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
Required Measure	**Syndromic Surveillance Reporting** The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit syndromic surveillance data from an emergency department (Place of Service [POS] 23).
Exclusions	Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: 1) Does not have an emergency department; 2) Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the electronic health record (EHR) reporting period; or 3) Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs 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 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

- YES/NO Attestation - The eligible hospital or CAH must attest YES to being in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting.
- The eligible hospital or CAH must also submit their level of active engagement for each measure that they submit.
- 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 are **required to report** on the following **four measures** under the Public Health and Clinical Data Exchange objective: Immunization Registry Reporting, Syndromic Surveillance Reporting, Electronic Case Reporting, and Electronic Reportable Laboratory Reporting.

Scoring Information

- Total points available for attesting to the four required measures: 25 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.
- If an eligible hospital or CAH can claim an exclusion for three or fewer of the four required measures, 10 points will be granted for the Public Health and Clinical Data Exchange objective if they

[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.

report YES for one or more of the measures and claim applicable exclusions for which they qualify for the remaining measures.

- If an exclusion is claimed for each of the four measures, 25 points are redistributed to the Provide Patients Electronic Access to their Health Information measure.
- *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 measures[2], 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.
- 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.
- 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 1 of the upcoming year for use by health care providers seeking to meet EHR reporting periods in that upcoming year, an eligible hospital or CAH can claim an exclusion.
- 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.
- An exclusion does not apply if an entity designated by PHA can receive electronic syndromic surveillance data submissions. For example, if the PHA cannot accept the data directly or in the standards required by CEHRT, but if it has designated a HIE to do so on their behalf and the health information exchange can accept the information in the standards required by CEHRT, the provider could not claim the second exclusion.

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[2] 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.

- 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 on more than one of the two optional measures for this objective will not result in more than 5 bonus points.
- For more information from PHAs on the local implementation guides, which programs and implementation guides are supported, contact information, and more, please visit https://www.healthit.gov/isa/appendix-iv-state-and-local-public-health-readiness-interoperability.

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 criterion at 45 CFR 170.315 (f)(2).

Certification Criteria

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

Certification Criteria
§ 170.315 (f)(2) Transmission to public health agencies – syndromic surveillance