ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR THE 2023 EHR REPORTING PERIOD

The following information is for eligible hospitals and critical access hospitals (CAHs) attesting to CMS for their participation in the Medicare Promoting Interoperability Program in calendar year (CY) 2023.

Objective	Public Health and Clinical Data Exchange
Bonus Measure	**Public Health Registry Reporting** The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit data to public health registries.

Definition of Terms

Active Engagement: Means that the eligible hospital or CAH is in the process of moving towards sending "production data" to a PHA or clinical data registry (CDR), or is sending production data to a PHA or CDR.

Active Engagement Option 1: *Pre-production and Validation:* The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. Then, the eligible hospital or CAH begins the process of testing and validation of the electronic submission of data. Eligible hospitals or CAHs must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that eligible hospital or CAH not meeting the measure.

Note: This option allows eligible hospitals or CAHs to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Eligible hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

Active Engagement Option 2: *Validated Data Production*: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Production Data: Refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and “test data” which may be submitted for the purposes of enrolling in and testing electronic data transfers.

Reporting Requirements

- The EHR reporting period in 2023 for participants attesting to CMS is a minimum of any continuous 90-day period within the calendar year.
- Eligible hospitals and CAHs can report on the following **two optional measures** under the Public Health and Clinical Data Exchange objective: Clinical Data Registry Reporting, OR, Public Health Registry Reporting.
    - Attesting YES to either measure will result in an additional 5 bonus points.
    - Reporting on both measures will not result in more than 5 bonus points.
    - Eligible hospitals and CAHs must submit their level of active engagement for each measure in the Public Health and Clinical Data Exchange objective that they submit.
- Attesting NO to either bonus measure will not affect a participant's final score.

Scoring Information

- Total points available for the bonus measure: 5 bonus points.
- 100 total points will be available for the required objectives and measures of the Medicare Promoting Interoperability Program.
- Failure to report at least a "1" for all required measures with a numerator or reporting a "No" for a Yes/No response measure (except for the SAFER Guides measure[1]) will result in a total score of 0 points for the Medicare Promoting Interoperability Program. Such eligible hospitals or CAHs who fail to achieve a minimum total score of 60 points are not considered meaningful users and may be subject to a downward payment adjustment.
- *Rounding*: When calculating the performance rates and measure and objective scores, scores will be rounded to the nearest whole number.
- *Reminder:* In order to earn a score greater than zero, an eligible hospital or CAH must complete the activities required by the Security Risk Analysis and SAFER Guides[1] measures, submit their complete numerator and denominator or Yes/No data for all required measures, submit their level of engagement for the Public Health and Clinical Exchange measures, attest to the Actions to limit or restrict the compatibility or interoperability of CEHRT statement, and the ONC Direct Review attestation, as well as report on the required electronic clinical quality measure data.

Additional Information

- For an EHR reporting period in CY 2023, eligible hospitals and CAHs must use technology certified to the 2015 Edition of health IT certification criteria and updated to the 2015 Edition Cures Update to meet the CEHRT definition.

[1] In 2023, eligible hospitals and CAHs will be required to submit one "yes/no" attestation statement for completing an annual self-assessment using all nine SAFER Guides, and a "yes" or "no" attestation response will fulfill the measure.

- To learn more about the 2015 Edition Cures Update and the changes to 2015 Edition certification criteria finalized in the 21st Century Cures Act final rule (85 FR 25642), we encourage hospitals to visit https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update.
- To check whether a health IT product that has been certified updated for the 2015 Edition Cures Update criteria, visit the Certified Health IT Product List (CHPL) at https://chpl.healthit.gov/.
- Certified functionality must be used as needed for a measure action to count in the numerator during an EHR reporting period. However, in some situations the product may be deployed during the EHR reporting period, but pending certification. In such cases, the product must be certified by the last day of the EHR reporting period.
- Eligible hospitals or CAHs that have previously registered, tested, or begun ongoing submission of data to a registry do not need to "restart" the process.
- If the PHA does not use a specified standard, it must use another standard specified in Title 45 of the Code of Federal Regulations at 170.205 to meet the measure. For example, the transmission could be in the form of a Consolidated Clinical Document Architecture (C-CDA) per 170.205(a)(4), or Quality Reporting Document Architecture (QRDA) per 170.205(h)(2).
- The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the health care provider is reporting. A registry that is ''borderless'' would be considered a registry at the national level and would be included for purposes of this measure.
- Reporting more than one bonus measure for this objective will not earn the eligible hospital or CAH any additional bonus points.

Regulatory References

- For further discussion, please see 83 FR 41634 through 41677,86 FR 64571 through 65475, and 87 FR 49334 through 49342.

- In order to meet this measure, an eligible hospital or CAH must use technology certified to the criteria at 45 CFR 170.315 (f)(6) and (f)(7).

Certification Criteria

Below are the corresponding certification criteria for EHR technology that support this measure.

Certification Criteria
§ 170.315(f)(6) Transmission to Public Health Agencies—Antimicrobial Use and Resistance Reporting
§ 170.315(f)(7) Transmission to Public Health Agencies—Health Care Surveys