

## MEDICARE PROMOTING INTEROPERABILITY PROGRAM CALL FOR MEASURES SUBMISSION FORM

Stakeholders must use this form to propose new measures in Calendar Year (CY) 2019 for eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability Program. **The submission deadline is June 28, 2019.** Proposals submitted by the deadline will be considered for inclusion in future rulemaking.

Proposals must be sent to [CMSPICallforMeasures@ketchum.com](mailto:CMSPICallforMeasures@ketchum.com). Stakeholders will receive email confirmations of their submission.

### Section 1: Stakeholder Information

Provide the following information for the individual, group or association proposing a new measure for the Medicare Promoting Interoperability Program. All required fields are indicated with an asterisk (\*). This information will be used to contact the stakeholder(s) if necessary and apprise them of determinations made for their proposed measure(s).

|                                        |                |                      |                            |
|----------------------------------------|----------------|----------------------|----------------------------|
| Submitter First Name*                  | Middle Initial | Submitter Last Name* | Credentials (MD, DO, etc.) |
| Name of Organization (if applicable)*: |                |                      |                            |
|                                        |                |                      |                            |

|                                                                                          |                           |                      |
|------------------------------------------------------------------------------------------|---------------------------|----------------------|
| Address Line 1 (Street Name and Number – <u>Not</u> a Post Office Box or Practice Name)* |                           |                      |
| Address Line 2 (Suite, Room, etc.)                                                       |                           |                      |
| City/Town*                                                                               | State (2 character code)* | Zip Code (5 digits)* |



|                                                           |           |
|-----------------------------------------------------------|-----------|
| Email Address* (This is how we will communicate with you) |           |
| Business Telephone Number (include Area Code)             | Extension |

### Section 2: Considerations When Proposing Measures

CMS priorities for measure proposals include those that: (1) build on the advanced use of certified electronic health record technology (CEHRT) using 2015 Edition Standards and Certification Criteria; (2) promote interoperability and health information exchange; (3) continue improving program efficiency, effectiveness, and flexibility; (4) provide patients access to their health information; (5) reduce clinician burden; and (6) align with the Promoting Interoperability Performance Category for eligible clinicians participating in the Merit-based Incentive Payment System. Proposals submitted by June 28, 2019 will be considered for inclusion in future rulemaking.

Applicants should also consider the following when submitting their proposal:

- Health IT activities that may be attested to in lieu of traditional reporting;
- Potential new Opioid Use Disorder prevention and treatment-related measures; and
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes.

When preparing proposals, please consider the following:

1. Does the new measure duplicate existing objectives and measures?
2. Will CMS be able to validate the new measure?

### Section 3: Required Information for Measure Proposals

Proposals that do not provide information for every field/section will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state “N/A” or “not applicable” or the proposal will not be considered, as the application will be judged as incomplete.

1. **MEASURE DESCRIPTION** (Provide a description of the measure to be considered and relevance to the Medicare Promoting Interoperability Program):

|                             |
|-----------------------------|
| <b>Measure Description:</b> |
|-----------------------------|

**Program Relevance:**

**2. MEASURE TYPE** (Please indicate in which category your measure description fits):

- Patient Outcome Measure
- Process Measure
- Patient Safety Measure
- Other (Please indicate the type of measure):

**3. REPORTING REQUIREMENT** [Yes/No Statement or Numerator/Denominator Description. Indicate whether the measure should include a reporting requirement: 1) a yes/no statement and exclusion criteria (if applicable) or 2) the numerator/denominator, threshold (if applicable) and exclusion criteria (if applicable)]:

YES/NO STATEMENT

**Exclusion Criteria** (If applicable and rationale for exclusion proposal, otherwise state N/A):

OR

Numerator/Denominator Reporting

**Denominator Language:**

**Numerator Language:**

**Measurable Criteria for the Numerator Action Threshold:** [Ex. at least one (clinical action or patient) or a percentage -

The clinical action must be tied to the numerator proposed language.

For example: e-Prescribing Measure: For at least one hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

*Numerator language:* The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically.

Include a rationale for recommendation]:

- At least one (ex. Patient or clinical action)
- Recommended percentage (ex. At least 5 percent)

**Rationale:**

**Exclusion Criteria** (If applicable and rationale for exclusion proposal, otherwise state N/A):

**4. CEHRT FUNCTIONALITIES REQUIRED FOR PROPOSED MEASURE** [Describe CEHRT functionalities that are needed to attest successfully to this proposed measure, if applicable. If you do not believe certain functionalities are required (such as an application programming interface, or API) please state N/A]:

**Functionality type (ex. API):**

**Optional** (Additional Information, suggestions and/or comments related to the Call for Measures):