MEANINGFUL USE COMMUNITY OF PRACTICE

MARCH 17, 2016

AND ADDENDUM APRIL 2016

2017 Hardship Waiver Applications and 2016 PH FAQs

CMS LISTSERV 02/26/2016

CMS Extends Hardship Application Deadline for the Medicare EHR Incentive Program

News Updates

The Medicare EHR Incentive Program Hardship Application Deadline for All Providers is Now July 1, 2016

CMS LISTSERV 02/26/2016

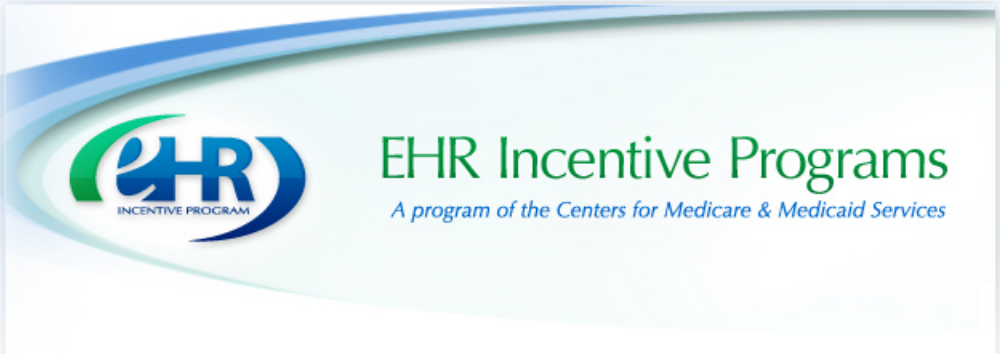
CMS Extends Hardship Application Deadline for the Medicare EHR Incentive Program (continued)

Today, CMS is extending the application deadline for the Medicare EHR Incentive Program hardship exception process that reduces burden on clinicians, hospitals, and critical access hospitals (CAHs). The new deadline for Eligible Professionals, Eligible Hospitals and Critical Access Hospitals is July 1, 2016. CMS is extending the deadline so providers have sufficient time to submit their applications to avoid adjustments to their Medicare payments in 2017.

In January, CMS posted new, streamlined hardship exception application forms that reduce the amount of information that eligible professionals (EPs), eligible hospitals, and CAHs must submit to apply for an exception. The new applications and instructions for providers seeking a hardship exception are available here.

CMS LISTSERV 02/01/2016

CMS Releases Additional Guidance to the Medicare EHR Incentive Program Hardship Exception Process



News Updates

Visit the CMS Website to Apply for a Hardship Exception in 2015

CMS has launched important changes to the Medicare Electronic Health Record (EHR) Incentive Program hardship exception process that will reduce burdens on clinicians, hospitals, and critical access hospitals (CAHs). These changes are a result of recent Medicare legislation – the Patient Access and Medicare Protection Act (PAMPA), Pub. L. No. 114-115 – and the agency's ongoing efforts to improve the program.

CMS FAQ 14113

[EHR Incentive Program] On the new hardship application form for the 2017 payment adjustment, there is nothing which says documentation is required to be submitted with the application form. Does this mean that CMS will only require the selection of a hardship category and the completion of the provider's identifying information in order to approve a hardship exception? Or will CMS be reviewing the application and documentation on a case-by-case basis for each provider?

CMS does not require an EP, eligible hospital, or CAH – or any group of providers – to submit documentation for the hardship category selected and CMS will not be reviewing documentation supporting the application on a case-by-case basis. CMS will review the application to record the category selected and use the identifying information to approve the hardship exception for each provider listed on the application. Providers should retain documentation of their circumstances for their own records, but no such documentation is required for review by CMS. (FAQ14113)

https://questions.cms.gov/faq.php?id=5005&faqId=14113

CMS FAQ 12845

CMS has also updated FAQ #12845 to reflect these changes and to provide additional guidance specific to sub-category 2.2d of PAMPA – EHR Certification/Vendor Issues (CEHRT Issues). This category can be used for issues related to the 2015 rulemaking timeline and is included under the existing category for extreme and uncontrollable circumstances related to the implementation and use of certified EHR technology.

