm reading it. So, when we -- okay, so for places that are in situations such as ours, where we're contracting with the vendor and then we'll have an implementation, let's say we're in that sort of process, but we don't do it until January 1st and therefore miss the fourth quarter. Would that be a basis for -- What is that called? Not exclusion, but...

Elizabeth Holland, CMS: It is exclusion.

Troy Kaji, Participant: But we would submit that separately as the exclusion waiver or something? Or how would we do that?

Elizabeth Holland, CMS: For PDMP, let me just tell you, there are three exclusions. I will read them to you. "Any hospital that does not have an internal pharmacy that can accept electronic prescriptions for controlled substances that include Schedule I, Schedule II, III, IV drugs and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of their HER reporting period." That's Option 1. Option 2, "Any eligible hospital or CAH that could not report on this measure in accordance with applicable law." And the third is, "Any hospital or CAH for which querying PDMP would impose an excessive workflow or cost burden prior to the start of the EHR reporting period they select in 2023." So those are the exclusions. If you claim an exclusion, the 10 points associated with that measure will be allocated to the electronic prescribing measure. So electronic prescribing, instead of being worth 10, would be worth 20. The other option is, if you believe this is a vendor issue and you have not met your 5-year cap -- and remember, you don't want to use up those Hardship exceptions unless you really have to -- you could apply for a Hardship exception and use the extreme and uncontrollable circumstances reason and select under that, "vendor issues." So those are pretty much your options.

Troy Kaji, Participant: Thank you. That's very clear.

Ketchum: Okay, thanks. Back to some questions that are coming in through the Q&A box. A couple about converting to different systems. The first question is, "Can converting to a different EHR system be considered a Hardship?"

Elizabeth Holland, CMS: It could be. Yes.

Drew Morgan, CMS: Yeah, it could be.

Elizabeth Holland, CMS: But remember the 5-year limitation.

Ketchum: Thank you both. And then kind of going off of that, "If you change EHRs in the middle of 2024, how should attestation be done, as there could be two certified EHRs during that calendar year?"

Elizabeth Holland, CMS: You would put both of those products into the CHPL and get one certification number that would indicate you used two different EHRs during your EHR reporting period.

Ketchum: Okay. Thank you, Elizabeth.

Clarification question, "Are we required to report on hybrid measures in 2023, on the hybrid measures?"

Elizabeth Holland, CMS: For the Promoting Interoperability Program?

No, because we only have electronic clinical quality measures.

Ketchum: Okay. The next question, this is a little bit of a longer one. "I forgot to fill out the attestation in HARP back in 2020, nor did I file for a Hardship exception. I submitted the eCQMs for that time period. We met all the criteria for the PI Program and have been meeting requirements since the program inception. Is there any way to reopen the application 2020 and allow for a late submission of that data or send a PDF file showing the completed data metrics that we just did not enter and HARP?"

Elizabeth Holland, CMS: Once submission closes, we cannot reopen it, so make sure you get your 2023 data in by February 29th, 2024. Because we cannot take, like, a PDF of data, and we cannot reopen once submission is closed.

Jessica Warren, CMS: Just to add on that, the system, once it closes, it can't be opened by anybody. It closes for even us. So, we really like to encourage people to submit early enough so that you can double check what was submitted, and to make sure if you had a contracted team submit for you, that you're able to also double check the submission. Regardless of what kind of error happened, nobody at all, you guys or us at CMS, can reopen and make adjustments. But as long as you're within the window before February 29th, adjustments can be made, and we're happy to help you if you have any issues with that. But once it closes, that's it for everyone.

Ketchum: Okay. Thank you both.

The next question, "Could you please review what counts as enabling exchange under TEFCA for the HIE objective?" I think they, basically, can you go back over that measure a little bit?

Elizabeth Holland, CMS: Okay. So, enabling exchange under the Trusted Exchange Framework and Common Agreement. That's what TEFCA stands for. And you must attest to the following -- participating as a signatory to a framework agreement as that term is defined by the Common Agreement for Nationwide Health Information Interoperability, as published in the federal register and on the ONC website, that is in good standing, that is not suspended, and enabling secure bi-directional exchange of information to occur in production for all unique patients discharged from the eligible hospital or CAH, inpatient, or emergency department. Those are place of service codes 21 and 23. And all unique patient records stored or maintained in the HER for these departments during the EHR reporting period in

accordance with applicable law and policy and using the functions of certified EHR technology to support bi-directional exchange of patient information in production under this framework. So again, as I mentioned, we do have specification sheets. I was just reading from the specification sheet, so I would encourage you to go and check out the specification sheets for more details about that particular measure.

