

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.

| Health Information Exchange | |
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| Objective | Encourage and leverage interoperability on a broader scale and promote health IT-based care coordination. |
| Measures | <p>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 their patient to another setting of care or provider of care: (1) Creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.</p> <p>Support Electronic Referral Loops by Receiving and Incorporating Health Information: For at least one electronic summary of care record received for patient encounters during the electronic health record (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.</p> |
| Exclusions | Support Electronic Referral Loops by Receiving and Incorporating Health Information: An exclusion is available for this measure in 2019 as it may not be available or fully developed by a user's health IT vendor, or not fully implemented in time for an EHR reporting period in 2019. |



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Definition of Terms

Active/current medication list: A list of medications that a given patient is currently taking.

Active/current medication allergy list: A list of medications to which a given patient has known allergies.

Allergy: An exaggerated immune response or reaction to substances that are generally not harmful.

Care Plan: The structure used to define the management actions for the various conditions, problems, or issues. A care plan must include at a minimum the following components: goals, health concerns, assessment, and plan of treatment.

Transition of Care: The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum, this includes all discharges from the inpatient department and after admissions to the emergency department when follow-up care is ordered by an authorized provider of the hospital.

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:

- Support Electronic Referral Loops by Sending Health Information
 - DENOMINATOR: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) was the transitioning or referring provider.

- NUMERATOR: Number of transitions of care and referrals in the denominator where a summary of care record was created and exchanged electronically using CEHRT.
- EXCLUSION: No exclusions for this measure in 2019.
- Support Electronic Referral Loops by Receiving and Incorporating Health Information
 - DENOMINATOR: 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.
 - NUMERATOR: Number of electronic summary of care records in the denominator for which clinical information reconciliation is completed using CEHRT for the following three clinical information sets: (1) Medication – Review of the patient’s medication, including the name, dosage, frequency, and route of each medication; (2) Medication Allergy – Review of the patient’s known medication allergies; and (3) Current Problem List – Review of the patient’s current and active diagnoses.
 - EXCLUSION: An exclusion is available for eligible hospitals and CAHs that could not implement this measure for an EHR reporting period in CY 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.

As established in the final rule, the 2015 Edition of CEHRT must be implemented for an EHR reporting period in CY 2019, which will be a minimum of any continuous 90-day period. 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 Health Information Exchange objective is worth up to a total of 40 points, with each measure being worth 20 points, respectively.
- As an exclusion is available for the Support Electronic Referral Loops by Receiving and Incorporating Health Information, if the exclusion is claimed, the 20 points would be redistributed to the other measure within this objective, the Support Electronic Referral Loops by Sending Health Information measure, which would be worth up to 40 points.

- 100 total points will be available for the Medicare PI 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 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

- To meet Stage 3 requirements, all eligible hospitals or CAHs must use technology certified to the [2015 Edition for the Health Information Exchange Objective](#).
- For Supporting Electronic Referral Loops by Sending Health Information patients whose records are maintained using certified EHR technology must be included in the denominator for transitions of care.
- For the Supporting Electronic Referral Loops by Sending Health Information, the action must occur within the PI reporting period if that period is a full calendar year, or if it is less than a full calendar year, within the calendar year in which the PI reporting period occurs (between January 1st and December 31st).
- For the Supporting Electronic Referral Loops by Sending Health Information measure, the referring provider must have reasonable certainty of receipt by the receiving provider to count the action toward the measure. This may include confirmation of receipt or that a query of the summary of care record has occurred in order to count the action in the numerator.
- Apart from the three fields noted as required for the summary of care record (i.e., current problem list, current medication list, and current medication allergy list), in circumstances where there is no information available to populate one or more of the fields listed either because the eligible hospital/CAH does not record such information or because there is no information to record, the eligible hospital/CAH may leave the field(s) blank and still meet the objective and its associated measure.
- An eligible hospital or CAH must have the ability to transmit all data pertaining to laboratory test results in the summary of care document, but may work with their system developer to establish clinically relevant parameters for the most appropriate results for the given transition or referral.
- An eligible hospital or CAH who limits the transmission of laboratory test result data in a summary of care document must send the full results upon request (i.e. all lab results as opposed to a subset).

- The exchange must comply with the privacy and security protocols for electronic protected health information under the Health Insurance Portability and Accountability Act (HIPAA).
- In cases where the eligible hospitals or CAHs share access to an EHR, a transition or referral may still count toward the measure if the referring provider creates the summary of care document using CEHRT and sends the summary of care document electronically. If a provider chooses to include such transitions to providers where access to the EHR is shared, they must do so universally for all patient and all transitions or referrals.
- For Stage 3, we are not continuing the policy of allowing a third party to convert the summary of care record transmission to fax as it does not drive toward the overall goal of sending, receiving or retrieving an electronic summary of care document for this objective. Therefore, if the sending provider converts the file to a format the receiving provider could not electronically receive and incorporate as a consolidated clinical document architecture (C-CDA), the initiating provider may not count the transition in their numerator ([80 FR 62859](#)).
- For the Supporting Electronic Referral Loops by Sending Health Information measure, the initiating eligible hospital or CAH must send a C-CDA document that the receiving provider would be capable of electronically incorporating as a C-CDA on the receiving end. For Stage 3, we are not continuing the policy of allowing a third party to convert the summary of care record transmission to fax as it does not drive toward the overall goal of sending, receiving or retrieving an electronic summary of care document for this objective. Therefore, if the sending provider converts the file to a format the receiving provider could not electronically receive and incorporate as a C-CDA, the initiating provider may not count the transition in their numerator ([80 FR 62859](#)).
- For the purposes of defining the cases in the denominator for Supporting Electronic Referral Loops by Sending Health Information, we stated that what constitutes “unavailable” and, therefore, may be excluded from the denominator, will be that an eligible hospital or CAH —
 - Requested an electronic summary of care record to be sent and did not receive an electronic summary of care document; and
 - The eligible hospital or CAH either:
 - Queried at least one external source via health information exchange (HIE) functionality and did not locate a summary of care for the patient, or the eligible hospital or CAH does not have access to HIE functionality to support such a query, or
 - Confirmed that HIE functionality supporting query for summary of care documents was not operational in the eligible hospital or CAH’s geographic region and not available within the eligible hospital or CAHs EHR network as of the start of the PI reporting period.
- For the Supporting Electronic Referral Loops by Sending Health Information, measure, a record cannot be considered to be incorporated if it is discarded without the reconciliation of

clinical information or if it is stored in a manner that is not accessible for provider use within the EHR.

Non-medical staff may conduct reconciliation under the direction of the eligible hospital or CAH so long as the provider or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant CDS.

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 use the capabilities and standards of CEHRT at 45 CFR 170.315(b)(1) through (b)(3) and (a)(6) through (a)(8).

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 \(b\)\(1\) Transitions of care](#)

[§170.315 \(b\)\(2\) Clinical information reconciliation and incorporation](#)

[§170.315\(a\)\(6\) Problem list](#)

[§170.315\(a\)\(7\) Medication list](#)

[§ 170.315\(a\)\(8\) Medication allergy list](#)

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>