[EHR Incentive Programs] If an EP, eligible hospital or Critical Access Hospital (CAH) is unable to effectively plan for a reporting period in 2015 due to the timing of the publication of the 2015 through 2017 Modifications final rule, can they apply for a hardship exception?

Providers who experienced an issue with their CEHRT related to the rule timing – and any other provider for whom the timing of the rule caused a significant hardship – should select sub-category 2.2d on the 2017 hardship exception application. No additional documentation is required for this selection.

https://questions.cms.gov/faq.php?id=5005&faqId=12845

CMS PAYMENT ADJ WEBPAGE

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

Page last Modified: 03/08/2016 10:50 AM

Hardship Information

The streamlined hardship applications reduce the amount of information that eligible professionals (EPs), eligible hospitals, and CAHs must submit to apply for an exception. The new applications and instructions for a hardship exception from the Medicare Electronic Health Records Incentive Program 2017 payment adjustment are available below.

This new, streamlined application process is the result of PAMPA, which established that the Secretary may consider hardship exceptions for "categories" of EPs, eligible hospitals, and CAHs that were identified on CMS' website as of December 15, 2015. Prior to this law, CMS was required to review all applications on a "case-by-case" basis.

CMS PAYMENT ADJ WEBPAGE

Continued…

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

Page last Modified: 03/08/2016 10:50 AM

Importantly, EPs, eligible hospitals, and CAHs that wish to use the streamlined application must submit their application according to the timeline established in PAMPA:

- Eligible Professionals: July 1, 2016
- Eligible Hospitals & CAHs: July 1, 2016

Medicare EHR Hardship Exception Instructions

Medicare EHR Hardship Exception Application

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HardshipInstructions.pdf

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HardshipApplication.pdf

PH MU - CMS LISTSERV 02/25/2016

CMS Released New and Updated FAQs on Public Health Reporting for the EHR Incentive Programs

News Updates

New and Updated FAQs Provide Guidance on Public Health Reporting Requirements for the EHR Incentive Programs

PUBLIC HEALTH MEASURES 2016

The Centers for Medicare & Medicaid Services (CMS) has published frequently asked questions (FAQs) about the public health reporting objective for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. These include three new FAQs about when providers can register their intent to report to a registry, what a provider should do in 2016 if they did not previously intend to report to a public health reporting measure, and the alternate exclusions available for public health reporting in 2016. Review these FAQs below to learn more.

Thu 2/25/2016

NEW FAQs:
14393
14397
14401

Updated FAQs:
13657
14117
13653

LINKS TO THE FAQS

14393	https://questions.cms.gov/faq.php?isDept=0&search=14393&searchType=faqId&submitSearch=1&id=5005
14397	https://questions.cms.gov/faq.php?isDept=0&search=14397&searchType=faqId&submitSearch=1&id=5005
14401	https://questions.cms.gov/faq.php?isDept=0&search=14401&searchType=faqId&submitSearch=1&id=5005
13657	https://questions.cms.gov/faq.php?isDept=0&search=13657&searchType=faqId&submitSearch=1&id=5005
14117	https://questions.cms.gov/faq.php?isDept=0&search=14117&searchType=faqId&submitSearch=1&id=5005
13653	https://questions.cms.gov/faq.php?isDept=0&search=13653&searchType=faqId&submitSearch=1&id=5005

CMS FAQ 14393

[EHR Incentive Programs] Can a provider register their intent after the first 60 days of the reporting period in order to meet the measures if a registry becomes available after that date?

If a registry declares readiness at any point in the calendar year after the initial 60 days, a provider may still register their intent to report with that registry to meet the measure under Active Engagement Option 1. However, a provider who could report to that registry may still exclude for that calendar year if they had already planned to exclude based on the registry not being ready to allow for registrations of intent within the first 60 days of the reporting period.
Created 02/25/2016

(FAQ14393)

https://questions.cms.gov/faq.php?isDept=0&search=14393&searchType=faqId&submitSearch=1&id=5005

CMS FAQ 14397

[EHR Incentive Programs] What should a provider do in 2016 if they did not previously intend to report to a public health reporting measure that was previously a menu measure in Stage 2 and they do not have the necessary software in CEHRT or the interface the registry requires available in their health IT systems? What if the software is potentially available but there is a significant cost to connect to the interface?