Ketchum: Okay. Thanks, Elizabeth.

A couple more active engagement questions coming through. "What is required to be considered in active engagement Option 1 pre-production and validation?

Is a participant considered actively engaged with the PHA, such as an ECR, even if their CEHRT is not certified for that specific certification criteria?"

Elizabeth Holland, CMS: Okay, so, for the ECR measure, there are exclusions. If you're operating in a jurisdiction where your public health agency cannot receive the data required to meet the CEHRT definition at the beginning of the reporting period, you could claim an exclusion. If the PHA is ready and you send them an email telling them you want to be registered, you can do that and fulfill Option 1. You just need to be able to, by the next year or by 2025, have the capability in your CEHRT and be submitting under active engagement 2, which is validated data production.

So you could fulfill the measure just by registering if you do not have the certified technology ready yet. But if you're using the 2015 Edition, it should have the ECR modules in it.

Ketchum: Okay. Thanks, Elizabeth.

The next question also kind of going off of this. "If you claim Option 1 in 2023, can you claim again in 2024?"

Elizabeth Holland, CMS: Yes. But having to move happens...2024 is the baseline, so everybody needs to move by 2025.

Ketchum: Okay. Thank you.

A couple more Hardship questions coming in.

"We have many Hardships to submit. I know it's the 5-year requirement, but is there a limit on the number of how many you can submit?"

Elizabeth Holland, CMS: Could you repeat that?

Ketchum: This person said they have so many Hardships, or many Hardships to submit. They know it's like the 5-year requirement, but is there a requirement on the number of Hardships you can submit in that five years?

Elizabeth Holland, CMS: It's a 5-year limitation from 2016 on the CCN.

Ketchum: Okay, thank you.

And then the next one, "If we declare exclusion for the PDMP or the query PDMP measure due to excessive workflow, what type of documentation would we need to have to back the decision in the event of a future audit?"

Elizabeth Holland, CMS: We were actually working on getting some data validation criteria up on our website. So clearly document all the decisions you're making, and we hope to get that data validation document up on the website shortly.

Ketchum: Okay. Thank you, Elizabeth.

The next question, "Jumping ahead to 2024, are you able to summarize the measures that must be submitted in 2024?"

Elizabeth Holland, CMS: It is all the measures that need to be submitted for 2023 with the addition of the AUR measure.

Jessica Warren, CMS: Also, to add to that, we will soon be releasing our final rule, but it has not officially been released yet. Keep an eye out for listservs and emails about when it is released.

Elizabeth Holland, CMS: Can we give the information about subscribing to the listserv?

Ketchum: Yes, we will add that in a moment.

Elizabeth Holland, CMS: Fabulous. Thank you.

Ketchum: Thank you. The next question, "For the HIE objective, if you use the bi-directional exchange or TEFCA measures, does the hospital receiving a document from another hospital have to reconcile the info into the EHR?"

Elizabeth Holland, CMS: I don't think so. No.

Ketchum: Okay. The next question, "Is removing chart review notes from a patient's record access in an EHR, does that fall into information blocking?"

Elizabeth Holland, CMS: We are still working on our regulations related to information blocking, and so stay tuned. There will be a proposed rule out hopefully later this year.

Ketchum: Thanks, Elizabeth.

A couple more questions here.

This is for PDMP, for auditing of the PDMP Program. "Do we need to take snapshots of an example of a patient chart for each location, including clinics, for the reporting period? Or would a report that shows compliance for each provider meet an audit review?"

Elizabeth Holland, CMS: Well, you only need to do it once for the hospital CCM. So, you just show that you did it once, and that would be sufficient.

Ketchum: Thank you.

Question here, "If my hospital has registered in previous years during the Medicaid program, can the PHA require a new registration?"

