Overview of the Changes to the Meaningful Use Program Called for in the Proposed Inpatient Prospective Payment System Rule

April 27, 2018

NOTE: These policies have only been proposed. No policies are final until they are published in the final IPPS rule which comes out in August. The proposed rule was published on April 24, 2018. A Centers for Medicare & Medicaid Services (CMS) fact sheet on the rule can be found here. Comments are due to CMS on June 25.

Document Scope:

The purpose of this cheat sheet is to provide an overview of the policy changes laid out by CMS to the Meaningful Use program. However, we wanted to be sure to alert our members that significant changes to quality measurement reporting have also been proposed. For 2019 CMS has called for reporting: 1) one, self-selected calendar quarter of data; 2) reporting on at least four self-selected CQMs from the set of 16; 3) removing eight chart-abstracted measures and two claims-based measures; and 4) use 2015 Edition of certified electronic health records (CEHRT). For 2020 they have proposed removing one chart-abstracted measure claims-based measure, and seven eCQMs from the Hospital IQR Program measure set.

Key Meaningful Use Changes

- Meaningful Use Program has been renamed the "Promoting Interoperability Program."
- While pure pass/fail approach has been removed, components remain. For instance, failure to meet the risk assessment and the public health measures constitutes overall failure.
- Agency has called for moving to a 100-point scoring system, with 50 points needed to be successful in 2019.
- Under the new system, there would be four objectives and eight measures (plus risk assessment, which would not be scored but is required).
- Hospitals must report on all required measures across all objectives to earn any score at all.
- CMS has proposed removing the Care Coordination objective and all its associated measures (View, Download and Transmit, Secure Messaging, and Patient-generated Data) under the new program.
- 90-day reporting for 2019 and 2020

Program Name Change (page 1332)

CMS has called for renaming the program the "Promoting Interoperability Program" to better reflect the intended goals to spur increased interoperability, data sharing and patient access to records.

Certification Requirements for 2019 (pages 1332-1338)

CMS is moving ahead as planned with the required use of 2015 CEHRT. They feel this will be helpful to have more up-to-date standards and functionality, including use of the application programming interface (API) technology. They argue that permitting use of 2014 CEHRT in 2019 would require vendors to continue supporting two different versions of software. They add the 2015 Edition includes the Common Clinical Data Set (C-CDS), a core data set and the US Core Data for Interoperability (USCDI), which builds off the Common Clinical Data Set that will be used by those participating in the Trust Exchange Framework. Finally, they note the 2015 Edition contains the capability for providers to autonomously export data from an EHR without requiring the help of a vendor.

CMS references ONC data that found at the start of Q1 2018, 66 percent of eligible clinicians and 90 perent of eligible hospitals had access to 2015 CEHRT.

Reporting Period (pages 1338-1341)

CMS has called for changing the reporting periods from a year starting in 2019, as previously finalized, to any continuous 90-day period in calendar years 2019 and 2020. CMS' rationale for shortening the reporting period is to give providers time to adjust the new API functionality, including testing and adapting workflows, as well as, giving hospitals adequate time to adapt to the new scoring methodology (described below). This applies to all providers, including Medicaid. Incentive payment years, adjustment years and attestation deadlines remain unchanged.

New Scoring Methodology (pages 1341-1349, 1356)

CMS has proposed a vastly different scoring methodology beginning in 2019. CMS has said they have exercised some of the discretion offered by Congress by way of the Bipartisan Budget Act of 2018, which permits CMS to end the "escalator clause" in HITECH that required the agency make the program harder over time. CMS has said they are "proposing a new scoring methodology that reduces burden and provides greater flexibility to hospitals while focusing on increased interoperability and patient access." The key policies associated with the new scoring system are outlined below:

- Fewer measures – down from 16 to six
- Fewer objectives – down from six to four
- The four objectives would be comprised of:
    1. ePrescribing
    2. Health Information Exchange
    3. Provider to Patient Exchange
    4. Public Health & Clinical Data Exchange
- Scoring would occur at the individual measure level and be based on a hospital's performance
- A hospitals aggregate performance on the measures would constitute its score
- There would be a possible 100 points total available and at least 50 points need to be successful in 2019 to avert a penalty
- CMS has said, "Our vision is for every eligible hospital and CAH [critical access hospital] to perform at 100 percent for all of the objectives and associated measures… We

believe that the 50-point minimum Promoting Interoperability score provides the necessary benchmark to encourage progress in interoperability and also allows us to continue to adjust this benchmark as eligible hospitals and CAHs progress in health IT."

