Promoting Interoperability
PROGRAMS

MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE HOSPITALS, CRITICAL ACCESS HOSPITALS, AND DUAL-ELIGIBLE HOSPITALS ATTESTING TO CMS OBJECTIVES AND MEASURES FOR 2019

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 2019. Those attesting to their state should refer to the 2019 Promoting Interoperability Medicaid specification sheets.

Objective	Electronic Prescribing
Bonus Measure	**Query of Prescription Drug Monitoring Program (PDMP)** For at least one Schedule II opioid electronically prescribed using certified electronic health record technology (CEHRT) during the electronic health record (EHR) reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.

Definition of Terms

Prescription: The authorization by an eligible hospital or CAH to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Opioids: Opioids listed as Schedule II controlled substances found at 21 CFR 1308.12.

Reporting Requirements

- YES/NO – The eligible hospital or CAH must attest YES to conducting a query of PDMP for prescription drug history.
- The EHR reporting period in 2019 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: Up to 5 bonus points.
- 100 total points will be available for 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 and submit their complete numerator and denominator or yes/no data for all required measures.
- *Rounding*: When calculating the performance rates and measure and objective scores, we stated that we would generally round to the nearest whole number. Scores under 50 points would not be considered meaningful users.

Additional Information

- Beginning with program year 2019, eligible hospitals and CAHs must use 2015 Edition CEHRT. The 2015 Edition functionality must be in place by the first day of the 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, pending certification.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (e)(5)(i). For further discussion, please see 83 FR 41634 through 41677 and 84 FR 42595.
- In order to meet this measure, an eligible hospital or CAH must possess the capabilities and standards of CEHRT at 45 CFR 170.315 (a)(10) and (b)(3).

Certification Criteria and Standards

Below is the corresponding certification criteria and standards for EHR technology that supports this measure.

Certification Criteria
Information about certification for 2015 Edition CEHRT can be found at:
§ 170.315(a)(10) Drug formulary and preferred drug list checks
§ 170.315(b)(3) Electronic prescribing

Certification Standards
Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub:
https://www.healthit.gov/topic/certification/2015-standards-hub