Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

Objectives and Measures for the 2022 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 2022.

Objective	Electronic Prescribing
Measure	**e-Prescribing** 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 certified electronic health record technology (CEHRT).
Exclusion	Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their electronic health record (EHR) reporting period.

Definition of Terms

Prescription: The authorization by an eligible hospital or CAH to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Permissible Prescriptions: All drugs meeting the current definition of a prescription as the authorization by an eligible hospital or CAH to dispense a drug that would not be dispensed without such authorization and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowable by state and local law.

Reporting Requirements

- DENOMINATOR: The number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.
- NUMERATOR: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.
- EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.
- The EHR reporting period in 2022 for new and returning participants attesting to CMS is a minimum of any continuous 90-day period within the calendar year.

Scoring Information

- Total points available for this measure: 10 points.
- If the exclusion is claimed, 10 points would be redistributed equally among the measures under the Health Information Exchange objective.
- 100 total points will be available for the required objectives and measures of the Medicare Promoting Interoperability Program.
- 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[1] measures, submit their complete numerator and denominator or Yes/No data for all required measures, attest to the Actions to limit or restrict the compatibility or interoperability of CEHRT statement, as well as report on the required electronic clinical quality measure data.
- Failure to report at least a "1" in all required measures with a numerator or reporting a "No" for a Yes/No response measure (except for the SAFER Guides measure[2]) 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 undergo a downward payment adjustment.
- *Rounding*: When calculating the performance rates and measure and objective scores, scores will be rounded to the nearest whole number.

Additional Information

- In 2022, eligible hospitals and CAHs may use technology meeting the existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of the two in order 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 to the 2015 Edition Cures Update criteria, visit the Certified Health IT Product List (CHPL) at https://chpl.healthit.gov/.
- 2015 Edition or 2015 Edition Cures Update 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 to the 2015 Edition or 2015 Edition Cures Update criteria by the last day of the EHR reporting period.
- An eligible hospital or CAH needs to use CEHRT as the sole means of creating the prescription and should include in the numerator and denominator both types of electronic

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[1] The SAFER, or Safety Assurance Factors for EHR Resilience, Guides measure was added in the FY 2022 Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospital and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule but will not affect Medicare Promoting Interoperability Program participants' total scores in 2022.

[2] In 2022, 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, but the "yes" or "no" attestation response will not affect participants' total scores.

transmissions (those within an organization and for external pharmacies that are independent of the eligible hospital or CAHs' organization). Such transmission must use standards adopted for EHR technology certification.

- ONC has published guidance (see https://www.healthit.gov/test-method/electronic-prescribing) that a product certified to the 2015 Edition "Electronic Prescribing" criterion at 45 CFR 170.315 (b)(3) can be updated to the NCPDP SCRIPT version 2017071 standard and maintain certification, prior to being certified for the updated criterion under the 2015 Edition Cures Update. For the Medicare Promoting Interoperability Program, the CEHRT definition is based on the reference to the ONC certification of the product. Therefore, if an eligible hospital or CAH has a certified product that has been updated to the NCPDP SCRIPT Standard Version 2017071 standard according to ONC's certification guidance, using the updated product to electronically transmit a prescription can count toward the numerator of the measure.
- Actions included in the numerator must occur within the self-selected EHR reporting period.

Regulatory References

- This objective and measure may be found in Title 42 of the Code of Federal Regulations at 495.24 (e)(5)(i). For further discussion, please see 83 FR 41634 through 41677.
- In order to meet this measure, an eligible hospital or CAH must use technology certified to the criterion at 45 CFR 170.315 (b)(3).

Certification Criteria

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

Certification Criteria
§ 170.315(b)(3) Electronic prescribing