MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE HOSPITALS, CRITICAL ACCESS HOSPITALS, AND DUAL-ELIGIBLE HOSPITALS ATTESTING TO CMS OBJECTIVES AND MEASURES FOR 2019

The following information is for eligible hospitals, critical access hospitals (CAHs), and dual-eligible hospitals attesting to CMS for their participation in the Medicare Promoting Interoperability (PI) Program in 2019. Those attesting to their state should refer to the 2019 PI Medicaid specification sheets.

Electronic Prescribing	
Objective	Generate and transmit permissible discharge prescriptions electronically.
Measures	**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).
	***Bonus*: Query of Prescription Drug Monitoring Program (PDMP)**: For at least one Schedule II opioid 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 is conducted, except where prohibited and in accordance with applicable law.
	***Bonus*: Verify Opioid Treatment Agreement** – For at least one unique patient for whom a Schedule II opioid was electronically prescribed by the eligible hospital or CAH using CEHRT during the EHR reporting period, if the total duration of that patient's Schedule II opioid prescriptions is at least 30 cumulative days within a 6-month look-back period, the eligible hospital or CAH seeks to identify the existence of a signed opioid treatment agreement and incorporates it into CEHRT.
Exclusions	**e-Prescribing**: 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.
	***Bonus Measures*:** No exclusions in 2019.

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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.

Opioids: Opioids listed at Schedule II controlled substances found at 21 CFR 1308.12

Attestation Requirements

The EHR reporting period in 2019 for new and returning participants attesting to CMS is a minimum of any continuous 90-day period within the calendar year.

MEASURES:

- e-Prescribing
  - 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.
- *Bonus*: Query of PDMP
  - DENOMINATOR: The number of Schedule II opioids electronically prescribed using CEHRT by the eligible hospital or CAH during the EHR reporting period.

- NUMERATOR: The number of Schedule II opioid prescriptions in the denominator for which data from CEHRT is used to conduct a query of a PDMP for prescription drug history except where prohibited and in accordance with applicable law.
- EXCLUSION: No exclusions in 2019

- *Bonus*: Verified Opioid Treatment Agreement
  - DENOMINATOR: Number of unique patients for whom a Schedule III opioid was electronically prescribed by the eligible hospital or CAH using CEHRT during the EHR reporting period and the total duration of Schedule II opioid prescriptions is at least 30 cumulative days as identified in the patient's medication history request and response transactions during a 6-month look back period.
  - NUMERATOR: The number of unique patients in the denominator for whom the eligible hospital or CAH seeks to identify a signed opioid treatment agreement and, if identified, incorporates the agreement in CEHRT.
  - EXCLUSION: No exclusions in 2019

2015 Edition Certified Electronic Health Record Technology

Beginning with the EHR reporting period in CY 2019, participants in the PI Programs are required to use the 2015 Edition of CEHRT pursuant to the definition of CEHRT under § 495.4.

The 2015 Edition of CEHRT must be implemented for an EHR reporting period in CY 2019, which will be a minimum of 90 days, as established in the final rule. It does not need to be implemented on January 1, 2019.

2019 Scoring Methodology

Beginning in 2019, the Medicare PI Program will use a new performance-based scoring methodology consisting of a smaller set of objectives that will provide a more flexible, less burdensome structure.

The new performance-based scoring includes:

- The Electronic Prescribing objective is worth 10 points, with the Query of PDMP and Verified Opioid Treatment Agreement measures available for bonus points in 2019. If this measure is met, hospitals or CAHs would receive up to 5 bonus points for each measure.
- 100 total points will be available for the Medicare PI Program.
- Eligible hospitals and CAHs must earn a minimum total score of 50 points in order to satisfy the requirement to report on the objectives and measures of meaningful use.
- 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.

- *Rounding*: When calculating the performance rates and measure and objective scores, we stated that we would generally round to the nearest whole number. Scores under 50 points would not be considered meaningful users.

Additional Information

- An eligible hospital or CAH needs to use CEHRT as the sole means of creating the prescription, and when transmitting to an external pharmacy that is independent of the eligible hospital or CAHs organization such transmission must use standards adopted for EHR technology certification.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (e)(5)(i-v). For further discussion, please see 83 FR 41634 through 41677.
- In order to meet this objective and measure, an eligible hospital or CAH must possess the capabilities and standards of CEHRT at 45 CFR 170.315 (a)(10) and (b)(3).

Certification Standards and Criteria

Below is the corresponding certification and standards criteria for EHR technology that supports achieving the meaningful use of this objective.

Certification Criteria
Information about certification for 2015 Edition CEHRT can be found at: § 170.315(a)(10) Drug formulary and preferred drug list checks § 170.315(b)(3) Electronic prescribing

Standards Criteria
Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub: https://www.healthit.gov/topic/certification/2015-standards-hub