June 28, 2024

Dear Eligible Professionals:

This letter is an update regarding public health reporting for Eligible Clinicians (ECs) attesting to the **Merit-Based Incentive Payment System (MIPS)**, and for Eligible Hospitals (EHs) and critical access hospitals (CAHs) participating in the **Medicare Promoting Interoperability Program (PIP)** for **Calendar Year (CY) 2024**. This letter will summarize the North Dakota Department of Health and Human Services (NDHHS) Promoting Interoperability status for the MIPS and Medicare PIP public health measures for CY 2024.

For CY 2024, CMS is requiring **ECs** participating in MIPS to report two measures associated with the Public Health and Clinical Data Exchange Objective: (1) Immunization Registry/Immunization Information System Reporting and (2) Electronic Case Reporting. ECs can receive bonus points if they participate in Syndromic Surveillance Reporting and that is available for ECs. In CY 2024, **EHs or CAHs** are required to report on five measures associated with Public Health and Clinical Data Exchange Objectives: (1) Syndromic Surveillance Reporting, (2) Immunization Registry/Immunization Information System Reporting, (3) Electronic Case Reporting, (4) Electronic Laboratory Result Reporting, and (5) Antimicrobial Use and Resistance Surveillance. ECs, EHs, or CAHs may claim an exclusion if certain criteria are met.

In CY 2024, the reporting period for new and returning participants attesting to CMS is a minimum of any continuous, self-selected, 180-day period. To be considered a meaningful user and avoid a downward payment adjustment, ECs and EHs will be required to use Certified EHR Technology (CEHRT) that meet the 2015 Edition Health IT Certification Criteria. The 2015 Edition Cures Update includes criteria for electronic case reporting.

CMS active engagement criteria for CY 2024 includes two options: Option 1 Pre-production and Validation and Option 2 Validated Data Production. All ECs, EHs, and CAHs will automatically move to Option 1 or Option 2 in CY 2024 and should review the Option criteria. Additional information for ECs can be found in the CMS Quality Payment Program Requirements. Additional information for EHs and CAHs can be found on the Promoting Interoperability Programs website.

Immunization Information System (IIS)

The CMS Immunization-Registry Measure Rules revised public health reporting requirements for ECs participating in the 2024 MIPS and for EHs and CAHs participating in the 2024 PIP.

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For CY 2024, both the MIPS and PIP now require participants to demonstrate they are "in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from immunization registry/immunization information systems (IIS)." For more information, please review the 2024: Medicare Promoting Interoperability Program Specification Sheets in the CMS Promoting Interoperability [Resource Library](#).

The NDHHS public health immunization registry/immunization information system (IIS) is [called NDIIS](#). The NDIIS is currently connected to more than 500 individual provider locations, the statewide health information exchange (HIE), the North Dakota Health Information Network (NDHIN), and the North Dakota electronic disease surveillance system.

HL7 Specifications for NDIIS interoperability with EHRs are available at: https://www.hhs.nd.gov/immunizations/ndiis/interoperability

Any EC, EH, or CAH seeking to attest to the public health immunization registry reporting measure for promoting interoperability for CY 2024 and not currently participating in NDIIS interoperability on-boarding or in production, must complete and submit the NDIIS Registration of Intent and Roles and Responsibilities Matrix forms at: https://www.hhs.nd.gov/immunizations/ndiis/interoperability.

Providers wishing to connect directly to the NDIIS must also complete the Memorandum of Understanding found at: https://www.hhs.nd.gov/immunizations/ndiis/interoperability. Providers wishing to connect to the NDIIS via the NDHIN should visit their website (https://www.nd.gov/itd/statewide-alliances/ndhin) to complete all required forms and agreements.

Once all required forms and agreements have been submitted, you will be placed in queue for connecting. The NDIIS team will reach out to the designated contacts to formally begin the onboarding process.

North Dakota providers wishing to attest for this measure during their reporting period must be using a certified EHR that:
- supports HL7 version 2.5.1 release 1.5 messaging,
- SOAP web services transport,
- submission of National Drug Codes (NDCs) for administered immunizations, and
- supports a fully bi-directional interface, meaning the EHR can exchange both query and response (QBP/RSP) and submission/acknowledgement (VXU/AXK) messages with the NDIIS.

To be considered in "active engagement" with the NDIIS, a provider must meet one of the following conditions:
- The provider has submitted their Registration of Intent form and is currently waiting invitation from the NDIIS team to begin the formal on-boarding process.
- The provider is actively working with the NDIIS to complete the formal on-boarding or technical testing process.

- The provider has established a production interface between their EHR and the NDIIS and is actively submitting immunization data to the NDIIS.

An EC or EH who does not administer immunizations **may claim an exclusion from the public health immunization registry reporting measure** during the EHR reporting period.

For CY 2024, ECs, EHs, and CAHs needing documentation from the NDIIS attesting to their active engagement for eligibility for or exclusion from the immunization registry/immunization information system reporting measure must submit a request via email to interoperability@nd.gov.

Syndromic Surveillance System

Eligible Hospitals (EHs) or Critical Care Hospitals (CAHs): For CY 2024, EHs and CAHs that have met the active engagement requirements for PIP "is in active engagement with a public health agency (PHA) to submit syndromic surveillance data from an emergency department (Place of Service [POS] 23)" will need to email interoperability@nd.gov to request documentation for the EHR Incentive Program attestation.