In the 2015 EHR Incentive Programs Final Rule, we stated that we did not intend for providers to be inadvertently penalized for changes to their systems or reporting made necessary by the provisions of that regulation. This included alternate exclusions for providers for certain measures in 2016 which might require the acquisition of additional technologies they did not previously have for measures they did not previously intend to include in their activities for meaningful use (80 FR 62945). Therefore, in order that providers are not held accountable to obtain and implement new or additional systems, we will allow providers to claim an alternate exclusion from certain public health reporting measures in 2016 if they did not previously intend to report to the Stage 2 menu measure.

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CMS FAQ 14397 CONTINUED

[EHR Incentive Programs] What should a provider do in 2016 if they did not previously intend to report to a public health reporting measure that was previously a menu measure in Stage 2 and they do not have the necessary software in CEHRT or the interface the registry requires available in their health IT systems? What if the software is potentially available but there is a significant cost to connect to the interface?

LIST OF MEASURES FOR EPs WHICH WOULD ALLOW AN ALTERNATE EXCLUSION:
Public Health Reporting measure 2 - syndromic surveillance
Public Health Reporting measure 3 - specialized registry)
LIST OF MEASURES FOR EHs WHICH WOULD ALLOW AN ALTERNATE EXCLUSION :
Public Health Reporting measure 3 - specialized registry)
Created 02/25/2016, (FAQ14397)

https://questions.cms.gov/faq.php?isDept=0&search=14397&searchType=faqId&submitSearch=1&id=5005

CMS FAQ 14401

[EHR Incentive Programs] For 2016, what alternate exclusions are available for the public health reporting objective? Is there an alternate exclusion available to accommodate the changes to how the measures are counted?

We do not intend to inadvertently penalize providers for changes to their systems or reporting made necessary by the provisions of the 2015 EHR Incentive Programs Final Rule. This includes alternate exclusions for providers for certain measures in 2016 which might require the acquisition of additional technologies they did not previously have or did not previously intend to include in their activities for meaningful use (80 FR 62945).

For 2016, EPs scheduled to be in Stage 1 or Stage 2 must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3 and eligible hospitals or CAHs scheduled to be in Stage 1 or Stage 2 must attest to at least 3 public health measures from the Public Health Reporting Objective Measures 1-4.

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CMS FAQ 14401 CONTINUED

We will allow providers to claim an alternate exclusion for the Public Health Reporting measure(s) which might require the acquisition of additional technologies providers did not previously have or did not previously intend to include in their activities for meaningful use.

We will allow Alternate Exclusions for the Public Health Reporting Objective in 2016 as follows:

EPs scheduled to be in Stage 1 and Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 2 and Measure 3 (Syndromic Surveillance and Specialized Registry Reporting).
- An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

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CMS FAQ 14401 CONTINUED

Eligible hospitals/CAHs scheduled to be in Stage 1 and Stage 2: Must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4

- May claim an Alternate Exclusion for Measure 3 (Specialized Registry Reporting)
- An Alternate Exclusion may only be claimed for one measure, then the provider must either attest to or meet the exclusion requirements for the remaining measures described in 495.22 (e)(10)(ii)(C).

Created 02/25/2016

(FAQ14401)

https://questions.cms.gov/faq.php?isDept=0&search=14401&searchType=faqId&submitSearch=1&id=5005

CMS FAQ 13657

[EHR Incentive Programs] What steps does a provider have to take to determine if there is a specialized registry available for them, or if they should instead claim an exclusion?

The eligible professional (EP) is not required to make an exhaustive search of all potential registries. Instead, they must do a few steps to meet due diligence in determining if there is a registry available for them, or if they meet the exclusion criteria.

1 – An EP should check with their State* to determine if there is an available specialized registry maintained by a public health agency.

2 – An EP should check with any specialty society with which they are affiliated to determine if the society maintains a specialized registry and for which they have made a public declaration of readiness to receive data for meaningful use no later than the first day of the provider's EHR reporting period.
If the EP determines no registries are available, they may exclude from the measure.

