Promoting Interoperability
PROGRAMS

MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE HOSPITALS, CRITICAL ACCESS HOSPITALS, AND DUAL-ELIGIBLE HOSPITALS ATTESTING TO CMS OBJECTIVES AND MEASURES FOR 2019

The following information is for eligible hospitals, critical access hospitals (CAHs), and dual-eligible hospitals attesting to CMS for their participation in the Medicare Promoting Interoperability Program in 2019. Those attesting to their state should refer to the 2019 Promoting Interoperability Medicaid specification sheets.

Objective	Public Health and Clinical Data Exchange
Measure	**Immunization Registry Reporting** The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).
Exclusion	Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH: I. Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the electronic health record (EHR) reporting period; II. Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the certified electronic health record (CEHRT) definition at the start of the EHR reporting period; or III. Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the EHR reporting period.

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 CDR, or is sending production data to a PHA or CDR.

Active Engagement Option 1: Completed Registration to Submit Data: 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. 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: Testing and Validation: The eligible hospital or CAH is in the process of testing and validating 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.

Active Engagement Option 3: 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 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

- YES/NO - The eligible hospital or CAH must attest YES to being in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/IIS.
- The EHR reporting period in 2019 for new and returning participants attesting to CMS is a minimum of any continuous 90-day period within the calendar year.
- Eligible hospitals and CAHs are required to report on any **two measures** of the eligible hospital or CAHs choice.

Scoring Information

- Total points available: 10 points for attesting to two measures.
- If one exclusion is claimed, but one measure is attested to, the 10 points will be granted for this objective.
- If two exclusions are claimed, then the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.
- 100 total points will be available for the Medicare Promoting Interoperability Program.
- In order to earn a score greater than zero, an eligible hospital or CAH must complete the activities required by the Security Risk Analysis measure and submit their complete numerator and denominator or yes/no data for all required measures.
- *Rounding*: When calculating the performance rates and measure and objective scores, we stated that we would generally round to the nearest whole number. Scores under 50 points would not be considered meaningful users.

Additional Information

- Beginning with program year 2019, eligible hospitals and CAHs must use 2015 Edition CEHRT. The 2015 Edition functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. The eligible hospital or CAH must be using the 2015 Edition functionality for the full EHR reporting period. In many situations the product may be deployed, pending certification.
- An exclusion for a measure counts toward meeting the requirement to report on two measures. An eligible hospital or CAH does not have to exhaust all six exclusions to meet the reporting requirements of the measure.
- If PHAs have not declared six months before the start of the EHR reporting period whether the registry they are offering will be ready on January 1st of the upcoming year for use by providers seeking to meet EHR reporting periods in that upcoming year, an eligible hospital or CAH can claim an exclusion.
- An exclusion does not apply if an entity designated by the immunization registry or IIS can receive electronic immunization data submissions. For example, if the immunization registry cannot accept the data directly or in the standards required by CEHRT, but if it has designated a health information exchange (HIE) to do so on their behalf and the HIE is capable of accepting the information in the standards required by CEHRT, the eligible hospital or CAH could not claim the second exclusion.
- An eligible hospital or CAH's health information technology (HIT) system may layer additional information on the immunization history or forecast, and still successfully meet this measure.

- Bi-directionality provides that certified HIT must be able to receive and display a consolidated immunization history and forecast in addition to sending the immunization record.
- Eligible hospitals or CAHs who have previously registered, tested, or begun ongoing submission of data to a registry do not need to "restart" the process.
- Non-vaccinating providers can get credit for the Immunization Registry Reporting measure for Promoting Interoperability if they can query and receive results (i.e., the consolidated immunization record and forecast) into their electronic health record (EHR) from the Immunization Information System (IIS) in accordance with HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014).

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (e)(8)(i). For further discussion, please see 83 FR 41634 through 41677.
- In order to meet this measure, an eligible hospital or CAH must possess the capabilities and standards of CEHRT at 45 CFR 170.315 (f)(1).

Certification Criteria and Standards

Below is the corresponding certification criteria and standards for EHR technology that supports this measure.

Certification Criteria
Information about certification for 2015 Edition CEHRT can be found at: § 170.315(f)(1) Transmission to immunization registries

Certification Standards
Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub: https://www.healthit.gov/topic/certification/2015-standards-hub