



The Office of the National Coordinator for
Health Information Technology



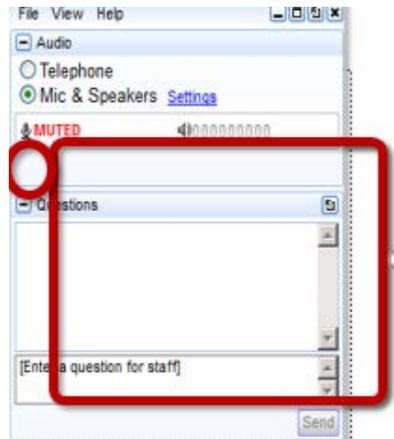
**Joint Public Health Forum & CDC
Nationwide Webinar**

**IPPS Proposed Rule:
Medicare and Medicaid Promoting
Interoperability Programs**

Putting the **I** in Health **IT**
www.HealthIT.gov

Question and Answer Session

How to submit or ask questions for the panel members?



- Submit or Ask Questions
- Submit your text question and comments using the Question Panel
- Please raise your hand to be unmuted for verbal questions.

Centers for Medicare & Medicaid Services
Center for Clinical Standards and Quality
Quality Measurement & Value-Based Incentive Group
Division of Health Information Technology

IPPS Proposed Rule: Medicare and Medicaid Promoting Interoperability Programs

Proposals

- Name Change
 - Promoting Interoperability Program
- EHR reporting period in 2019 and 2020
- Scoring Methodology Proposal
- Objective/Measure Proposals
- CQM Proposals
- Puerto Rico Hospitals
- Medicaid Proposals

Name Change

Promoting Interoperability

Promoting Interoperability Programs

- Medicare and Medicaid Promoting Interoperability Programs
- Align with the overhaul of the EHR Incentive Program
- Focus on measures and objectives that focuses the program on interoperability
- Signals a change in how we view patient data and the safe transmission in health record systems



Certification Requirements Beginning in 2019

2015 Edition

- 2018 IPPS Final Rule allowed for CEHRT flexibility in 2018
- Reiterate that use of the 2015 Edition of CEHRT is required beginning in CY 2019
 - Stage 3 objectives and measures
- Aligns with goal of interoperability



EHR Reporting Period in 2019 and 2020

90 Day Reporting Period

A minimum of any continuous 90 Day EHR Reporting Period in 2019 and 2020

Proposed Scoring Methodology for Eligible Hospitals and CAHs attesting to Medicare

Existing Stage 3 Requirements for Medicare EHs and CAHs

| Objective | Measure (Stage 3 Threshold) | Reporting Requirement |
|--|---|---|
| Protect Patient Health Information | <ul style="list-style-type: none"> Security Risk Analysis (Yes/No) | Report |
| Electronic Prescribing | <ul style="list-style-type: none"> e-Prescribing (>25%) | Report and meet threshold |
| Patient Electronic Access to Health Information | <ul style="list-style-type: none"> Provide Patient Access (>50%) Patient Specific Education (>10%) | Report and meet thresholds |
| Coordination of Care Through Patient Engagement | <ul style="list-style-type: none"> View, Download or Transmit (at least one patient) Secure Messaging (>5%) Patient Generated Health Data (>5%) | Report all, but only meet the threshold for two |
| Health Information Exchange | <ul style="list-style-type: none"> Send a Summary of Care (>10%) Request/Accept Summary of Care (>10%) Clinical Information Reconciliation (>50%) | Report all, but only meet the threshold for two |
| Public Health and Clinical Data Registry Reporting | Immunization Registry Reporting Syndromic Surveillance Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting | Report Yes/No to Three Registries |

2019 Proposed Scoring Methodology for Medicare EHs and CAHs

| Objectives | Measures | Maximum Points |
|--|--|----------------|
| e-Prescribing | e-Prescribing | 10 points |
| | Bonus: Query of Prescription Drug Monitoring Program (PDMP) | 5 points bonus |
| | Bonus: Verify Opioid Treatment Agreement | 5 points bonus |
| Health Information Exchange | Support Electronic Referral Loops by Sending Health Information | 20 points |
| | Support Electronic Referral Loops by Receiving and Incorporating Health Information | 20 points |
| Provider to Patient Exchange | Provide Patients Electronic Access to Their Health Information | 40 points |
| Public Health and Clinical Data Exchange | Syndromic Surveillance Reporting (Required) | 10 points |
| | <u>Choose one or more additional:</u> Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting | |

2020 Proposed Scoring Methodology for Medicare EHs and CAHs

| Objectives | Measures | Maximum Points |
|--|--|----------------|
| e-Prescribing | e-Prescribing | 5 points |
| | Query of Prescription Drug Monitoring Program (PDMP) | 5 points |
| | Verify Opioid Treatment Agreement | 5 points |
| Health Information Exchange | Support Electronic Referral Loops by Sending Health Information | 20 points |
| | Support Electronic Referral Loops by Receiving and Incorporating Health Information | 20 points |
| Provider to Patient Exchange | Provide Patients Electronic Access to Their Health Information | 35 points |
| Public Health and Clinical Data Exchange | Syndromic Surveillance Reporting (Required) | 10 points |
| | <u>Choose one or more additional:</u> Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting | |

Proposed Scoring Methodology Example

| Objective | Measures | Numerator/ Denominator | Performance Rate | Score |
|--|--|---------------------------|---------------------|----------------|
| e-Prescribing | e-Prescribing | 200/250 | 80% | 8 points |
| | Query of Prescription Drug Monitoring Program | 150/175 | 86% | 5 bonus points |
| | Verify Opioid Treatment Agreement | N/A | N/A | 0 points |
| Health Information Exchange | Support Electronic Referral Loops by Sending Health Information | 135/185 | 73% | 15 points |
| | Support Electronic Referral Loops by Receiving and Incorporating Health Information | 145/175 | 83% | 17 points |
| Provider to Patient Exchange | Provide Patients Electronic Access to Their Health Information | 350/500 | 70% | 28 points |
| Public Health and Clinical Data Exchange | Syndromic Surveillance Reporting (Required) | Yes | N/A | 10 points |
| | <u>Choose one or more additional:</u> Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting | Yes | | |
| Total Score | | | | 83 points |



Measure Proposals

Objective/Measure Proposals for Medicare EHs and CAHs

- Objective Proposals
 - We made proposals to maintain, modify and remove objectives from the existing Stage 3 requirements
- Measure Proposals
 - We proposed 3 new measures, removed 6 measures, and maintained or modified additional objectives and measures
- Exclusion Criteria Proposals
 - Retained or removed exclusion criteria for several measures
- Request for Comment

Summary of Measure Proposals

| Measure Status | Measure Name |
|---|--|
| Measures retained from Stage 3 with no modifications* | <ul style="list-style-type: none"> e-Prescribing Immunization Registry Reporting Syndromic Surveillance Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting |
| Measures retained from Stage 3 with modifications | <ul style="list-style-type: none"> Send a Summary of Care (Proposed Name: Supporting Electronic Referral Loops by Sending Health Information) Provide Patient Access (Proposed Name: Provide Patients Electronic Access to Their Health Information) |
| Removed measures | <ul style="list-style-type: none"> Request/Accept Summary of Care Clinical Information Reconciliation Patient-Specific Education Secure Messaging View, Download or Transmit Patient Generated Health Data |
| New measures | <ul style="list-style-type: none"> Query of Prescription Drug Monitoring Program (PDMP) Verify Opioid Treatment Agreement Support Electronic Referral Loops by Receiving and Incorporating Health Information |

New Measures for the e-Prescribing Objective

- **Query of Prescription Drug Monitoring Program (PDMP):** For at least one Schedule II opioid electronically prescribed using CEHRT during the EHR reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a Prescription Drug Monitoring Program (PDMP) for prescription drug history is conducted, except where prohibited and in accordance with applicable law.
- **Verify Opioid Treatment Agreement:** For at least one unique patient for whom a Schedule II opioid was electronically prescribed by the eligible hospital or CAH using CEHRT during the EHR reporting period, if the total duration of the patient's Schedule II opioid prescriptions is at least 30 cumulative days within a 6-month look-back period, the eligible hospital or CAH seeks to identify the existence of a signed opioid treatment agreement and incorporates it into CEHRT.

New Measures for the Health Information Exchange Objective

- **Support Electronic Referral Loops by Receiving and Incorporating Health Information:** For at least one electronic summary of care record received for patient encounters during the EHR reporting period for which an eligible hospital or CAH was the receiving party of a transition of care or referral, or for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient, the eligible hospital or CAH conducts clinical information reconciliation for medication, medication allergy, and current problem list.

*This measure combines the functionalities and goals of Request/Accept Summary of Care and Clinical Information Reconciliation measures that is currently in Stage 3.

Exclusion Criteria

We are proposing to remove exclusion criteria from all measures except for:

- e-Prescribing Objective
 - E-Prescribing measure
 - Query of PDMP measure
 - Verify Opioid Treatment Agreement measure
- Health Information Exchange
 - Support Electronic Referral Loops by Receiving and Incorporating Health Information under Health Information Exchange measure
- Public Health and Clinical Data Exchange measures

Request for Comment

- Potential New Measures under Health Information Exchange
 - “Health Information Exchange Across the Care Continuum” to include healthcare providers in care settings such as long term care and post-acute care providers (ex: SNF, home health, behavioral health)
 - Support Electronic Referral Loops by Sending Health Information Across the Care Continuum
 - Support Electronic Referral Loops By Receiving and Incorporating Health Information Across the Care Continuum



Promoting Interoperability Program Future Direction

Future Direction

- Seeking comment :
 - The PI Program support HHS goals
 - Trusted Exchange Framework and Common Agreement (TEFCA) health IT activity
 - Ways to reduce burden
 - What other activities should we consider in the next phase of the PI Program?



CQM Proposals for the Medicare and Medicaid Promoting Interoperability Programs

CQM Proposals

- No changes for CQM reporting for CY 2019 under the PI Program
- We encourage eligible hospitals and CAHs to submit their CQMs electronically through Hospital IQR
- Proposal for CY 2020 – alignment with Hospital IQR reducing the number of CQMs available from 16 to 8.



Participation in the Medicare Promoting Interoperability Program for Subsection (d) Puerto Rico Hospitals

Puerto Rico Proposals

- Proposing to formalize the Medicare PI Program for eligible hospital hospitals in Puerto Rico.
- Previously implemented in 2016 through guidance
- Proposing to align the requirements with the requirements for other eligible hospitals in the Medicare PI Program.

Comment Period

Comments on the FY 2019 IPPS and LTCH proposed rule are due no later than 5 p.m. ET Monday, June 25, 2018. The public can submit comments in several ways:

- By regular mail
- By express or overnight mail
- By hand or courier
- Electronically: Through the "submit a comment" instructions on the Federal Register