Cheat Sheet
IPPS: Promoting Interoperability Summary (May 2019)

On May 3rd the Centers for Medicare and Medicaid Services (CMS) published their proposed inpatient prospective payment system rule. CMS' fact sheet on the rule can be found here.

High-Level Takeaways on Proposed Changes in the rule

A. Promoting Interoperability Measure Changes

1. Remove the Verify Opioid Treatment Agreement measure;
1. Continue the Query of PDMP measure as optional with 5 bonus points; and
2. Change the maximum points available for the e Prescribing measure to 10 points beginning in CY 2020 (in the event CMS finalizes the proposed changes to the Query of PDMP measure).

B. Pertinent CQM Proposal

1. **CMS is proposing to adopt two new opioid-related clinical quality measures;**
2. **They ask whether they should consider proposing to adopt the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and EHR Data in future rulemaking for the Promoting Interoperability Program.**

CMS' Four Main Goals for Promoting Interoperability

1. Promoting stability within the program after the recent changes made in last year's final rule while continuing to further interoperability through the use of certified EHRs (CEHRT);
2. Reducing administrative burden;
3. Continued use of the 2015 Edition CEHRT and
4. Improving patient access to their EHRs so they can make fully informed health care decisions.

Proposed Changes to EHR Reporting Period

2019: CMS is proposing to:
1. Eliminate requirement that, for the 2020 payment year, for a hospital that has not successfully demonstrated it is a meaningful EHR user in a prior year, the EHR reporting period in CY 2019 must end before and the hospital must successfully register for and attest to meaningful use no later than the October 1, 2019 deadline;
2. Establish an EHR reporting period of a minimum of any continuous 90-day period in CY 2021 for new and returning hospitals in the Medicare Promoting Interoperability Program attesting to CMS (note: CMS already established a 90-day reporting period for 2019 and 2020 – this remains unchanged). Therefore, these hospitals they would could report thru the end of 2019 instead of by October 1, 2019 as earlier finalized.

2021: For CY 2021, the EHR reporting period would be a minimum of any continuous 90-day period. Applies to Medicare and Medicaid. Also, December 31, 2021 is the last date Medicaid can make payments.

Promoting Interoperability Measures: Actions Must Occur Within the EHR Reporting Period

- CMS continues to field questions about whether action must occur within a reporting period. Current policy for Medicare and Medicaid (see FAQ 8231) allows counting actions outside the reporting period (unless expressly prohibited) so long as the actions start no earlier than the start of the reporting period and occur no later than the attestation.
- Starting in CY 2020, CMS proposes Medicare hospitals (does not apply to Medicaid – policy to count actions outside of reporting period still applies) actions will only count if they occurred during the EHR reporting period that was selected by the hospital
    - One exception to this proposed policy is the Security Risk Analysis measure which can occur anytime during the calendar year in which the reporting period occurs.

Proposed Changes to Measures Under the Electronic Prescribing Objective

NOTE: CMS has clarified they define opioids as Schedule II controlled substances.

Query of Prescription Drug Monitoring Program (PDMP) Measure

- Last year CMS finalized this measure as optional in CY 2019 (eligible for 5 bonus points) and required beginning in CY 2020;
- They propose:
    - For 2019 removing the numerator and denominator they previously established and replacing it with a "yes/no" response during attestation. Yes means at least one Schedule II opioid was prescribed electronically and CEHRT was used to query the PDMP (except where prohibited).
    - For 2020 making this measure optional. They also plan on removing exclusions in 2020.
- If this change is finalized CMS will make the e-Prescribing measure would be worth up to 10 points in CY 2020 and subsequent years

They propose these changes because:

- PDMPs operate independently within states and are not currently linked into a larger system; therefore, no comprehensive national PDMP prescription data are available. Moreover, there is no uniform way of accessing PDMP data across states, as data platforms differ by state.
- ONC is currently engaged in an assessment to better understand the current state of policy and technical factors impacting PDMP integration across states. This assessment is exploring factors like PDMP data integration, standards and hubs used to facilitate

interstate PMDP data exchange, access permissions, and laws and regulations governing PDMP data storage.

- Section 5042(a) of the SUPPORT for Patients and Communities Act added section 1944 to the Act, titled "Requirements relating to qualified prescription drug monitoring programs and prescribing certain controlled substances." This section:
  - Increases federal Medicaid matching rates during FY 2019 and 2020 for certain State expenditures relating to qualified PDMPs administered by States; and
  - Requires CMS, in consultation with the Centers for Disease Control and Prevention (CDC), to issue guidance not later than October 1, 2019 on best practices on the uses of PDMPs required of prescribers and on protecting the privacy of Medicaid beneficiary information maintained in and accessed through PDMPs.

Verify Opioid Treatment Agreement Measure

- Last year CMS finalized this measure as optional in CY 2019 and 2020.
- CMS has proposed removing this measure in 2020 for the following reasons:
  - Does not further interoperability
  - Lack of certification standards and criteria
  - Calculating 30 cumulative day look-back period
  - Unintended burden caused by lack of definition and standards

Health Information Exchange Objective: Support Electronic Referral Loops by Receiving and Incorporating Health Information

CMS has proposed revising the regulations for the Support Electronic Referral Loops by Receiving and Incorporate Health Information measure such that the electronic summary of care record must be received using CEHRT and that clinical information reconciliation for medication, medication allergy, and current problem list must be conducted using CEHRT.

Proposed Changes to the Scoring Methodology for Hospitals Attesting to Medicare Promoting Interoperability Program for 2020

CMS has proposed for CY 2020 to:

1. Remove the Verify Opioid Treatment Agreement measure;
2. Continue the Query of PDMP measure as optional with 5 bonus points; and
3. Change the maximum points available for the e Prescribing measure to 10 points beginning in CY 2020 (in the event they finalize the proposed changes to the Query of PDMP measure).

