Non-Opioid Measures FY 2019* IPPS/LTCH PPS Final Rule		
FAQ Number	**Question**	**Answer**
Support Electronic Referral Loops by Receiving and Incorporating Health Information measure		
	Will there be an exclusion available for the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure for hospitals that do not receive inbound transfers?	We did not establish an exclusion specifically for eligible hospitals and CAHs that do not receive inbound transfers. The only exclusion currently available is for eligible hospitals and CAHs that could not implement the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure for an EHR reporting period in CY 2019 (83 FR 41661). This information is intended to be applicable for an EHR reporting period in CY 2019 under the Medicare PI program.
	For the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure, when an EHR queries an HIE, or similar source of C-CDA documents, and the return data set is multiple C-CDA documents, are all documents expected to be reconciled to meet the measure, or is there flexibility for the EHR or the health care provider to determine which are the most relevant? What mechanisms for determining relevant documents would be reasonable?	We understand different systems may present information for clinical reconciliation in different ways. For instance, a provider may be presented with a package of all current information aggregated from multiple summary care records received, or a provider may be presented with several summary care records each representing a recent visit summary. Through public comment, health care providers have indicated these and other workflows may support effective clinical information reconciliation. Therefore, we intend that providers should not be forced to choose only one approach, but should implement the workflow most suited to their clinical needs. We defer to the provider on the clinical relevance of the information presented for reconciliation. As discussed in the Stage 3 rule at 80 FR 62681, "If no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record." We reiterate that CMS maintains the policy to only measure the reconciliation of current information, not historic.
*Note: The information provided below applies for the EHR reporting period in CY 2019.		

	Does the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure allow for the possibility of multiple electronic summary of care records per one patient encounter to populate the denominator of this measure?	The denominator for the new referral loop measure is: The number of electronic summary of care records 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, and for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient. This means that the denominator should include all electronic summary of care records received for a patient encountered during the EHR reporting period. However, we know that different health IT systems may support clinical information reconciliation in a variety of ways based on the clinical work flow and potential variations in administrative processes implemented by an individual health care provider. For example, upon admission to an inpatient facility, a hospital system may automatically combine current medication, medication allergy, and problem list data from a group of summary care records received and present that information to the clinician for reconciliation. In another setting or workflow, the system may present each summary of care record separately with various indicators for current information to support the provider's reconciliation workflow. CMS does not intend to dictate a single specific workflow as the only appropriate process for reconciliation, nor to force providers to use redundant workflows to meet the measure requirements. Instead, we intend the measure to focus on the process of leveraging health IT to reconcile clinical information to ensure the patient record is up to date and complete. If certified EHR technology supports the reconciling of all current information from multiple records in a single instance this combined information may be considered a single instance in the denominator. If the certified EHR technology supports the reconciliation of each individual CCDA received separately, then each current record received may be considered a separate instance in the denominator. For either workflow, the completion of the reconciliation in either workflow would increment the numerator.

Provider to Patient Exchange Objective		
	For the Provider to Patient Exchange measure, do you receive 40 points for just one accessing patient, or does the measure intend for all of your patients (or as many as possible, but at least one of your patients) to have access?	The Provide Patients Electronic Access to their Health Information measure is scored based on performance as determined by the numerator and denominator that are submitted. The eligible hospital or CAH must submit at least one unique patient in the numerator or claim an applicable exclusion to satisfy the requirement to report on this measure. This information is intended to be applicable for an EHR reporting period in CY 2019 under the Medicare PI program.
Scoring		
	A minimum total score of 50 points is required to satisfy the Promoting Interoperability Program for CY 2019 and CY 2020. Is partial credit available to hospitals that score 48 or 49?	No. There is no partial credit. In order to earn a score greater than zero, an eligible hospital or CAH must complete the activities required by the Security Risk Analysis measure and submit their complete numerator and denominator or yes/no data for all required measures (83 FR 41641).
	How does rounding work for the scoring?	As stated in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41641), when calculating the performance rates and measure and objective scores, we will generally round to the nearest whole number.
	Do all four objectives need to be met to receive credit for the Performance-based Scoring Methodology, or can a health care provider choose to not do an objective?	Eligible hospitals and CAHs must report on all required measures or claim an exclusion(s). If exclusions are claimed, the points for that measure are redistributed to another measure. If you choose not to report on an objective, you will earn a zero and will be subject to a Medicare payment reduction. This information is intended to be applicable for an EHR reporting period in CY 2019 under the Medicare PI program.

General questions		
	When must eligible hospitals and CAHs possess CEHRT for 170.315(g)(1) or 170.315(g)(2), automated numerator recording or automated measure calculation?	Health care providers must possess CEHRT certified to 170.315(g)(1) or 170.315(g)(2) by the end of the reporting period. Please refer to ONC's 2015 Edition test method** for the testing requirements for 170.315(g)(1) and (g)(2).
	Must health care providers have their electronic health record (EHR) technology certified prior to beginning the EHR reporting period in order to demonstrate meaningful use under the Medicare and Medicaid Promoting Interoperability Programs?	No. An eligible hospital or CAH may begin the EHR reporting period before their EHR technology is certified. Certification need only be obtained prior to the end of the EHR reporting period. If health care providers begin the EHR reporting period prior to certification of their EHR technology, they are taking the risk that their EHR technology will not enable them to satisfy the requirements of being a meaningful EHR user. This information is intended to be applicable for an EHR reporting period in CY 2019 under the Medicare PI program.
	If my current vendor does not have the 2015 Edition of CEHRT ready, will there be a hardship exception for eligible hospitals and CAHs under the Promoting Interoperability Program? If so, is there a limit to the number of hardship exception requests that a health care provider can submit?	The extreme and uncontrollable circumstances hardship exception category could include vendor issues. Eligible hospitals and CAHs are limited to five years of hardship exceptions for the Promoting Interoperability Program. This information is intended to be applicable for an EHR reporting period in CY 2019 under the Medicare PI program.
	With the removal of the Secure Messaging measure from the Promoting Interoperability Program, is an eligible hospital or a CAH still required to have a certified Secure Messaging capability?	The functions and standards related to measures that are no longer required for the Promoting Interoperability Programs could still hold value for some health care providers and may be utilized as best suits their practice and the preferences of their patient population. The removal of measures is not intended to discourage the use of the standards, the implementation of best practices, or conducting and tracking the information for health care providers' own quality improvement goals (83 FR 41664). This information is intended to be applicable for an EHR reporting period in CY 2019 under the Medicare PI program.
	Will CMS provide information on audit documentation for the Medicare Promoting Interoperability Program?	Any eligible hospital or CAH that attests to the Medicare Promoting Interoperability Program may be subject to an audit. CMS recommends that facilities save all relevant supporting documentation (in either paper or electronic format). They do not need to submit a copy of the results that they would use when they submit their attestation (including data reflective of their scored measures), but they should have it available if they are asked to provide it. This information is intended to be applicable for an EHR reporting period in CY 2019 under the Medicare PI program.

**2015 Edition Test Method