

Medicare Promoting Interoperability PROGRAM

2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM SCORING METHODOLOGY FACT SHEET

In program year 2022, the Centers for Medicare & Medicaid Services (CMS) will continue to implement a performance-based scoring methodology for eligible hospitals and critical access hospitals (CAHs) that attest to CMS under the Medicare Promoting Interoperability Program. In addition to completing the scoring requirements outlined in this fact sheet, eligible hospitals and CAHs must:

- Use (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two in order to meet the certified electronic health record (EHR) technology (CEHRT) definition, as finalized in the [calendar year \(CY\) 2021 Physician Fee Schedule final rule \(85 FR 84818 through 84828\)](#).
- Submit a “yes” to the following:
 - Did not take actions to limit or restrict the compatibility or interoperability of CEHRT attestation Office of the National Coordinator for Health Information Technology (ONC) Direct Review Attestation
 - Security Risk Analysis
 - Review of the nine Safety Assurance Factors for EHR Resilience (SAFER) Guides measure (a “no” will also satisfy this measure)
- Must report on 3 self-selected eCQMs and the Safe Use of Opioids – Concurrent Prescribing measure using 3 self-selected quarters of data

Medicare Promoting Interoperability Program Score

Eligible hospitals and CAHs are required to report certain measures from each of the four scored objectives, with performance-based scoring occurring at the individual measure-level. Each measure is scored based on the eligible hospital or CAH’s performance for that measure, except for the Query of Prescription Drug Monitoring Program (PDMP) bonus measure, the Engagement in Bi-Directional Exchange Through Health Information Exchange measure, and the measures associated with the Public Health and Clinical Data Exchange objective, which require a Yes/No attestation. Each measure will contribute to the eligible hospital or CAH’s total Medicare Promoting Interoperability Program score.



The scores for each of the individual measures are added together to calculate the total Medicare Promoting Interoperability Program score of up to 100 possible points for each eligible hospital or CAH. A total score of 60 points or more will satisfy the requirement to report on the objectives and measures of meaningful use, which is one of the requirements for an eligible hospital or CAH to be considered a meaningful EHR user and avoid a downward payment adjustment. When calculating performance rates and measures and objectives' scores, CMS generally will round to the nearest whole number.

The table below outlines the maximum points available for each measure for CY 2022:

Objectives	Measures	Max. Points Available	CY 2022 Exclusion Available
Electronic Prescribing	e-Prescribing	10 points	Yes
	Bonus: Query of PDMP	10 bonus points	No
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points	No
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	20 points	No
	OR		
	Engagement in Bi-Directional Exchange Through Health Information Exchange	40 points	No
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points	No
Public Health and Clinical Data Exchange	<u>Report the following 4 measures:</u> Syndromic Surveillance Reporting Immunization Registry Reporting Electronic Case Reporting Electronic Reportable Laboratory Result Reporting	10 points	Yes
	Bonus: <u>Report one of the following measures:</u> Public Health Registry Reporting Clinical Data Registry Reporting	5 bonus points	No

For an eligible hospital or CAH to earn a score greater than zero, in addition to completing the actions included in the Security Risk Analysis measure, the hospital must submit their complete numerator and denominator or yes/no data for all required measures. Numerators must be at least one to fulfill a measure. The numerator and denominator for each performance measure will translate to a performance rate for that measure and will be applied to the total possible points for that measure. The eligible hospital or CAH must report on all of the required measures across all of the objectives in order to earn any score at all. Failure to report any required measure or reporting a “no” response on a yes/no response measure, unless an exclusion is claimed, will result in a score of zero.

2022 Scoring Example

The table below is an example of a possible score based on an eligible hospital or CAHs performance:

Objectives	Measures	Numerator/ Denominator	Performance Rate	Max. Points Available	Measure Score
Electronic Prescribing	e-Prescribing	200/250	80%	10 points	8 points
	<i>Bonus:</i> Query of PDMP	Yes	N/A	10 bonus points	10 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	135/185	73%	20 points	15 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	145/175	83%	20 points	17 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	350/500	70%	40 points	28 points

Objectives	Measures	Numerator/ Denominator	Performance Rate	Max. Points Available	Measure Score
Public Health and Clinical Data Exchange	<u>Report the 4 following measures:</u> Syndromic Surveillance Reporting Immunization Registry Reporting Electronic Case Reporting Electronic Reportable Laboratory Result Reporting	Yes	N/A	10 points	10 points
	<i>Bonus:</i> <u>Report one of the following measures:</u> Public Health Registry Reporting Clinical Data Registry Reporting	Yes	N/A	5 bonus points	5 bonus points
Total Score					93 points