The below table depicts the proposed changes.

Proposed Performance-based Scoring Methodology
EHR Reporting Period in CY 2020

Objective	Measure	Maximum Points
Electronic Prescribing	e-Prescribing*	10 points
	Bonus: Query of PDMP*	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	Choose any two: • Syndromic Surveillance Reporting • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Electronic Reportable Laboratory Result Reporting	10 points

Note. The Security Risk Analysis measure is required, but will not be scored.
* Measures with proposed changes to scoring are denoted with an asterisk (*).

Clinical Quality Measures

CQMs available for reporting in 2020

Eligible hospitals and CAHs must report on clinical quality measures (CQMs) selected by CMS using CEHRT, as part of being a meaningful EHR user under the Medicare and Medicaid Promoting Interoperability Programs. Below is a list of CQMs available for reporting in 2020.

CQMs for Eligible Hospitals and CAHs Beginning With CY 2020

ED-2	Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	0497
PC-05	Exclusive Breast Milk Feeding	0480
STK-02	Discharged on Antithrombotic Therapy	0435
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	0438
STK-06	Discharged on Statin Medication	0439
VTE-1	Venous Thromboembolism Prophylaxis	0371
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372

Proposed Additional CQMs for Reporting Periods Beginning with CY 2021

CMS is proposing to adopt two new opioid-related clinical quality measures and are seeking comments on whether they should consider proposing to adopt the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and EHR Data in future rulemaking for the Promoting Interoperability Program.

The Safe Use of Opioids- Concurrent Prescribing CQM: This measure seeks to encourage health care providers to identify patients who have concurrent prescriptions for opioids or opioids and benzodiazepines, and discourage health care providers from prescribing these drugs concurrently, whenever possible.

The Hospital Harm- Opioid-Related Adverse Events eCQM: This measure is designed to reduce adverse events associated with the administration of opioids in the hospital setting by assessing the administration of naloxone as an indicator of harm.

Hybrid Hospital-Wide Readmission (HWR) Measure
CMS plans to adopt the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and EHR Data, beginning with the July 1, 2023 through June 30, 2024 reporting period under the Hospital IQR Program.

The Hybrid HWR measure is designed to capture all unplanned readmissions that arise from acute clinical events requiring urgent re-hospitalization within 30 days of discharge, and it provides a facility-wide picture of this aspect of care quality for Medicare fee-for-service (FFS) beneficiaries who are 65 years or older and hospitalized in non-federal hospitals. In addition, the measure reports a single summary risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission within 30 days of hospital discharge for any eligible condition, and indicates the hospital-level standardized readmission ratios (SRR) for each category. The discharge condition categories or procedure categories for this measure are: (1) surgery/gynecology; (2) general medicine; (3) cardiorespiratory; (4) cardiovascular; and (5) neurology.

They request comment on whether they should adopt it in future rulemaking for the Promoting Interoperability Program starting with the reporting period in CY 2023. Under the IQR the reporting period would July 1, 2023 to July 1, 2024, which does not align with CQMs which is one self-selected quarter.

Proposed CQM Reporting Periods and Criteria in CY 2020 and 2021

CMS is proposing the same CQM reporting period for 2020 and 2021 as they adopted in last year's rule. They propose: Hospitals participating only in the Promoting Interoperability Program or participating in both Promoting Interoperability Program and IQR: Report one, self-selected calendar quarter of data for four self-selected CQMs from the set of available CQMs;

A submission period for the Medicare Promoting Interoperability Program 2 months following the close of the calendar year, ending February 28, 2021 (for the CQM reporting period in CY 2020) and February 28, 2022 (for the CQM reporting period in CY 2021). Under Medicaid Promoting Interoperability states would have discretion to set submission methods and reporting timeframes. Hospitals without the ability to report electronically must report all CQMs.

Proposed CQM Reporting Periods and Criteria in CY 2022

- For hospitals participating only in the Promoting Interoperability Program or participating in both the Promoting Interoperability Program and IQR, report one, self-selected calendar quarter of data for: a) three self-selected CQMs from the set of available CQMs; and b) the proposed Safe Use of Opioids – Concurrent Prescribing CQM (NQF #3316e), for a total of four CQMs.
- Hospitals without the ability to report electronically must report all CQMs.

CQM Reporting Form and Method Requirements for the Medicare Promoting Interoperability Program in CY 2020

Requiring EHR Technology to be Certified to All Available CQMs

CMS continues to propose requiring EHRs be certified to all available CQMs adopted for the Medicare Promoting Interoperability Program for CY 2020 and subsequent years.

Other CQM Form and Method Requirements

- CMS continues policy of requiring QRDA–I for CQM electronic submissions for Promoting Interoperability program.
- States would continue to have the option to allow or require QRDA–III for CQM reporting.

For 2020 CMS proposes:

- Hospitals participating in the Medicare Promoting Interoperability Program (single program participation)—electronically report CQMs through QualityNet Portal;
- Hospital options for electronic reporting for multiple programs (Promoting Interoperability Program + IQR)—electronically report through QualityNet Portal
- Continue eCQM policy requiring use of the most recent version of the CQM electronic specification for which the EHR is certified. For the CY 2020 this is the of 2018 CQM specifications update (published in May 2018).

Proposed Modification to Reporting Methods for CQMs Beginning with the Reporting Period in CY 2023

Beginning with the CQM reporting period in CY 2023, CMS calls for eliminating attestation as a method for reporting CQMs for the Medicare Promoting Interoperability Program and instead requiring all hospitals to submit their CQM data electronically through the reporting methods available for the Hospital IQR Program.