

2019 MEDICARE PROMOTING INTEROPERABILITY PROGRAM SCORING METHODOLOGY FACT SHEET

Overview

In the [Fiscal Year 2019 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and Long-term Care Hospital Prospective Payment System Final Rule](#), the Centers for Medicare & Medicaid Services (CMS) finalized a new performance-based scoring methodology for eligible hospitals and critical access hospitals (CAHs) that submit an attestation to CMS under the Medicare Promoting Interoperability Program.

In addition to completing the scoring requirements outlined in this fact sheet, eligible hospitals and CAHs must:

- Use the 2015 Edition of certified electronic health record technology (CEHRT)
- Submit the EHR reporting period (a minimum of any continuous 90-day period within calendar year (CY) 2019).
- Submit a “yes” to the Prevention of Information Blocking Attestation
- Submit a “yes” to the Office of the National Coordinator for Health Information Technology (ONC) Direct Review Attestation
- Submit a “yes” for the Security Risk Analysis measure

NOTE: The information included in this fact sheet only applies to eligible hospitals and CAHs that submit an attestation to CMS under the Medicare Promoting Interoperability Program. Visit the [2019 Medicaid Program Requirements webpage](#) for more information about the Medicaid Promoting Interoperability Program.

Medicare Promoting Interoperability Program Score

Eligible hospitals and CAHs are required to report certain measures from each of the four objectives, with performance-based scoring occurring at the individual measure-level. Each measure is scored based on the eligible hospital or CAH’s performance for that measure, except for the measures associated with the Public Health and Clinical Data Exchange objective, which require a yes/no attestation. Each measure will contribute to the eligible hospital or CAH’s total Promoting Interoperability Program score.

The scores for each of the individual measures are added together to calculate the total Promoting Interoperability Program score of up to 100 possible points for each eligible hospital or CAH. A total score of 50 points or more will satisfy the requirement to report on the objectives and measures of meaningful use, which is one of the requirements for an eligible hospital or CAH to be considered a meaningful EHR user and avoid a negative Medicare



payment adjustment. When calculating performance rates and measures and objectives scores, CMS generally will round to the nearest whole number.

The table below outlines the maximum points available for each measure for CY 2019:

Objectives	Measures	Max. Points Available	CY 2019 Exclusion Available
Electronic Prescribing	e-Prescribing	10 points	Yes
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	5 points	No
	Bonus: Verify Opioid Treatment Agreement	5 points	No
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points	No
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20 points	Yes
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points	No
Public Health and Clinical Data Exchange	<u>Choose any two of the following:</u> Syndromic Surveillance Reporting Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting	10 points	Yes

For an eligible hospital or CAH to earn a score greater than zero, in addition to completing the actions included in the Security Risk Analysis measure, the hospital must submit their complete numerator and denominator or yes/no data for all required measures. The numerator and denominator for each performance measure will translate to a performance rate for that measure and will be applied to the total possible points for that measure. The eligible hospital or CAH must report on all of the required measures across all of the objectives in order to earn any score at all.

Failure to report any required measure or reporting a “no” response on a yes/no response measure, unless an exclusion applies, will result in a score of zero.

Medicare Promoting Interoperability Program Measure Scoring

Below is specific information for certain measures included in the Medicare Promoting Interoperability Program objectives:

Electronic Prescribing Objective

An exclusion for the e-Prescribing measure within this objective is available. If an exclusion is claimed for this measure, the 10 points for the e-Prescribing measure will be redistributed equally among the measures associated with the Health Information Exchange objective.

The Query of PDMP and Verify Opioid Treatment Agreement bonus measures included in this objective are optional in CY 2019.

Health Information Exchange Objective

An exclusion is available for the new measure, Support Electronic Referral Loops by Receiving and Incorporating Health Information, in CY 2019. 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 then be worth up to 40 points.

Public Health and Clinical Data Exchange Objective

Eligible hospitals and CAHs must attest a yes/no response for any two measures associated with the Public Health and Clinical Data Exchange objective to earn 10 points for this objective. Failure to report on two measures or submitting a “no” response for a measure will earn a score of zero.



If an exclusion is claimed for one measure, but the eligible hospital or CAH submits a “yes” response for another measure, they would earn the 10 points for the Public Health and Clinical Data Exchange objective. If an eligible hospital or CAH claims exclusions for both measures they select to report on, the 10 points would be redistributed to the Provide Patients Electronic Access to Their Health Information measure under the Provider to Patient Exchange objective.

For more information on the Medicare Promoting Interoperability Program objectives and measures, review the 2019 Medicare specification sheets.

2019 Scoring Example

The table below is an example of a possible score based on an eligible hospital or CAH's performance:

Objectives	Measures	Numerator/ Denominator	Performance Rate	Max. Points Available	Measure Score
Electronic Prescribing	e-Prescribing	200/250	80%	10 points	8 points
	Bonus: Query of PDMP	25/75	33%	5 point bonus	5 bonus points
	Bonus: Verify Opioid Treatment Agreement	N/A	N/A	5 point bonus	N/A
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	135/185	73%	20 points	15 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	145/175	83%	20 points	17 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	350/500	70%	40 points	28 points
Public Health and Clinical Data Exchange	<u>Choose any two of the following:</u> Syndromic Surveillance Reporting Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting	Yes	N/A	10 points	10 points
Total Score					83 points

Additional Resources

For more information on the scoring methodology and other Medicare program requirements for 2019, visit:

- [Promoting Interoperability Programs Landing page](#)
- [2019 Medicare Program Requirements webpage](#)
- [Scoring, Payment Adjustment, and Hardship Information webpage](#)
- [FY 2019 IPPS and Medicare Promoting Interoperability Program Overview Fact Sheet](#)
- [2019 Medicare Specification Sheets](#)
- [2015 Edition CEHRT Fact Sheet](#)
- [Information Blocking Fact Sheet](#)