

2021 MEDICARE PROMOTING INTEROPERABILITY PROGRAM SCORING METHODOLOGY FACT SHEET

In program year 2021, 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 submit an attestation 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 2015 Edition certified electronic health record technology (CEHRT) for a minimum of any continuous 90-day period within calendar year (CY) 2021.
 - The 2015 Edition CEHRT **does not** have to be implemented on January 1, 2021. However, the functionality must be in place by the first day of the electronic health record (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 during a portion of the EHR reporting period.
- Submit a “yes” to the Prevention of Information Blocking Attestation.
- Submit a “yes” to the Office of the National Coordinator for Health Information Technology (ONC) Direct Review Attestation.
- Submit a “yes” for the Security Risk Analysis measure.

NOTE: The information included in this fact sheet only applies to eligible hospitals and CAHs that submit an attestation to CMS under the Medicare Promoting Interoperability Program.

Visit the [2020/2021 Medicaid Program Requirements webpage](#) for more information on the Medicaid Promoting Interoperability Program.

Medicare Promoting Interoperability Program Score

Eligible hospitals and CAHs are required to report certain measures from each of the four objectives, with performance-based scoring occurring at the individual measure-level. Each measure is scored based on the eligible hospital or CAHs performance for that measure, except for the Query of Prescription Drug Monitoring Program (PDMP) bonus 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 CAHs 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 50 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 2021:

Objectives	Measures	Max. Points Available	CY 2021 Exclusion Available
Electronic Prescribing	e-Prescribing	10 points	Yes
	Bonus: Query of PDMP	5 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
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points	No
Public Health and Clinical Data Exchange	<u>Choose any two of the following:</u> Syndromic Surveillance Reporting	10 points	Yes

Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting			
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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.

2021 Scoring Example

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

Objectives	Measures	Numerator/ Denominator	Performance Rate	Max. Points Available	Measure Score
Electronic Prescribing	e-Prescribing	200/250	80%	10 points	8 points
	Bonus: Query of PDMP	Yes	N/A	5 bonus points	5 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
Public Health and Clinical Data Exchange	<u>Choose any two of the following:</u> Syndromic Surveillance Reporting Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting	Yes	N/A	10 points	10 points
Total Score					83 points