Elizabeth Holland, CMS: They could. You need to check with them to see whether… It should probably count, because participation in the Medicaid program and the Medicare program, you could have, as a hospital, participated in both, and it would have counted for both. You could have gotten incentives under both programs. So, I mean, as long as the PHA used the CCN for your hospital, you should still be registered. But who knows. It could vary by the PHA, and they could require that you register again. But I don't think it mattered if it was under the Medicare or the Medicaid program.

Ketchum: Perfect. Thank you.

Going back to the Hardship and the 5-year guidelines, can you just clarify, is it 5 years for a specific CCN, or 5 per year, or one Hardship per 5 years?

I think there's just some confusion around or if you can clarify the years.

Drew Morgan, CMS: Yeah.

Ketchum: Thanks, Drew.

Drew Morgan, CMS: Yeah, Elizabeth, I'll take this one. So, on the Hardships, you can submit a Hardship, and we just ask that of all the Hardships that we have on the application, you just pick one, the instance that best describes the Hardship that you are experiencing. So, if it's approved, that counts as one Hardship towards that CCN number, and you're only allowed to receive five in the lifetime of the program. So, if the CCN reaches its fifth Hardship, and you apply in a sixth year, you will be denied.

As Elizabeth alluded to earlier in the presentation, the only time that the clock would reset, if that hospital restructured and a new CCN was created for that hospital, then the count starts over. There is nothing about five Hardships in a year. There could be five. You could have five reasons why you could get a Hardship, but we're only requiring you to submit one instance of why you would claim the Hardship.

Elizabeth Holland, CMS: And that's important to understand. It's linked to CCN, not to Hardship type. You could have different Hardships each year, but as soon as the number of Hardship sums to five, you cannot receive any more. And as I mentioned, that's because it's in the law.

Ketchum: Okay, Elizabeth, thank you. One additional question here. "What is the process to submit that we are choosing Option 1 of active engagement for the AUR measure in 2024? We were told no manual data submission, therefore, is a vendor required to choose Option 1?"

Elizabeth Holland, CMS: A vendor wouldn't select anything because it would be the hospital that submitted.

Ketchum: Thank you.

At this time, we have no additional questions. We'll give it a minute. As a reminder, if you'd like to ask an audio question, please raise your hand using the hand raising feature, and we will unmute your line. We'll also just monitor the Q&A box here for another minute.

Elizabeth Holland, CMS: The slides will be available. I know people keep asking that.

Ketchum: Yes, the slides and the recording of today will be posted to the events page on the PI Program website in the coming weeks.

Okay, one additional question here. "Regarding ECR, if we attested to Option 1 in 2022 because our EHR was not ready yet, are we required to attest to Option 2 in 2023?"

Elizabeth Holland, CMS: No, you have until 2025 to attest to Option 2. So, you could have started participating in this program in 2012 and been at Option 1 that you registered for years, But now we're finally saying that you need to get away from registration and move into full production. So, we're giving people plenty of time to get to Option 2 by 2025.

Ketchum: Thanks, Elizabeth. We have a couple audio questions. Autumn Grace, your line is unmuted. You may go ahead.

Autumn Grace, Participant: Hi. I'm sorry. You probably said this. I just have a question about the query of the PDMP. I wasn't sure from some of the other questions and the answers. So, were you saying that you don't have to have, like, an electronic interface to track that? You can just, like, say that you did it and take screenshots of the provider querying the PDMP? Or does it have to be linked to your EHR?

Elizabeth Holland, CMS: It does not have to be linked to the EHR. That is exactly the reason why this measure was optional for so long because most EHRs lack that integration, and we are working to try to make that better, but the EHR technology and that integration is not coming along as quickly as possible.

That's why when we made this measure required, we only require that you do one query. As soon as there is the integration on a wide-scale basis, we will definitely,…our goal is to get this to be a performance-based measure, meaning that you would need to submit your numerator and denominator instead of having it being a yes/no. And we would, once the integration is widespread, it is very possible that we were proposed to move this measure to a numerator or denominator measure.

Autumn Grace, Participant: Okay, so, it is one that you can just say yes.

Elizabeth Holland, CMS: Yes. I know, it seems crazy, but it's because the integration isn't widespread.

Autumn Grace, Participant: Okay. Thank you.

Elizabeth Holland, CMS: Mm-hmm.