Eligible Clinicians (ECs): NDHHS does not have the capability to accept syndromic surveillance data in a promoting interoperability compliant manner for ECs. **ECs must exclude from the measure** based upon the criteria that ECs "operate in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR Reporting Period." Required reporting from urgent care centers is not included in the current CMS final rules, however, NDHHS frequently reaches out to health system-based licensed urgent care centers and clinics to discuss the feasibility of setting up syndromic surveillance reporting with NDHHS**.** Currently in 2024, 21 licensed urgent care centers are reporting to NDHHS. Please contact interoperability@nd.gov for more information. See final rules published in the Federal Register 83 FR 41144, 86 FR 44774, and 87 FR 48780.

For more information, please review the 2024: Medicare Promoting Interoperability Program Specification Sheets in the CMS Promoting Interoperability Resource Library. HL7 Specifications for Syndromic Surveillance interoperability with EHRs are available at: https://www.hhs.nd.gov/syndromic-surveillance.

Facilities wishing to connect to NDHHS for syndromic surveillance via the NDHIN should visit their website (https://www.nd.gov/itd/statewide-alliances/ndhin) to complete all required forms and agreements.

Once all required forms and agreements have been submitted, NDHHS will reach out to the designated contacts for syndromic surveillance to formally begin the onboarding process.

Electronic Laboratory Reporting (ELR)

For CY 2024, EHs must attest to the measure if the EH has a laboratory that is reporting results as defined under North Dakota Administrative Code 33-06-01, North Dakota Century Code 23-07-01.

Any EHs seeking to attest to the public health and clinical data exchange measure for [Electronic](#) [Reportable Laboratory (ELR) Result Reporting](#) should submit a [NDHHS Promoting Interoperability Program Registration form](#) to receive information for CY 2024 active engagement Option 1 and to receive NDHHS ELR testing and validation requirements. EHs who have previously registered/engaged do not need to re-register for Option 1. NDHHS will send email notifications as evidence of active engagement for CY 2024 Options 1 and 2.

Please retain any confirmation material from NDHHS to validate the measure. An EH that has changed, or plans to change, its laboratory system to a new CEHRT system needs to re-register for active engagement as additional validation may be required. Please note the [ELR corresponding](#) [certification criteria](#) for EHR technology to support this measure.

If an EH **does not** have a laboratory that is required to report results under North Dakota Administrative Code [33-06-01](#), North Dakota Century Code [23-07-01](#), **it is to claim an exclusion from the measure** using this memo as supporting documentation and is not required to register for ELR. See final rules published in the Federal Register [83 FR 41144](#), [86 FR 44774](#), and [87 FR 48780](#).

Electronic Case Reporting (eCR)

Eligible Hospitals (EHs) or Critical Care Hospitals (CAHs) and Eligible Clinicians (ECs): NDHHS declared readiness for eCR as of January 21, 2021. EHs and CAHs must demonstrate they are in active engagement for eCR with NDHHS to meet the measure for CY 2024.

For EHs, CAHs, or EPs wishing to engage in eCR, you will need to communicate your intent to participate by submitting a [NDHHS Promoting Interoperability Program Registration form](#) and communicate with the eCR Support Team via the eCR general information desk [eCR-Info@aimsplatform.org](#). EHs who have previously registered/engaged do not need to re-register for Option 1.

NDHHS requires that EC, EH, and CAH electronic health record (EHR) systems meet the CEHRT criteria. NDHHS will refer EHR implementers and EPs to enroll in the [eCR project](#) managed by CDC and Association of Public Health Laboratories (APHL) for Option 1. ECs will conduct initial validation for eCR with the CDC/APHL project group and will not be considered in Option 2 until they are ready to validate eCR with NDHHS to complete full eCR production onboarding. The process will follow that outlined on the eCR project website which includes information on: EHR readiness criteria; EHR triggering and enrollment in the Electronic Reporting and Surveillance Distribution System (eRSD); initial eCR (eICR) creation, validation, and standards including which HL7 CDA eICR standards are accepted for eCR message creation and for NDHHS validation; Reportability Response (RR) receipt and use; and eCR exchange and transport. Links to additional materials are included on the eCR project website. NDHHS will share any other needed materials with EHR implementers on enrollment.

NDHHS will send email notifications as evidence of active engagement for CY 2024 Options 1 and 2. Please retain any confirmation material from NDHHS to validate the measure. An EH or EC that has changed, or plans to change, its electronic health record system to a new CEHRT system will need to re-register for active engagement as additional validation may be required.

It should be noted that EHs or EPs working with the CDC and APHL in the technical onboarding as part of the eCR NOW project <u>does not</u> mean that the EH/EC is in 'production' with NDHHS for eCR. Providers will need to meet reporting obligations as defined in North Dakota Administrative Code 33-06-01, North Dakota Century Code 23-07-01 to meet CY 2024 Option 2.

If the EH, CAH, or EC does not diagnose any reportable diseases as defined under North Dakota Administrative Code 33-06-01, North Dakota Century Code 23-07-01, **they are to claim an exclusion from the measure** using this memo as supporting documentation and are not required to register for eCR. Please review the promoting interoperability specifications in the CMS Resource Library.

<u>MIPS Program Changes CY 2024 – Active Engagement Duration</u>

Please be aware that **starting in CY 2024**, EHs, CAHs, and MIPS eligible professionals may spend only one EHR reporting period/performance period at the Option 1 pre-production and validation level of active engagement, per measure, and that they must progress to the Option 2 validated data production level for the next EHR reporting period/performance period for which they report a particular measure.

NDHHS encourages you to frequently check the North Dakota Department of Health and Human Services Promoting Interoperability Program website for updates.

For further guidance on the Promoting Interoperability attestation process, please visit: Promoting Interoperability Programs. For questions about the MIPS measure, contact QPP@cms.hhs.gov. For questions about North Dakota's interoperability, please contact interoperability@nd.gov.

Sincerely,

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