Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

Objectives and Measures for the EHR 2022 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 2022.

Objective	Health Information Exchange
Measure	**Engagement in Bi-Directional Exchange Through Health Information Exchange (HIE)** The eligible hospital or CAH must attest that they engage in bi-directional exchange with an HIE to support transitions of care.

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

- YES/NO - The eligible hospital or CAH must attest YES to the following:

- - Participating in an HIE in order to enable secure, bi-directional exchange of information to occur for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy.
  - Participating in an HIE that is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and not engaging in exclusionary behavior when determining exchange partners.
  - Using the functions of CEHRT to support bi-directional exchange with an HIE.

- The EHR reporting period in 2022 for new and returning participants attesting to CMS is a minimum of any continuous 90-day period within the calendar year.
- Eligible hospitals and CAHs are required to either report the Health Information Exchange objective's two existing measures (Support Electronic Referral Loops by Sending Health Information measure and Support Electronic Referral Loops by Receiving and Reconciling Health Information measure) and associated exclusions, OR, they may report the Engagement in Bi-Directional Exchange Through Health Information Exchange measure.

Scoring Information

- Total points available for this measure: 40 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 and SAFER Guides[1] measures, submit their complete numerator and denominator or Yes/No data for all required measures, attest to the Actions to limit or restrict the compatibility or interoperability of CEHRT statement, 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 (except for the SAFER Guides measure[2]) will result in a total score of 0 points for the Medicare Promoting Interoperability Program. Such eligible hospitals or CAHs who fail to achieve a minimum total score of 60 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.

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[1] The SAFER, or Safety Assurance Factors for EHR Resilience, Guides measure was added in the FY 2022 Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospital and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule but will not affect Medicare Promoting Interoperability Program participants' total scores in 2022.
[2] In 2022, eligible hospitals and CAHs will be required to submit one "yes/no" attestation statement for completing an annual self-assessment using all nine SAFER Guides, but the "yes" or "no" attestation response will not affect participants' total scores.

Additional Information

- In 2022, 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.
- Successfully attesting to the measure may include enabling the ability to query or receive health information on all unique patients admitted to or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) and all unique patient records stored or maintained in the EHR for these departments, as well as enabling sending or sharing information for these patients regardless of known referral or transition status, or the timing of any potential transition or referral.
- Exchange networks that would not support attestation to the second attestation statement would include exchange networks that only support information exchange between affiliated entities, such as networks that only connect health care providers within a single health system, or networks that only facilitate sharing between health care providers that use the same EHR vendor.
- An eligible hospital or CAH attesting to the third statement would not be required to use all of the certified health IT modules identified as relevant to the measure to support their connection with an HIE, nor must a connection with an HIE be solely based on certified health IT modules.

Regulatory References

- The measure's objective may be found in Title 42 of the Code of Federal Regulations at 495.24 (e)(6)(i). For further discussion, please see 83 FR 41634 through 41677.
- Examples of certified health IT capabilities to support the actions of this measure may include but are not limited to technology certified to the criteria at 45 CFR 170.315 (b)(1), (b)(2), (g)(7), (g)(8), (g)(9), and (g)(10).

Certification Criteria

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

Certification Criteria

§170.315 (b)(1) Transitions of care
§170.315 (b)(2) Clinical information reconciliation and incorporation
§170.315 (g)(7) Application Access – Patient Selection
§170.315 (g)(8) Application Access – Data Category Request
§170.315 (g)(9) Application Access – All Data Request
§170.315 (g)(10) Application Access – Standardized API for Patient and Population Services