

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
Bonus Measure	Query of Prescription Drug Monitoring Program (PDMP) For at least one Schedule II opioid electronically prescribed using certified electronic health record technology (CEHRT) during the electronic health record (EHR) reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.

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.

Opioids: Opioids listed as Schedule II controlled substances found at [21 CFR 1308.12](#).

Reporting Requirements

- YES/NO – The eligible hospital or CAH must attest YES to conducting a query of PDMP for prescription drug history to earn the bonus.
- 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 bonus points.
- 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 Guides¹ measures, submit their complete numerator and denominator or Yes/No data for all required measures, attest to the

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.

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 measure²) 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.
- Actions must occur within the self-selected EHR reporting period.
- Query of the PDMP for prescription drug history must be conducted prior to the electronic transmission of the Schedule II opioid prescription.
- Eligible hospitals and CAHs have flexibility to query the PDMP using data from CEHRT in any manner allowed under their State law.
- Includes all permissible prescriptions and dispensing of Schedule II opioids regardless of the amount prescribed during an encounter.

Regulatory References

- The measure’s objective 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).

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.

Certification Criteria

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

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