

### MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE HOSPITALS, CRITICAL ACCESS HOSPITALS, AND DUAL-ELIGIBLE HOSPITALS ATTESTING TO CMS OBJECTIVES AND MEASURES FOR 2020

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 Program in 2020. Those attesting to their state should refer to the 2020 Promoting Interoperability Medicaid specification sheets.

Objective	Electronic Prescribing
Measure	<b>e-Prescribing</b> 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).
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 electronic health record (EHR) reporting period.

#### 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.



## Reporting Requirements

- **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.
- The EHR reporting period in 2020 for new and returning participants attesting to CMS is a minimum of any continuous 90-day period within the calendar year.

## Scoring Information

- Total points available for this measure: 10 points.
- If the exclusion is claimed, 10 points would be redistributed equally among the measures under the Health Information Exchange objective.
- 100 total points will be available for the required objectives and measures of the Medicare Promoting Interoperability 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

- In program year 2020, eligible hospitals and CAHs must use 2015 Edition CEHRT. The 2015 Edition functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. The eligible hospital or CAH must be using the 2015 Edition functionality for the full EHR reporting period. In many situations the product may be deployed, but pending certification.
- 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.

- ONC has published guidance (see <https://www.healthit.gov/test-method/electronic-prescribing>) that a product certified to “Electronic Prescribing” at 45 CFR 170.315 (b)(3) can be updated to the new NCPDP SCRIPT 2017071 standard and maintain certification. For the Medicare Promoting Interoperability Program, the CEHRT definition is based on the reference to the ONC certification of the product. Therefore, if an eligible hospital or CAH has a certified product that has been updated to the new NCPDP SCRIPT 2017071 standard according to ONC’s certification guidance, using the updated product to electronically transmit a prescription can count toward the numerator of the measure.

## Regulatory References

- This objective and measure may be found in Section 42 of the code of the federal register at 495.24 (e)(5)(i). For further discussion, please see [83 FR 41634 through 41677](#).
- In order to meet this 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 Criteria and Standards

Below is the corresponding certification criteria and standards for EHR technology that supports this measure.

### 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](#)

### Certification Standards

Standards for 2015 Edition CEHRT can be found at the ONC’s 2015 Standards Hub:

<https://www.healthit.gov/topic/certification/2015-standards-hub>