

Regulatory Reporting Update

3-Part Series:

Promoting Interoperability – February 14th

Value Pathways & Quality – February 21st

Cost & Improvement Activities – February 28th

OFMQ

- Since 1972, OFMQ has been a trusted resource through collaborative partnerships and hands-on support to healthcare communities

MISSION:

“Leading efforts to advance healthcare and improve lives.”

OFMQ Services

Quality Reporting

EHR technology optimization

Value-Based Care programming

Medical case review

Indian Health Services (IHS) & Tribal Health consulting

Long-term Care QI

HIPAA Security & Privacy

Security Awareness Training

Security Risk Management

HIE Outreach & Onboarding

Community Engagement

Continuing Education



<https://www.ofmq.com/>

Today's Presenter

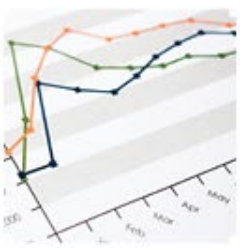
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Quality (OFMQ)



Regulatory Reporting Update 2024

Part 1: Promoting Interoperability



Topics Covered

Program Overview

Objectives & Measures

Reporting data for 2023

Requirements for 2024

Background

2011 – Established the Electronic Health Record (EHR) Incentive Program

- Adopt, implement, upgrade, and demonstrate meaningful use of certified EHR technology (CEHRT)

2015 - Medicare Access and Chip Reauthorization Act (MACRA)

- Set up the Quality Payment Program (QPP)
- Repealed the sustainable growth rate (SGR)

2018 – CMS renamed Hospital EHR incentive program the Promoting Interoperability Programs

2022 - Medicaid Promoting Interoperability Program ended

Clinician Eligibility

- Eligible clinicians must participate in the Quality Payment Program
 - To determine eligibility, use the QPP Participation Status Tool:

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

NPI Number

Check All Years >



<https://qpp.cms.gov/participation-lookup>

Clinician Eligibility

QPP Participation Status Tool Results

1. If you see this on the QPP Participation Status Tool, you're **currently required** to participate in MIPS, either as an individual or group.

MIPS Eligibility: INDIVIDUAL GROUP



This could change when eligibility data is updated in December 2024 if you fall below the low-volume threshold, but you should be prepared to submit data.

2. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **can choose** to do so at the group level.

MIPS Eligibility: INDIVIDUAL GROUP



The option to participate as a group could change when eligibility data is updated in December 2024 if the group falls below the low-volume threshold.



Clinician Eligibility

QPP Participation Status Tool Results (Continued)

- If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as an individual** and receive a payment adjustment. The practice can also choose, but isn't required, to report as a group.

MIPS Eligibility: INDIVIDUAL GROUP

Opt-in Option: [Opt-in eligible](#) as individual



This could change when eligibility data is updated in December 2024 if the individual or group falls below the low-volume threshold.

- If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as a group** and receive a payment adjustment.

MIPS Eligibility: INDIVIDUAL GROUP

Opt-in Option: [Opt-in eligible](#) as group



This could change when eligibility data is updated in December 2024 if the group falls below the low-volume threshold.



Clinician Eligibility

- Several clinician types result in *automatic reweighting* of the PI category
 - Clinician type: clinical social workers, PTs, OTs, qualified speech-language path, qualified audiologists, clinical psych, registered dietitians or nutrition professionals
 - Special status: ambulatory surgical center (ASC)-based, hospital-based, non-patient facing, and small practice

Clinician Participation

- There are 3 participation options for the QPP:
 - **Traditional Merit-based Incentive Payment System (MIPS)**
 - **Alternative Payment Models**
 - **MIPS Value Pathways**
- Do I have to report Promoting Interoperability for all options?
 - **Yes**, the same PI measure set is reported for all options
 - Quality reporting requirements differ

Traditional MIPS

- There are 4 performance categories that make up a score:

Quality (30%)

Promoting Interoperability (25%)

- Promotes patient engagement and electronic exchange of health information using CEHRT

Improvement Activities (15%)

Cost (30%)

Hospital Participation



- Who is required to participate in the Medicare PI Program?
 - Eligible Hospitals or CAHs that receive federal funds from Medicare
 - Those who do not participate are subject to a downward payment adjustment
 - Subsection (d) hospitals – reduction to the increase in the IPPS rate
 - CAHs – reduction of reasonable costs to 100%

