

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	Query of Prescription Drug Monitoring Program (PDMP) For at least one Schedule II opioid or Schedule III or IV drug 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.
Exclusions	<ol style="list-style-type: none">1. Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions for controlled substances that include Schedule II, III, IV drugs and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of their EHR reporting period; OR,2. Any eligible hospital or CAH that could not report on this measure in accordance with applicable law; OR,3. Any eligible hospital or CAH for which querying a PDMP would impose an excessive workflow or cost burden prior to the start of the EHR reporting period they select in CY 2023.

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 Attestation – The eligible hospital or CAH must attest YES to conducting a query of PDMP for prescription drug history to earn points and fulfill the measure.



- 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, 10 points would be redistributed to the e-Prescribing measure under the Electronic-Prescribing objective.
- 100 total points will be available for the required objectives and measures of the Medicare Promoting Interoperability Program.
- *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 Guides¹ measures, 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.
- Actions must occur within the self-selected EHR reporting period.
- Query of the PDMP for prescription drug history must be conducted prior to the electronic transmission of the Schedule II opioid or Schedule III or IV prescription.
- Eligible hospitals and CAHs have flexibility to query the PDMP using data from CEHRT in any manner allowed under their state law.

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.

- Includes all permissible prescriptions and dispensing of Schedule II opioids and Schedule III and IV drugs regardless of the amount prescribed during an encounter.

Regulatory References

- For further discussion, please see [83 FR 41634 through 41677 and 87 FR 49320 through 49327](#).
- 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