

2021 MEDICARE PROMOTING INTEROPERABILITY PROGRAM SCORING METHODOLOGY FACT SHEET

In program year 2021, the Centers for Medicare & Medicaid Services (CMS) will continue to implement a performance-based scoring methodology for eligible hospitals and critical access hospitals (CAHs) that attest 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 (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two in order to meet the certified electronic health record technology (CEHRT) definition, as finalized in the [calendar year \(CY\) 2021 Physician Fee Schedule final rule \(85 FR 84818 through 84828\)](#).
- Submit a “yes” to the following:
 - Prevention of Information Blocking Attestation
 - Office of the National Coordinator for Health Information Technology (ONC) Direct Review Attestation
 - Security Risk Analysis measure
- Submit two self-selected quarters of electronic clinical quality measures (eCQM) data.
- Report on four self-selected eCQMs from the set of nine available.

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 Query of Prescription Drug Monitoring Program (PDMP) bonus measure and 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 Medicare Promoting Interoperability Program score.

The scores for each of the individual measures are added together to calculate the total Medicare 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 downward 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 2021:

Objectives	Measures	Max. Points Available	CY 2021 Exclusion Available
Electronic Prescribing	e-Prescribing	10 points	Yes
	<i>Bonus:</i> Query of PDMP	5 bonus points	No
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points	No
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	20 points	No
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. Numerators must be at least one to fulfill a measure. 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 is claimed, will result in a score of zero.

2021 Scoring Example

The table below is an example of a possible score based on an eligible hospital or CAHs 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	Yes	N/A	5 bonus points	5 bonus points
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 Reconciling 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	<u>Choose any two of the following:</u>	Yes	N/A	10 points	10 points

Exchange	Syndromic Surveillance Reporting Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting				
Total Score					83 points