Promoting Interoperability
PROGRAMS

NE 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	Health Information Exchange
Measure	**Support Electronic Referral Loops by Receiving and Incorporating Health Information** 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 receiving 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.
Exclusion	An exclusion is available for this measure in 2019 as it may not be available or fully developed by a user's health information technology (IT) vendor, or not fully implemented in time for an EHR reporting period in 2019.

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 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 receiving 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.
- EXCLUSION: An exclusion is available for eligible hospitals and CAHs that could not implement this measure for an EHR reporting period in CY 2019.
- 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: 20 points.
- If the exclusion is claimed, the 20 points would be redistributed to the other measure within this objective, the Support Electronic Referral Loops by Sending Health Information measure, which would be worth up to 40 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.
- 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 CDS.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (e)(6)(i). For further discussion, please see 83 FR 41634 through 41677.

- In order to meet this measure, an eligible hospital or CAH must use the capabilities and standards of CEHRT at 45 CFR 170.315(b)(1) and (b)(2).

Certification Criteria and Standards

Below is the corresponding certification criteria and standards for EHR technology that support 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

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