

Medicare Promoting Interoperability PROGRAM

ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR THE 2024 EHR REPORTING PERIOD

The following information is for eligible hospitals and critical access hospitals (CAHs) attesting to CMS for their participation in the Medicare Promoting Interoperability Program in calendar year (CY) 2024.

Objective	Health Information Exchange
Measure	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 its patient to another setting of care or provider of care: <ul style="list-style-type: none">i. Creates a summary of care record using certified electronic health record technology (CEHRT); andii. Electronically exchanges the summary of care record.

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.

Current Problem Lists: At a minimum a list of current and active diagnoses.

Health Information Exchange: “HIE” broadly refers to arrangements that facilitate the exchange of health information and may include arrangements commonly denoted as exchange “frameworks,” “networks,” or using other terms.

Referral: Cases where one provider refers a patient to another, but the referring provider maintains his or her care of the patient as well.



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 transitions of care and referrals during the electronic health record (EHR) reporting period for which the eligible hospital or CAH inpatient or emergency department (Place of Service [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 using CEHRT and exchanged electronically.
- The EHR reporting period in CY 2024 for participants attesting to CMS is a minimum of any continuous 180-day period within the calendar year.
- Eligible hospitals and CAHs now have three reporting options to meet the Health Information Exchange Objective:
 1. Report on both the Support Electronic Referral Loops by Sending Health Information measure and the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure, OR
 2. Report on the HIE Bi-Directional Exchange measure, OR
 3. Report on the Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) measure.

Scoring Information

- Total points available for this measure: 15 points.
- 100 total points will be available for the required objectives and measures of the Medicare Promoting Interoperability Program.
- Failure to report at least a “1” in the numerator or reporting a “No” for a Yes/No response measure for all required measures will result in a total score of 0 points for the Medicare Promoting Interoperability Program. Eligible hospitals or CAHs who fail to achieve a minimum total score of 60 points are not considered meaningful users and may be subject to a downward payment adjustment.
- **Rounding:** When calculating the performance rates and measure and objective scores, scores will be rounded to the nearest whole number.
- **Reminder:** In order to earn a score greater than zero, an eligible hospital or CAH must complete the activities required by the Security Risk Analysis and SAFER Guides measures, submit their complete numerator and denominator or Yes/No data for all required measures, submit their level of engagement for the Public Health and Clinical Exchange measures, attest to the Actions to limit or restrict the compatibility or interoperability of CEHRT statement, and the ONC Direct Review attestation, as well as report on the required electronic clinical quality measure data.

Additional Information

- For an EHR reporting period in CY 2024, eligible hospitals and CAHs must use technology certified to the ONC Certification Criteria for Health IT necessary to meet the CEHRT definition (88 FR 79307).
- To learn more about the [ONC](#) Certification Criteria for Health IT finalized in the ONC “Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing” final rule (89 FR 1205), we encourage hospitals to visit <https://www.crowell.com/en/insights/client-alerts/onc-releases-final-rule-on-information-blocking-and-health-it-certification-program-updates-including-requirements-related-to-ai>
- To check whether a health IT product that has been certified to the ONC Certification Criteria for Health IT, visit the Certified Health IT Product List (CHPL) at <https://chpl.healthit.gov/>.
- Certified 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 by the last day of the EHR reporting period.
- Patients whose records are maintained using CEHRT must be included in the denominator for transitions of care.
- 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 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).
- 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 patients and all transitions or referrals.
- 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. If the sending provider converts the file to a format the receiving provider could not electronically receive and incorporate as a C-CDA (including through a third party), the initiating provider may not count the transition in their numerator (80 FR 62859).
- 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.



Regulatory References

- For further discussion, please see [83 FR 41634 through 41677](#).
- To meet this measure, an eligible hospital or CAH must use technology certified to the criterion at 45 CFR 170.315 (b)(1).

Certification Criteria

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

Certification Criteria
§170.315 (b)(1) Transitions of care