

Medicare Promoting Interoperability PROGRAM

ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR THE 2023 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) 2023.

Objective	Electronic Prescribing
Measure	e-Prescribing For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions are transmitted electronically using certified electronic health record technology (CEHRT).
Exclusion	Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their electronic health record (EHR) reporting period.

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.

Permissible Prescriptions: All drugs meeting the current definition of a prescription as the authorization by an eligible hospital or CAH to dispense a drug that would not be dispensed without such authorization and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowable by state and local law.

Reporting Requirements

- **DENOMINATOR:** The number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.
- **NUMERATOR:** The number of prescriptions in the denominator generated and transmitted electronically.
- The EHR reporting period in CY 2023 for participants attesting to CMS is a minimum of any continuous 90-day period within the calendar year.



Scoring Information

- Total points available for this measure: 10 points.
- If the exclusion is claimed, the 10 points will be redistributed among the measures under the Health Information Exchange objective.
- 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” for all required measures with a numerator or reporting a “No” for a Yes/No response measure (except for the SAFER Guides measure¹) 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 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 measures¹, 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 2023, eligible hospitals and CAHs must use technology certified to the 2015 Edition of health IT certification criteria and updated to the 2015 Edition Cures Update 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 updated for the 2015 Edition Cures Update criteria, 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.
- An eligible hospital or CAH needs to use CEHRT as the sole means of creating the prescription and should include in the numerator and denominator both types of electronic transmissions (those within an organization and for external pharmacies that are independent of the eligible hospital or

¹ In 2023, 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, and a “yes” or “no” attestation response will fulfill the measure.

CAHs' organization). Such transmission must use standards adopted for EHR technology certification.

- Actions included in the numerator must occur within the self-selected EHR reporting period.

Regulatory References

- For further discussion, please see [83 FR 41634 through 41677](#).
- In order to meet this measure, an eligible hospital or CAH must use technology certified to the criterion at 45 CFR 170.315 (b)(3).

Certification Criteria

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

Certification Criteria
§ 170.315(b)(3) Electronic prescribing