The new scoring would apply to Medicare-only and dual eligible hospitals. It would not apply to Medicaid-only hospitals. It would, however, be optional for states to apply the new methodology to Medicaid providers via their State Medicaid HIT Plans (see pages 1416-1417 for more details on Medicaid). CMS is also considering whether they should extend similar flexibilities to Medicaid eligible professionals.

And, if CMS does not adopt the newly proposed scoring system, they note it is the agency's intent to remain with existing Stage 3 requirements (with the exception of adding two new opioid measures discussed in greater detail below).

Hospitals' scores would be based upon numerators and denominators for each measure (except for public health measures that have "yes/no").

Overview of New Objectives and Measures (pages 1350)

1. **ePrescribing Objective (pages 1350-1352. Also see pages 1371-1387 for a detailed overview of the measures)**

- Contains three measures (2 new):
    1. **The existing ePrescribing measure:** up to 10 points available in 2019 and 5 points in 2020.
    2. **Query of Prescription Drug Monitoring Program (PDMP) [NEW]**: up to 5 points
        - **NOTE:** Would be optional in 2019[1]. Exclusion would be available in 2020 to accommodate varying state requirements around eprescribing of controlled substances. Points would be redistributed to the ePrescribing measure.
    3. **Verify Opioid Treatment Agreement [NEW]:** up to 5 points
        - **NOTE:** Would be optional in 2019[2]. Exclusion would be available in 2020 to accommodate varying state requirements around eprescribing of controlled substances. Points would be redistributed to the ePrescribing measure.
- If hospital claims ePrescribing exclusion in 2019, points would be redistributed among Health Information Exchange (HIE) measures.
- If hospital claims exclusions for all measures, weight would be redistributed evenly among the two HIE measures.

[1] CMS has proposed making optional since it may require vendor development and providers may not have capability in time. Would be required starting 2020.

[2] CMS has proposed making optional since it may require vendor development and providers may not have capability in time. Would be required starting 2020.

2. **Health Information Exchange Objective (page 1352. Also see pages 1388-1402 for a detailed discussion of the measures)**

- Contains two measures (both new) both of which would be required to be reported:
    1. Support Electronic Referral Loops by Sending Health Information Measure **[RENAMED]:** up to 20 points
        - To create this measure, CMS combined the pre-existing measures, "Request / Accept Summary of Care" and the "Clinical Information Reconciliation" into a single new measure
    2. **Support Electronic Referral Loop by Receiving and Incorporating Health Information [NEW]:** up to 20 points[3]
        - To create this measure, CMS took the pre-existing measure, "Send Summary of Care" and renamed it.

3. **Provider to Patient Exchange (page 1353. Also see pages 1403-1409 for a detailed discussion of the measure)**

- Contains one measure, "**Provide Patients Electronic Access to Their Health Information":** up to 40 points in 2019 and up to 35 points in 2020

NOTE: CMS has said they are considering adding two potentially new measures associated with supporting the electronic referral loop by sending and receiving information across the care continuum. Under these measures, a hospital would send / receive an electronic summary of care for transitions of care / referrals with a provider of care other than the sending / receiving hospital (page 1369 and see pages 1413-1416 for a detailed discussion).