EHR Certification


- Clinicians must use an EHR that meets the criteria at [45 CFR 170.315](#)
- Hospitals an EHR product that meets the [2015 Edition Cures Update](#) criteria
- To check a health IT product update status, visit the Certified Health IT Product List (CHPL) at <https://chpl.healthit.gov/>

Certified Health IT Product List

Welcome to the Certified Health IT Product List

The Certified Health IT Product List (CHPL) is a comprehensive and authoritative listing of all certified health information technology that have been successfully tested and certified by the ONC Health IT Certification program



- Search a product
- Find the correct version number
- Click 
- Ensure 100% of the Base Criteria has been met
- Click “CREATE CERTIFICATION ID”

Objectives & Measures

Protect Patient Health Information objectives require a yes/no attestation. These include:

- 1. Security Risk Analysis**
- 2. Safety Assurance Factors for EHR Resilience (SAFER) Guides**

These objectives are not scored but are required to receive a score for PI.

Security Risk Analysis

- Conduct or review a security risk analysis in accordance with the requirements in the **HIPAA Security Rule – 45 CFR 164.308(a)(1)**
 - Address security (and encryption) of ePHI data created or maintained by CEHRT
 - Risk management process – implement updates and correct identified deficiencies
 - Must be completed within the calendar year
 - Acceptable for the analysis to fall outside of the EHR reporting period



SAFER Guides

- Consist of nine (9) guides across three (3) groups.
 - Hospitals must attest to completing all 9 guides
 - Clinicians must attest to completing the High Priority Practices guide

SAFER Guides by Group	
Foundational Guides	High Priority Practices
	Organizational Responsibilities
Infrastructure Guides	Contingency Planning
	System Configuration
	System Interfaces
Clinical Process Guides	Patient Identification
	Computerized Provider Order Entry with Decision Support
	Test Results Reporting and Follow-Up
	Clinician Communication

SAFER Guides

- Online tool – downloadable as an interactive pdf

SAFER Self Assessment High Priority Practices		Checklist				
>Table of Contents >About the Checklist >Team Worksheet >About the Practice Worksheets >Practice Worksheets						
Recommended Practices for Domain 1 — Safe Health IT		Implementation Status				
		Fully in all areas	Partially in some areas	Not implemented		
1.1	Data and application configurations are backed up and hardware systems are redundant.	Worksheet 1.1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	100%
1.2	EHR downtime and reactivation policies and procedures are complete, available, and reviewed regularly.	Worksheet 1.2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	100%
1.3	Allergies, problem list entries, and diagnostic test results, including interpretations of those results, such as "normal" and "high," are entered/stored using standard, coded data elements in the EHR.	Worksheet 1.3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	100%
1.4	Evidence-based order sets and charting templates are available for common clinical conditions, procedures, and services.	Worksheet 1.4	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	100%
1.5	Interactive clinical decision support (CDS) features and functions (e.g., interruptive warnings, passive suggestions, info buttons) are available and functioning.	Worksheet 1.5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	100%
1.6	Hardware and software modifications and system-system interfaces are tested (pre- and post-go-live) to ensure that data are not lost or incorrectly entered, displayed, or transmitted within or between EHR system components.	Worksheet 1.6	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	100%
1.7	Clinical knowledge, rules, and logic embedded in the EHR are reviewed and addressed regularly and whenever changes are made in related systems.	Worksheet 1.7	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	100%
1.8	Policies and procedures ensure accurate patient identification at each step in the clinical workflow.	Worksheet 1.8	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	100%

Objectives and Measures

e-Prescribing

Health
Information
Exchange

Provider to
Patient
Exchange

Public Health
and Clinical
Data Exchange

e-Prescribing

- **e-Prescribing**

- *At least one permissible prescription is transmitted electronically using CEHRT*
- *Measure score: 10 points*
- *Exclusions:*
 - *Clinician that writes fewer than 100 permissible Rx*
 - *Hospital that has no internal pharmacy or one within 10 miles that accepts eRx*