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CMS FAQ 13657

For EPs: The provider may meet the specialized registry measure up to 2 times. This can be done through reporting to:

Two registries maintained by a public health agency
Two registries maintained by one or more specialty societies
One registry maintained by a public health agency and one maintained by a specialty society
One registry maintained by a public health agency and one exclusion
One registry maintained by a specialty society and one exclusion
Two exclusions

PLEASE NOTE: In 2015, providers may also simply claim an alternate exclusion for a measure as defined in FAQ 12985.

*If you report to an entity other than a State as your reporting jurisdiction (such as a county) you may elect to check with them.

Created 12/11/2015, Updated 02/25/2016

https://questions.cms.gov/faq.php?isDept=0&search=13657&searchType=faqId&submitSearch=1&id=5005

CMS FAQ 14117

[EHR Incentive Program] What steps do eligible hospitals and Critical Access Hospitals need to take to meet the specialized registry objective? Is it different from EPs?

For an eligible hospital or Critical Access Hospitals (CAHs), the process is the same as for an EP. The eligible hospital or CAH should check their State* and any such organization or specialty society with which they are affiliated to determine if that entity maintains a specialized registry and for which they have made a public declaration of readiness to receive data for meaningful use no later than the first day of the provider's EHR reporting period.

However, we note that eligible hospitals or CAHs do not need to explore every specialty society with which their hospital-based specialists may be affiliated. The hospital may simply check with their State* and any such organization with which it is affiliated, and if no registries exist, they may simply exclude from the measure.

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CMS FAQ 14117

For further information please see FAQ #:13657

For eligible hospitals and CAHs: The provider may meet the specialized registry measure up to 3 times. This can be done through reporting to:

- Three registries maintained by a public health agency
- Three registries maintained by one or more specialized societies
- One or two registries maintained by a public health agency and two or one maintained by a specialty society
- Two registries maintained by a public health agency and one exclusion
- Two registries maintained by a specialty society and one exclusion
- One registry maintained by a public health agency and one registry maintained by a specialty society and one exclusions*
- One registry maintained by a public health agency and two exclusions*
- One registry maintained by a specialty society and two exclusions*
- Three exclusions

Continues next slide

CMS FAQ 14117

PLEASE NOTE: In 2015, providers may also simply claim an alternate exclusion for a measure as defined in FAQ 12985
*If you report to an entity other than a State as your reporting jurisdiction (such as a county) you may elect to check with them.

Created 01/28/2016

Updated 02/25/2016

(FAQ14117)

https://questions.cms.gov/faq.php?isDept=0&search=14117&searchType=faqId&submitSearch=1&id=5005

CMS FAQ 13653

[EHR Incentive Programs] What can count as a specialized registry?

A submission to a specialized registry may count if the receiving entity meets the following requirements:

- The receiving entity must declare that they are ready to accept data as a specialized registry and be using the data to improve population health outcomes. Until such time as a centralized repository is available to search for registries, most public health agencies and clinical data registries are declaring readiness via a public online posting. Registries should make this information publically available for potential registrants.
- The receiving entity must also be able to receive electronic data generated from CEHRT. The electronic file can be sent to the receiving entity through any appropriately secure mechanism including, but not limited to, a secure upload function on a web portal, sFTP, or Direct. Manual data entry into a web portal would not qualify for submission to a specialized registry.

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CMS FAQ 13653

- The receiving entity should have a registration of intent process, a process to take the provider through test and validation and a process to move into production. The receiving entity should be able to provide appropriate documentation for the sending provider or their current status in Active Engagement.

For qualified clinical data registries, reporting to a QCDR may count for the public health specialized registry measure as long as the submission to the registry is **not** only for the purposes of meeting CQM requirements for PQRS or the EHR Incentive Programs. In other words, the submission may count if the registry is also using the data for a public health purpose. Many QCDRs use the data for a public health purpose beyond CQM reporting to CMS. A submission to such a registry would meet the requirement for the measure if the submission data is derived from CEHRT and transmitted electronically.