NOTE: CMS is calling for providers to meet all required measures in each objective to be successful. They are accepting comments on whether meeting fewer measures should be adequate to be successful (page 1357-1358). Further, CMS is seeking comment on the feasibility of moving to a new point system in 2019 (page 1363). They also seek comments on how the new scoring system should evolve in future years (page 1364). Further, CMS has said, "we continue to evaluate and consider broader HHS and CMS initiatives and priorities to advance health IT when considering and proposing new measures or changes to existing measures. CMS has identified certain priorities which align with the broader HHS [Health and Human Services] initiatives encouraging increased use of prescription drug monitoring programs (PDMPs) to reduce inappropriate prescriptions, improve patient outcomes and allow for more informed prescribing practices" (page 1365).

4. **Public Health and Clinical Data Exchange (page 1354. See also pages 1409-1412 for a detailed discussion of the measures)**

[3] Since this measure is entirely new, CMS has proposed an exclusion for 2019. If exclusion is claimed, points would be redistributed to the other HIE measure, "Support Electronic Referral Loops by Sending Health Information."

- Would be reported using yes / no responses and not based on performance.
- 10 points available for a "yes."
- Hospitals would be required to report on this objective to be successful in the new program.
- Would be required to report on the **Syndromic Surveillance measure** and **one additional measure of the hospital's choice:**[4]
    a. Immunization Registry Reporting
    b. Electronic Case Reporting
    c. Public Health Registry
    d. Clinical Data Registry Reporting
    e. Electronic Reportable Laboratory Result Reporting
- Reporting more than two measures in this objective would not earn a hospital extra points.

Security Risk Analysis (pages 1354-1356)

CMS is calling for maintaining the requirement to meet the risk analysis measure from the existing program; however, they are proposing not to assign any points to it. But, providers must attest to having met it, otherwise they would not meet the program's requirements.

[4] CMS has maintained exclusions for all measures. Redistribution of points would be to the Provider to Patients Electronic Access to their Health Information.

Proposed Performance-Based Scoring Methodology Point System in 2019

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) Choose one or more additional: Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting	10 Points

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) Choose one or more additional: Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting	Yes	N/A	10 points
Total Score				**83 points**

Comparison of Stage 3 to New Performance-Based Scoring System (see also page 1370)

Blue = required but no points assigned; Green = Renamed; Red = New

Objective	Measure		Objective	Measure
Protect Patient Info	Security Risk Analysis			Security Risk Analysis (no points but must meet)
Electronic Prescribing	Erxg: 25%		E-Prescribing	e-Prescribing Query of Prescription Drug Monitoring Program (PDMP) [NEW] Verify Opioid Treatment Agreement [NEW]
Patient Access to Info	Provide access: 50% ~~Patient education: 10%~~		Provider to Patient Exchange [RENAMED]	Provide Patients Electronic Access to Their Health Information [RENAMED]
~~Coordination of Care~~	~~View, download, transmit: at least one patient~~ ~~Secure messaging: 5%~~ ~~Patient generated data: 5%~~			
Health Info Exchange	Send Summary of Care (SoC): 10% ~~Request/Accept SoC: 10%~~ ~~Clinical Info Reconciliation: 50%~~		Health Info Exchange	Support Electronic Referral Loops by Sending Health Information [RENAMED] Support Electronic Referral Loops by Receiving and Incorporating Health Information [NEW]
Public Health Reporting	Report to 3: Immunization Syndromic Public Health Clinical Data Electronic Lab		Public Health and Clinical Data Exchange [RENAMED]	Syndromic Surveillance Reporting Choose one or more additional: Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting

Alternate Scoring Methodology Considered (pages 1349-1350)

CMS says they considered an alternate approach to scoring which would involve scoring at the objective level rather than the measure level whereby hospitals would only be required to report on one measure from each objective to earn a score for that objective. Therefore, under this alternate scenario, scoring would be based on four measures, one from each objective. And, each objective would be weighted similarly to their primary proposal with bonus points available for meeting anything beyond the four measures. CMS seeks comments on this approach and whether flexibilities should be granted, such as letting hospitals pick which measures to report on within an objective and how the measures should be weighted.