Medicare Promoting Interoperability Program
Call for Measures Submission Form

Submission Deadline: June 29, 2018

Stakeholders must use this form to propose new measures in Calendar Year (CY) 2018 for eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability (PI) Program in CY 2020. **The submission deadline is June 29, 2018.** Proposals submitted by the deadline will be considered for inclusion in rulemaking in CY 2019. If finalized, measure implementation would be required beginning in CY 2021 but optional in CY 2020.

Proposals must be sent to CMSCallforMeasuresEHR@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 PI 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* Brian	Middle Initial	Submitter Last Name* Scarpelli	Credentials (MD, DO, etc.) JD
Name of Organization (if applicable)*: Connected Health Initiative			

Address Line 1 (Street Name and Number – Not a Post Office Box or Practice Name)* 1401 K St NW		
Address Line 2 (Suite, Room, etc.) Ste 501		
City/Town* Washington	State (2 character code)* DC	Zip Code (5 digits)* 20005

Email Address* (This is how we will communicate with you.) bscarpelli@actonline.org	
Business Telephone Number (include Area Code) +1 (517) 507-1446	Extension

SECTION 2: CONSIDERATIONS WHEN PROPOSING MEASURES

CMS priorities for measure proposals include those that: (1) build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Standards and Certification Criteria; (2) increase health information exchange and interoperability; (3) continue improving program efficiency, effectiveness, and flexibility; and (4) measure patient outcomes and emphasize patient safety. Proposals submitted by June 29, 2018 will be considered for inclusion in rulemaking effective for CY 2020.

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 PI Program):

Measure Description: Paired with relevant Improvement Activities (e.g., IA_BE_14), a Process Measure should be created regarding the use of remote monitoring (recording, storing, and sending of patient-generated health data [PGHD] via any communications or technological means, real-time or not real-time) and/or telehealth (as defined by CMS) technologies, either between eligible MIPS clinicians or between an eligible MIPS clinician and a patient, should be leveraged to conduct non-face-to-face remote monitoring (e.g., CPT Code 99091 and the newly-created 990X0, 990X1, and 994X9). Such uses may, but should not exclusively, be tied to CEHRT; CMS should provide caregivers with the flexibility to incorporate connected health technology innovations into the continuum of care. Examples include: providing medication reminders; surveying a patient on the nature of their condition and altering a care plan based on exceeding relevant thresholds; collecting, monitoring, and reviewing the patient's physiological data, utilizing automatic alerts for care coordination in instances where physiological data exceeds certain thresholds; remotely adjusting therapy sessions; and prescribing and documenting patient education. We propose the title of this Process Measure be "Use of Digital Health Tools to Improve Program Efficiency, Effectiveness, and Flexibility."

Program Relevance: CHI urges CMS to ensure that remote monitoring innovations are incented across its policies and programs, specifically the Promoting Interoperability program. CMS has publicly acknowledged, in the context of MACRA implementation, that "the use of digital technologies that provide either one-way or two-way data between MIPS eligible clinicians and patients is valuable, including for the purposes of promoting patient self-management, enabling remote monitoring, and detecting early indicators of treatment failure." The measure we propose therefore aligns with CMS' commitment to utilize advanced digital technologies for seamless data flows between MIPS eligible clinicians and patients.

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 use N/A):
 N/A

OR

Denominator Language:
 N/A

Numerator Language:
 N/A

Threshold: [Ex. at least one (clinical action or patient) or a percentage - at least 5 percent.

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

Ex. *e-prescribing Measure:* More than 10 percent of hospital discharge medication orders for permissible 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: N/A

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

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 use N/A]:

☒ **Functionality type (ex. API):** We propose that the functionality associated with this Measure encapsulate the use of remote monitoring (recording, storing, and sending of PGHD via any communications or technological means, real-time or not real-time) and/or telehealth (as defined by CMS) technologies. We do not believe that specific functionalities should be prescribed (i.e., APIs are one component of a remote monitoring solution), nor that such functionalities be restricted exclusively to those currently included for CEHRT, in order to provide needed flexibility to MIPS caregivers. To prescribe the means

☐ **N/A** by which a caregiver responsibly incorporates PGHD into the care continuum is to depart from the policy of technology neutrality, and will inevitably influence product/service design and will also exclude innovative means which may not currently be envisioned by CEHRT criteria.

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