

Medicare Promoting Interoperability Program Eligible Hospitals, Critical Access Hospitals, and Dual-Eligible Hospitals Attesting to CMS Objectives and Measures for the 2021 Reporting Period

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 2021. Those attesting to their State should refer to the [2021 Promoting Interoperability Medicaid](#) specification sheets.

Objective	Health Information Exchange
Measure	<p>Support Electronic Referral Loops by Receiving and Reconciling Health Information</p> <p>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 reconciling 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>

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.

Reporting Requirements

- **DENOMINATOR:** Number of electronic summary of care records received using certified electronic health record technology (CEHRT) for patient encounters during the EHR reporting period for which an eligible hospital or CAH was the reconciling 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.
- The EHR reporting period in 2021 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: 20 points.
- 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, submit their complete numerator and denominator or Yes/No data for all required measures, attest to program questions on the Prevention of Information Blocking and the ONC Direct Review, as well as report on the required electronic clinical quality measure data.
- Failure to report at least a “1” in all required measures with a numerator or reporting a “No” for a Yes/No response measure will result in a total score of 0 points for the Promoting Interoperability Program. Such eligible hospitals or CAHs who fail to achieve a minimum total score of 50 points are not considered meaningful users and may undergo a downward payment adjustment.
- *Rounding:* When calculating the performance rates and measure and objective scores, scores will be rounded to the nearest whole number.

Additional Information

- In 2021, eligible hospitals and CAHs may use technology meeting the existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of the two to meet the CEHRT definition.
- To learn more about the 2015 Edition Cures Update and the changes to 2015 Edition certification criteria finalized in the 21st Century Cures Act final rule (85 FR 25642), we encourage hospitals to visit <https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update>.
- To check whether a health IT product that has been certified to the 2015 Edition Cures Update criteria, visit the Certified Health IT Product List (CHPL) at <https://chpl.healthit.gov/>.
- 2015 Edition or 2015 Edition Cures Update functionality must be used as needed for a measure action to count in the numerator during an EHR reporting period. However, in

some situations the product may be deployed during the EHR reporting period but pending certification. In such cases, the product must be certified to the 2015 Edition or 2015 Edition Cures Update criteria by the last day of the EHR reporting period.

- For this measure, the denominator would increment on the receipt of an electronic summary of care record or after the eligible hospitals and CAHs engage in workflows to obtain an electronic summary of care record for a transition, referral, or patient encounter in which the eligible hospitals and CAHs have never before encountered the patient.
- The numerator would increment upon completion of clinical information reconciliation of the electronic summary of care record for medications, medication allergies, and current problems.
- The eligible hospitals and CAHs are not required to manually count each individual non-health-IT-related action taken to engage with other providers of care and care team members to identify and obtain the electronic summary of care record. Instead, the measure would focus on the result of these actions when an electronic summary of care record is successfully identified, received, and reconciled with the patient record.
- 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).
- 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 clinical decision support.
- Eligible hospitals and CAHs may use any document template within the C-CDA standard for purposes of the measures under the Health Information Exchange objective.
- Actions included in the numerator must occur within the self-selected EHR reporting period.
- For the measure, only patients whose records are maintained using CEHRT must be included in the denominator for transitions of care.
- For the measure, if no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record.

Regulatory References

- The measure's objective may be found in Title 42 of the Code of Federal Regulations at 495.24 (e)(6)(ii)(B). For further discussion, please see [83 FR 41634 through 41677](#) and [84 FR 42597](#).
- In order to meet this measure, an eligible hospital or CAH must use technology certified to the criteria at 45 CFR 170.315 (b)(1) and (b)(2).

Certification Criteria

Below are the corresponding certification criteria for EHR technology that supports this measure.

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](#)