Ketchum: Okay. Thank you. Our next question comes from Robin Dexter. Robin, your line is unmuted. You may go ahead.

Robin Dexter, Participant: Hello. It's kind of a specific question, but it might be helpful for some other hospitals who have the same problem we do. First of all, we are a surgical hospital, and we are a hospital, we're licensed for overnight beds, but we only do surgery. We don't admit medical patients, if that makes sense. We have no emergency room. We have no intensive care unit, and the only laboratory functionality that we have is a pathology laboratory. Therefore, if we need to get laboratory results, we draw the specimen, it's taken by courier to another hospital, and then when they have the results, and they're sending them back to us, whether it's microbiology, whether it's any kind of laboratory, any results, come back to us via fax. They do not come back so that they can be entered into the electronic health record. They don't come back electronically.

So, with those two things in mind, the fact that we do not have an emergency room, I claimed an exclusion last year on the syndromic monitoring, and I was told I was right, but I never got anything officially from CMS. Am I right on that?

Elizabeth Holland, CMS: If you meet the requirements for the exclusion, yes.

Robin Dexter, Participant: I'm asking you, is that an exclusion, if we do not have an emergency department?

Elizabeth Holland, CMS: That is not one of the syndromic exclusions that I'm aware of. Let me just pull it up. So you have your own, you report under your own CCN?

Robin Dexter, Participant: Correct.

Elizabeth Holland, CMS: Yes. So, for syndromic, there are three exclusions. The first one is, "does not have an emergency department."

Robin Dexter, Participant: There we go. That's it.

Elizabeth Holland, CMS: Great.

Robin Dexter, Participant: Okay.

Elizabeth Holland, CMS: That's why I said, definitely go to the specification sheets. I mean, you could print out the first page of the specification sheet that says, "doesn't have an emergency department," circle it, and just keep it in your files. That would be the documentation that you need to show that you can claim that excluded.

Robin Dexter, Participant: Okay, now for the other two questions. The laboratory reporting, it's not critical results, but it's laboratory results.

Elizabeth Holland, CMS: Reporting?

Robin Dexter, Participant: Reporting.

Since we don't have a lab, we don't have any data to put into the electronic health record. Our results are coming back from another system, and they're coming back by fax.**Elizabeth Holland, CMS:** So, these are the exclusions for that. The first one is, "does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period."

The second one is, "operates in a jurisdiction for which no PHA can accept the specific ELR standards required to meet the CEHRT definition at the start of the reporting period."

The third is, "operates in a jurisdiction where no PHA has declared readiness to receive ELR results from an eligible hospital or CAH as of six months prior to the start of the reporting period."

Those are the only three exclusions that exist today.

Robin Dexter, Participant: Okay, so if we are not physically performing the laboratory test in our hospital, does that first exclusion count for us?

Elizabeth Holland, CMS: That would seem appropriate.

Robin Dexter, Participant: Okay, great.

Now, the last one is the AUR. I just want to get this cleared up. We are frantic trying to figure out what we can do.

Elizabeth Holland, CMS: You are paid under IPPS, right?

Robin Dexter, Participant: Yes.

Elizabeth Holland, CMS: Okay.

Robin Dexter, Participant: Okay, so then the last one with the AUR, once again, we don't have a microbiology lab here, so we don't perform cultures or sensitivities.

That information is sent to an outside hospital.

And as I say, the fax comes back. So, if we're not performing the test ourselves per that first exclusion, it sounds the same to me. Does it to you? You're the experts.

Elizabeth Holland, CMS: Well, as I mentioned, we do not have our AUR materials up, but I can tell you what we finalized. So, the exclusions that we finalized was, "does not have any patients in any patient care location for which data are collected by the NHSN during the EHR reporting period."

Second one is, "does not have electronic medication administration records or barcoded medication administration records or electronic admission discharge transfer ADT system during the EHR reporting period."

And the third one is, "does not have electronic laboratory information system or ADT system during the EHR reporting period."

Robin Dexter, Participant: So we do not have an electronic laboratory system.

Elizabeth Holland, CMS: Okay, there you go.

Robin Dexter, Participant: Perfect. Okay. I really appreciate your time and the expertise.