- **Query of Prescription Drug Monitoring Program**

- *For at least one Schedule II opioid or Schedule III or IV drug sent through eRx, utilize data from CEHRT to conduct a query of the PDMP for drug history*
- *Measure score: 10 points*
- *<https://www.obnndd.ok.gov/registration-pmp/pmp>*

Health Information Exchange

- Option 1:
 - Submit two (2) Numerator/Denominator objectives:
 - Support Electronic Referral Loops by **Sending Health Information**
 - Create summary of care record; electronically exchange
 - Support Electronic Referral Loops by **Receiving and Reconciling Health Information**
 - Receiving party of a Transition of Care
 - Reconcile clinical info (medication, allergies, problem list)
 - Each measure is worth 15 points
 - *Exclusion: Hospitals – none; Clinicians – fewer than 100 referrals or TOC*

Health Information Exchange

- Option 2:
 - **Health Information Exchange (HIE) Bi-Directional Exchange**
 - Must include data on all unique patients (not just a subset)
 - Must exchange across a broad network of unaffiliated partners
 - Yes/No attestation worth 30 points
- Option 3:
 - **Enabling Exchange Under TEFCA**
 - <https://www.healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca>
 - Participating as a signatory to a Framework Agreement
 - Yes/No attestation worth 30 points

HIE in Oklahoma

- 2022 – [Senate Bill 1369](#) – laws around HIE
- The Office of the State Coordinator for HIE
 - Office within the Oklahoma Health Care Authority (OHCA)
 - Oversees the state-designated entity (SDE) for HIE: [MyHealth Access Network](#)
 - Also called “OKSHINE”
 - Join Now: <https://go.myhealthaccess.net/MyHealth-Application>



Connection Fee Assistance Program

- OK legislature passed [SB 32X](#)
- Enabled one-time funding for connection to the SDE (*MyHealth*)
 - Step 1: Complete an application to join MyHealth
 - Step 2: Complete a CFA application
 - <https://apps.okhca.org:456/OKShineGrant/>
 - Step 3: Receive approval from the Office of the State Coordinator
 - Step 4: Begin onboarding

Provider to Patient Exchange

- Measure: Provide Patients Electronic Access to Their Health Information
 - Patient is provided timely access to view online, download, and transmit their health information
 - Info is available for the patient to access using any application of their choice (*API technical specs*)
 - “Timely”
 - Clinicians – within 4 business days
 - Hospitals – within 36hrs of availability
 - Measure is worth up to 25 points

Public Health & Clinical Data Exchange

- Clinicians:

- Immunization Registry Reporting (*required*)
- Electronic Case Reporting (*required*)
- Public Health Registry Reporting (*optional*)
- Clinical Data Registry Reporting (*optional*)
- Syndromic Surveillance Reporting (*optional*)

- Report on 2 required measures for 25 points; *5 bonus points* available for reporting to an additional registry
- “Active engagement”- in the process of moving towards or is actively sending *production data*
 - Option 1 – Pre-Production and Validation
 - Option 2 – Validated Data Production

Public Health & Clinical Data Exchange

- Hospitals must report on the following 4 measures:
 - Immunization Registry Reporting
 - Syndromic Surveillance Reporting
 - Electronic Case Reporting
 - Electronic Reportable Laboratory (ELR) Result Reporting
- Total points available - 25 points
 - Up to *5 bonus points* for additional registry reporting
- Exclusions available if a registry is not available within your jurisdiction

Registry Reporting Options

- Oklahoma State Department of Health - Disease Reporting
 - ELR and eCR
 - elronboarding@health.ok.gov
 - (405)426-8710
- Oklahoma State Immunization Information System (OSIIS)
 - immunize@health.ok.gov
 - OSIISHELP@health.ok.gov
 - (405)426-8580
- CDC – National Health Care Surveys
 - https://www.cdc.gov/nchs/dhcs/nhcs_registry_landing.htm
 - Options for ambulatory, hospital and long-term care

Scoring

Objectives	Measures	Available Points
e-Prescribing	eRx	1 - 10 points
	Query of PDMP	10 points
Health Information Exchange	Option 1 – Measure 1 (sending)	1 – 15 points
	Option 1 – Measure 2 (receiving)	1 – 15 points
	Option 2 or 3	30 points
Provider to Patient Exchange	Electronic access	1 – 25 points
Public Health & Clinical Data Exchange	Required - clinicians (2), hospitals (4)	25 points
	Bonus	5 points