Created 12/11/2015
Updated 02/25/2016, (FAQ13653)

https://questions.cms.gov/faq.php?isDept=0&search=13653&searchType=faqId&submitSearch=1&id=5005

MU COP – END OF AN ERA

Dear Community of Practice Member;

The Office of the National Coordinator (ONC) would like to sincerely thank you for the time and effort each one of you has put into the Communities of Practice (CoP). As you know, the Regional Extension Center (REC) program will be ending this year with the first cycle ending on April 7th. As can be expected, this means significant changes to certain aspects of ONC's support of related activities…email 03/15/2016

CMS HELP DESKS

EHR Information Center Help Desk
- (888) 734-6433 / TTY: (888) 734-6563
- Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

NPPES Help Desk
- Visit https://nppes.cms.hhs.gov/NPPES/Welcome.do
- (800) 465-3203 / TTY (800) 692-2326

PECOS Help Desk
- Visit https://pecos.cms.hhs.gov/
- (866)484-8049 / TTY (866)523-4759

Identification & Access Management System (I&A) Help Desk
- PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049
- TTY 1-866-523-4759
- E-mail: EUSSupport@cgi.com

NEW RESOURCES AVAILABLE

- Additional information available on the new 2016 Program Requirements page:

  https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html

- Additional information available on the new 2017 Program Requirements page:

  https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2017ProgramRequirements.html

Thank You

On behalf of the MU CoP Advisory Group

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APRIL 2016 ADDENDUM

2015 Relative to Public Health Measures

12985 https://questions.cms.gov/faq.php?id=5005&faqId=12985

Prescription Drug Monitoring Program relative to MU PH Specialized Registry

11988 https://questions.cms.gov/faq.php?id=5005&faqId=11988

13413 https://questions.cms.gov/faq.php?isDept=0&search=13413&searchType=faqId&submitSearch=1&id=5005

CMS FAQ 12985

[EHR Incentive Programs] For 2015, how should a provider report on the public health reporting objective if they had not planned to attest to certain public health measures? Is there an alternate exclusion available to accommodate the changes to how the measures are counted?

We do not intend to inadvertently penalize providers for their inability to meet measures that were not required under the previous stages of meaningful use. Nor did we intend to require providers to engage in new activities during 2015, which may not be feasible after the publication of the final rule in order to successfully demonstrate meaningful use in 2015.

In the final rule at 80 FR 62788, we discuss our final policy to allow for alternate exclusions and specifications for certain objectives and measures where there is not a Stage 1 measure equivalent to the Modified Stage 2 (2015 through 2017) measure or where a menu measure is now a requirement. This includes the public health reporting objective as follows.

First, EPs scheduled to be in Stage 1 may attest to only 1 public health measure instead of 2 and eligible hospitals or CAHs may attest to only 2 public health measures instead of 3.

Second, we will allow providers to claim an alternate exclusion for a measure if they did not intend to attest to the equivalent prior menu objective consistent with our policy for other objectives and measures as described at 80 FR 62788.

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CMS FAQ 12985 CONTINUED

We will allow Alternate Exclusions for the Public Health Reporting Objective in 2015 as follows:

EPs scheduled to be in Stage 1: Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 1, Measure 2 or Measure 3.
- An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

EPs scheduled to be in Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure) or both

(the FAQ continues with information about EH and CAH)

Created 10/19/2015, Updated 11/20/2015
(FAQ12985)

https://questions.cms.gov/faq.php?id=5005&faqId=12985

CMS FAQ 11988

[EHR Incentive Programs] For Meaningful Use (MU) Stage 2 menu objective of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs can electronic data submission to Prescription Drug Monitoring Programs (PDMP) and to the CDC/National Center for Health Statistics (NCHS) provider surveys from the Certified Electronic Health Records Technology (CEHRT), be counted under the Meaningful Use (MU) Stage 2 menu objective for submission of data to specialized registries from Eligible Professionals?