Elizabeth Holland, CMS: And we will certainly get that spec sheet posted as soon as we can before 2024, because I know people have lots of questions about AUR.

Robin Dexter, Participant: Yes, thank you very much.

Elizabeth Holland, CMS: You're welcome.

Ketchum: Okay. Thanks, Elizabeth.

I just wanted to note that we just pasted, or we just sent out the link again for the 2023 spec sheets so that everyone can find them, but if you do not see the link, they are on the resource library of the Promoting Interoperability Program website. A couple more questions before we close out that have come in.

"If we completed a self-assessment of the SAFER Guides in 2022, will a review of --" Or I'm sorry, they successfully completed the self-assessment of the SAFER guides in 2022. "Will a review of what was done last year count as a yes attestation for 2023 if there are no changes?"

Jessica Warren, CMS: Yes, we still do require that you review the SAFER guides that you had done last year, but if there's nothing new, nothing has changed, then it's perfectly fine. If there are no changes, there simply are no changes.

Ketchum: Okay. Thanks, Jess. Another question about payment adjustments. "How can a Critical Access Hospital calculate what a penalty would amount to if incurred?"

Elizabeth Holland, CMS: Well, only they know how much they get paid from Medicare every year. So right now they'd be getting 101%, and so they would take a percentage off of that, because they would only be getting 100%.

Ketchum: Thank you.

And then a Hardship question. "We had a changeover in personnel." How do they check to see if they filed for a Hardship exception this year?

Drew Morgan, CMS: They can call the service center help desk or the quality net, and they would be able to find out how many Hardships were filed as well if one has been filed for this year.

Elizabeth Holland, CMS: Can we put that information in the chat again?

Ketchum: Yes, we will chat it out.

Elizabeth Holland, CMS: Thank you.

Ketchum: I am not seeing any other questions, so we will just give it one more minute.

We do have one hand raised.

Gwen Grant, your line is unmuted. You may go ahead.

Gwen Grant, Participant: Yes, the new criteria under ONC that were up on the -- I'm not going to get the language right -- the 2015 Edition, requires that FHIR R4 be set up. That's not a totally straightforward process to enable it.

The application may have the functionality, but getting it enabled is a little bit more complex, especially since a third-party vendor is required for validation, and those being hard to find.

Is it sufficient if you're in, you know, basically a setting-up period, configuration process, to enable FHIR R4, or does it have to be fully set up, validated, and functional for the 2023 period?

Elizabeth Holland, CMS: We don't have any measures that require that. However, one requirement we would have is that the technology that you're using is certified to the 2015 Edition Cures Update version.

Gwen Grant, Participant: So basically, if it's certified and that functionality then is embedded in it and is possible, then that edition, then, would that version meet the 2015 requirements even if that FHIR R4 is not in in production, if you will?

Elizabeth Holland, CMS: Yes.

Elizabeth Holland, CMS: Okay. Thank you.

Ketchum: Okay, our next question comes from Robert Lembersky. Robert, you may go ahead. Your line is unmuted.

Robert Lembersky, Participant: Sorry.

My question was answered.

Ketchum: Thank you.

Alright, well, I think this answers all of our questions that have come through. I will pass it back to Jess Warren to go ahead and close us out today.

Jessica Warren, CMS: Thanks, Ali.

So, thank you to everybody who joined today. We've been reading along in the chat all of the questions and answers that have come through. This is our first, hopefully, of a series of PI 101 webinars. It's tough for us to gauge where everybody is starting from, so we are hoping that we can get an understanding of where maybe some of the knowledge gaps are, understand what information needs to be better explained, either in this format, maybe some listservs or some other education opportunities. So if there's anything that you feel would be helpful to review, maybe in a future session or in other educational ways, please feel free to reach out to us.

It's the only way that we can make sure that we get all of the information out to everyone in a way that is usable. So feel free to reach out to us. Reach out through the help desk, reach out through ServiceNow. Feel free to reach out to the Ketchum team. We read every comment that comes in during real time. We read all of the questions that come through the service desk.

This is the entire PI team that's on the call right now. And truly, we really want to make sure that everyone has a really good working understanding, but we've got to start somewhere. So, it is a lot of information, but we don't want it to stop here, so please feel free to keep in touch with us, and we will do whatever we can to help.

So thanks again.