Scoring



- Traditional MIPS
 - Promoting Interoperability
 - 25% of overall score (30% for APM participants)
 - Total points from measures x 0.25 = Performance category score
- Hospitals
 - Must have at least 60 points across all measures to avoid penalty

Program Registration



- Step 1: register for an account through HARP
 - <https://harp.cms.gov/login/login>
- Step 2: request access to the program(s) you need
 - QPP, Promoting Interoperability, etc.
- Step 3: Report data
 - Clinicians: <https://qpp.cms.gov/login>
 - Hospitals: <https://hqr.cms.gov/hqrng/login>



Quality Payment
PROGRAM

CMS.gov | Hospital Quality Reporting

Data Submissions

- Log-in to the QPP or HQR site
- Attestation options:
 - Manually enter data – numerator/denominator and yes/no measures
 - Upload a QRDA file
 - Have a 3rd Party intermediary submit data on your behalf
- Data can be updated until the submission window is closed

Clinician Timelines & Important Dates

- MIPS submission window closes on **March 31st**
 - Site is open now to submit 2023 data
 - 2023 data must be submitted by 3/31/24
 - 2023 payment adjustments (+/-) applied in 2025
- Hardship Exception Applications
 - Extreme and Uncontrollable Circumstances (EUC)
 - PI Performance Category Hardship
 - 2023 applications closed on January 2, 2024



Hospital Reporting Deadlines

- Medicare Promoting Interoperability Program & eCQM Attestation
 - Thursday, February 29th, 11:59pm Pacific Time
- Hardship Applications
 - Eligible Hospitals – July 31st
 - Critical Access Hospitals – September 30th
 - *Hospitals apply for hardships after they are unable to report*



eCQM Reporting (*Hospitals*)

- For CY 2023, eligible hospitals and CAHs are required to report on at least three (3) eCQMs, plus the Safe Use of Opioids – Concurrent Prescribing measure
 - Total of four (4) eCQMs*
- Beginning with CY 2023 eCQM reporting, hospitals are required to submit a full year of data

CY 2024 Updates (*Clinicians*)

Objectives & Measures

- SAFER Guides – required to attest “yes” to completing the **High Priority Practices** guide

Reporting

- EHR reporting period is now any continuous **180-day** period
- Scoring threshold is still **75 points** (overall MIPS)

CY 2024 Updates (*Hospitals*)

Objectives & Measures

- Public Health & Clinical Data Exchange Objective
 - Antimicrobial Use & Resistance (AUR) Surveillance measure is a new, required measure
- SAFER Guides – required to attest “yes” to completing **all nine (9)** guides

Reporting

- EHR reporting period is now any continuous **180-day** period
- Scoring threshold is still **60 points**

Electronic Clinical Quality Measures (eCQMs)

- The Severe Obstetric Complications and Cesarean Birth eCQMs are now required

Resources

- QPP Resource Library
 - <https://qpp.cms.gov/resources/resource-library>
- PI Programs Resource Library
 - <https://www.cms.gov/medicare/regulations-guidance/promoting-interopability-programs/resource-library>
- OKSHINE – Oklahoma HIE
 - <https://oklahoma.gov/ohca/okshine/overview.html>
 - MyHealth Application
 - <https://go.myhealthaccess.net/MyHealth-Application>

Questions



Upcoming Events

- Join us next week, February 21, to learn more about MIPS Value Pathways & Quality!
 - Speaker: Lindsey Wiley, MHA, Executive Director, OFMQ



Regulatory Reporting Updates 2024

February 3-Part Series:

1. Promoting Interoperability (Hospitals + Clinics)
 - **February 14, 2024; 12p - 1p**
2. Value Pathways and Quality
 - **February 21, 2024; 12p - 1p**
3. Cost and Improvement Activities
 - **February 28, 2024; 12p - 1p**



Health Equity Reporting

May Event:

1. Health Equity Reporting for Hospitals
 - **May 8, 2024; 12p - 1p**

Stay tuned for registration information!



[Register Now!!!](#)

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