Yes, electronic data submission to Prescription Drug Monitoring Programs (PDMP) and Eligible Professionals (EPs) who are engaged in or invited to electronically submit data to the CDC/National Center for Health Statistics (NCHS) healthcare provider surveys, specifically the National Ambulatory medical Care Survey, National Hospital Medical Care Survey, and the National Hospital Care Survey, from the Certified Electronic Health Records Technology (CEHRT) can meet the MU Stage 2 Specialized Registry objective for Eligible Professionals (EPs).There are no certification and standards criteria specified in the Office of the National Coordinator for Health Information Technology (ONC) 2014 Edition EHR Technology Certification Criteria corresponding to this particular objective. Therefore, to meet this objective, the EPs would need to electronically submit data from CEHRT following the standards, specifications, and vocabularies required by the specialized registry that is maintained by Public Health Agencies or other national organizations like the CDC/NCHS.

Created on 3/12/15, (FAQ11988) https://questions.cms.gov/faq.php?id=5005&faqId=11988

CMS FAQ 13413

[EHR Incentive Programs] Does integration of the PDMP (Prescription Drug Monitoring Program) into an EHR count as a specialized registry?

If the PDMP within a jurisdiction has declared itself a specialized registry ready to accept data, then the integration with a PDMP can count towards a specialized registry. The EHR must be CEHRT, but there are no standards for the exchange of data.

Created 11/9/2015

(FAQ13413)

https://questions.cms.gov/faq.php?id=5005&faqId=13413

PDMP – BURNING ISSUES AND OTHER

QUESTION To Burning Issues Workgroup: If a PDMP (Prescription Drug Monitoring Program) has declared themselves a Specialized Registry, and they have indicated in their Department of Health approved materials that EPs can meet the MU Stage 2 Specialized Registry objective by complying with **one of the following**: 1. EPs may submit patient specific controlled substance dispensing information electronically to PDMP**; OR** 2. EPs may electronically retrieve patient specific controlled substance dispensing information from PDMP, will this meet MU even though it does not meet the specific definition of a specialized registry as in FAQ 13653?

Response From Burning Issues Workgroup An EP can meet the specialized registry measure by submitting to a PDMP for 2015, 2016, and 2017 as outlined in the Final Rule (see link below, pg 62823) as well as in the CMS Tipsheet dated February 4, 2016, for Objective 10 (link below). However, neither the Final Rule nor the CMS Tip Sheet states that the movement of data back to the EP from the agency will meet this measure. The stated objective is for the EP to be in active engagement with a public health agency to submit electronic data FROM the CEHRT TO the agency. As defined in the CMS Tip Sheet, active engagement is "the process of moving towards sending 'production data' to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry". Although the provider may find it valuable to be able to query or retrieve data from the registry or PDMP, doing so is not required and it will not meet the measure for meaningful use.

https://www.gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25595.pdf

PDMP – BURNING ISSUES AND OTHER

Perhaps helpful resource …

Prescription Monitoring Program link
http://www.cdc.gov/ehrmeaningfuluse/docs/2016-01-19-doh-pmp-mu-ppt-onc.pdf

- WA DOH Meaningful Use: PDMP as a Specialized Registry (begins pg 3)

2016 PH Measure Specification Sheet: We continue to allow registries such as Prescription Drug Monitoring Program reporting and electronic case reporting registries to be considered specialized registries for purposes of reporting the EHR Reporting period in 2016 https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016EP_10PublicHealthObjective.pdf

CLINICAL QUALITY MEASURES

CMS eCQM site
https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

eCQM Library

Annual Updates

Each year, CMS makes updates to the electronic specifications of the Clinical Quality Measures (eCQMs) approved for submission in CMS programs.

CMS strongly encourages the implementation and use of the updates to the eCQMs finalized in the Stage 2 rule for the 2015 EHR Reporting Period since those updates include new codes, logic corrections and clarifications.

For those attesting to eCQMs to demonstrate meaningful use for the EHR Incentive Programs:

- CMS will accept all versions of the eCQMs through attestation, beginning with those finalized in the December 4, 2012 CMS-ONC Interim Final Rule.

For eReporting of eCQMs to demonstrate meaningful use or for Quality Reporting Programs:

- An eligible professional, eligible hospital or Critical Access Hospital must use the current Reporting Period version of the eCQMs identified for each program below.

Additional information & resources on the CMS webpage