Medicare Promoting Interoperability PROGRAM

MEDICARE PROMOTING INTEROPERABILITY PROGRAM OBJECTIVES & MEASURES

For Calendar Year (CY) 2023

Overview

Eligible hospitals and critical access hospitals attesting to the Medicare Promoting Interoperability Program are required to report on four scored objectives and their measures.

- Electronic Prescribing
- Health Information Exchange
- Provider to Patient Exchange
- Public Health and Clinical Data Exchange

Program participants must also attest to the following:

- Security Risk Analysis measure
- Safety Assurance Factors for EHR Resilience (SAFER) Guides measure

To learn more, please view the 2023 Medicare Promoting Interoperability Program measure specification sheets (ZIP).

Electronic Prescribing Objective

Measure	Details	Points Available	Reporting Type	Exclusion available?
e-Prescribing	At least one hospital discharge medication order for permissible prescriptions (for new and changed prescriptions) is queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).	10 points	Numerator/Denominator reporting	Yes
Query of Prescription Drug Monitoring Program (PDMP)	For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using 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.	10 points	Yes/No attestation	Yes

Health Information Exchange Objective

Measure	Details	Points Available	Reporting Type	Exclusion available?
Support Electronic Referral Loops by Sending Health Information	For at least one transition of care or referral, the eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care: 1. Creates a summary of care record using CEHRT; 2. Electronically exchanges the summary of care record.	Up to 15 points	Numerator/Denominator reporting	No

Support Electronic Referral Loops by Receiving and Reconciling Health Information	For at least one electronic summary of care record received using CEHRT for patient encounters during the EHR reporting period for which an eligible hospital or CAH was the receiving party of a transition of care or referral, or for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient, the eligible hospital or CAH conducts clinical information reconciliation for medication, medication allergy, and current problem list using CEHRT.	Up to 15 points	Numerator/Denominator reporting	No
OR choose from <u>one</u> of the objectives below:				
Health Information Exchange (HIE) Bi-Directional Exchange: (Alternative to two previous HIE measures)	The eligible hospital or CAH must attest to the following: 1. Participating in an HIE in order to enable secure, bidirectional exchange of information to occur for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy. 2. Participating in an HIE that is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and not engaging in exclusionary behavior when determining exchange partners. 3. Using the functions of CEHRT to support bidirectional exchange with an HIE.	Up to 30 points	Yes/No attestation	No

Enabling Exchange under TEFCA: (Alternative to two previous HIE measures)	The eligible hospital or CAH must attest to the following: 1. Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC's website) in good standing (that is not suspended) and enabling secure, bidirectional exchange of information to occur, in production, for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy. 2. Using the functions of CEHRT to support bidirectional exchange of patient information, in production, under this Framework Agreement.	Up to 30 points	Yes/No attestation	No

Provider to Patient Exchange Objective

Measure	Details	Points Available	Reporting Type	Exclusion available?
Provider to Patient Exchange	For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (1) the patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) the eligible hospital or CAH ensures	Up to 25 points total	Numerator/Denominator reporting	No

	the patient's health information is available for the patient (or patient authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interface (API) in the eligible hospital or CAH's CEHRT.			

Public Health & Clinical Data Exchange Objective

Measure	Details	Points Available	Reporting Type	Exclusion available?
Immunization Registry Reporting	Submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	Up to 25 points available for all four measures	Yes/No attestation	Yes
Syndromic Surveillance Reporting	Submit syndromic surveillance data from an emergency department (POS 23).		Yes/No attestation	Yes
Electronic Case Reporting	Submit case reporting of reportable conditions.		Yes/No attestation	Yes
Electronic Reportable Laboratory (ELR) Result Reporting	Submit ELR results.		Yes/No attestation	Yes
See below for all available bonus measures **(*Can report on only one measure to receive the 5 additional bonus points*)**				
Public Health Registry Reporting	Submit data to public health registries.	Up to 5 additional bonus points	Yes/No attestation	No

Clinical Data Registry Reporting	Submit data to a clinical data registry (CDR).	Up to 5 additional bonus points	Yes/No attestation	No

Security Risk Analysis

Measure	Details	Points Available	Reporting Type	Exclusion available?
Security Risk Analysis	Eligible hospitals and CAHs must conduct or review a security risk analysis of CEHRT and address encryption/security of data, implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process. Note: Actions included in the security risk analysis measure may occur any time during the calendar year in which the EHR reporting period occurs.	It remains a requirement of the Medicare Promoting Interoperability Program but is not scored.	A Yes/No attestation is required.	No. Failure to complete this requirement results in program failure.

Safety Assurance Factors for EHR Resilience (SAFER) Guides

Measure	Details	Points Available	Reporting Type	Exclusion available?
SAFER Guides	Beginning with CY 2022 EHR reporting period, CMS added a new SAFER Guides measure to the Protect Patient Health Information objective. The SAFER Guides	For CY 2023, this measure is **required**,	Yes/No attestation	No. Failure to complete this requirement results in program

	help hospitals conduct self-assessments to optimize the safety and safe use of EHRs. Eligible hospital or CAH must attest to having conducted an annual self-assessment using all 9 SAFER Guides at any point during the calendar year in which the EHR reporting period occurs.	but will not be scored.	Note: an attestation of yes or no is acceptable and will not affect the total score or status.	failure.