Medicare Promoting Interoperability Program Requirements for 2021

On September 2, 2020, the Centers for Medicare & Medicaid Services (CMS) released the *Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment System (IPPS) for Acute Care Hospitals and Long-term Care (LTCH) Hospital Prospective Payment System Final Rule*, which finalized changes and requirements for the Medicare Promoting Interoperability Program participants in calendar year (CY) 2021.

**Changes for 2021**

- **Maintaining the Electronic Prescribing objective’s Query of Prescription Drug Monitoring Program (PDMP) measure as optional** and worth 5 bonus points.
- **Modifying the name of the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure to the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure to better reflect the actions required by hospitals.**
- **Increasing the number of quarters of electronic clinical quality measure (eCQM) data reported from one self-selected quarter to two self-selected quarters of data.**

**EHR Reporting Period in 2021**

- Minimum of any continuous 90-day period for new and returning participants.
- Eligible hospitals and critical access hospitals (CAHs) must successfully attest to avoid a downward Medicare payment adjustment.

**Certified Electronic Health Record Technology (CEHRT)**

- Required use of (1) existing 2015 Edition certification criteria*, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two. CEHRT functionality must be in place by the first day of the EHR reporting period.
- EHR must be certified by the last day of the EHR reporting period.
- Must use CEHRT functionality for the full EHR reporting period.

*For more information about the 2015 Edition Cures Update, please review ONC’s 21st Century Cures Act final rule. To check whether a health IT product has been certified to the 2015 Edition Cures Update criteria, visit the Certified Health IT Product List. For information on the CY PFS final rule where the timeline and execution plan for the 2015 Edition Cures Update was finalized for the Medicare Promoting Interoperability Program objectives and measures, click [here](#).
Objectives and Measures
Eligible hospitals and CAHs will be required to report on the following four objectives:

- Electronic Prescribing
- Provider to Patient Exchange
- Health Information Exchange
- Public Health and Clinical Data Exchange

Scoring Methodology
The scoring methodology will remain as a performance-based scoring methodology with scoring occurring for each of the individual measures. All measures will be added together to calculate the total Medicare Promoting Interoperability Program score of up to 100 possible points. All eligible hospitals and CAHs must satisfy the 50 point minimum scoring requirement to be considered a meaningful EHR user and avoid a downward payment adjustment.

Where Can You Go for Help?
For more information on this and other Medicare Promoting Interoperability Program requirements visit the Promoting Interoperability Programs website.
eCQM Requirements

Report on 4 self-selected eCQMS of the 9 available.

Report on 2 self-selected quarters of data.

Additional Requirements

In addition to meeting the requirements above, eligible hospitals and CAHs must complete the following requirements:

- **SUBMIT “YES”** for the Security Risk Analysis measure.
- **SUBMIT “YES”** to the Prevention of Information Blocking Attestations.
- **SUBMIT “YES”** to the ONC Direct Review Attestation.

To learn more, visit the Promoting Interoperability Programs website.

- [2021 Medicare Promoting Interoperability Program Requirements Webpage](#)
- [2021 Medicare Promoting Interoperability Specification Sheets](#)
  - [2021 eCQM Reporting Requirements](#)
  - [2021 Scoring Methodology Fact Sheet](#)