

Quality Payment PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

Participating in the Promoting
Interoperability Performance Category
in the 2020 Performance Year



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Purpose: This detailed resource focuses on performance year (PY) 2020 MIPS Promoting Interoperability performance category requirements, including data collection and submissions.



How to Use This Guide



Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Hyperlinks

Hyperlinks to the [QPP website](#) are included throughout the guide to direct the reader to more information and resources.



Overview



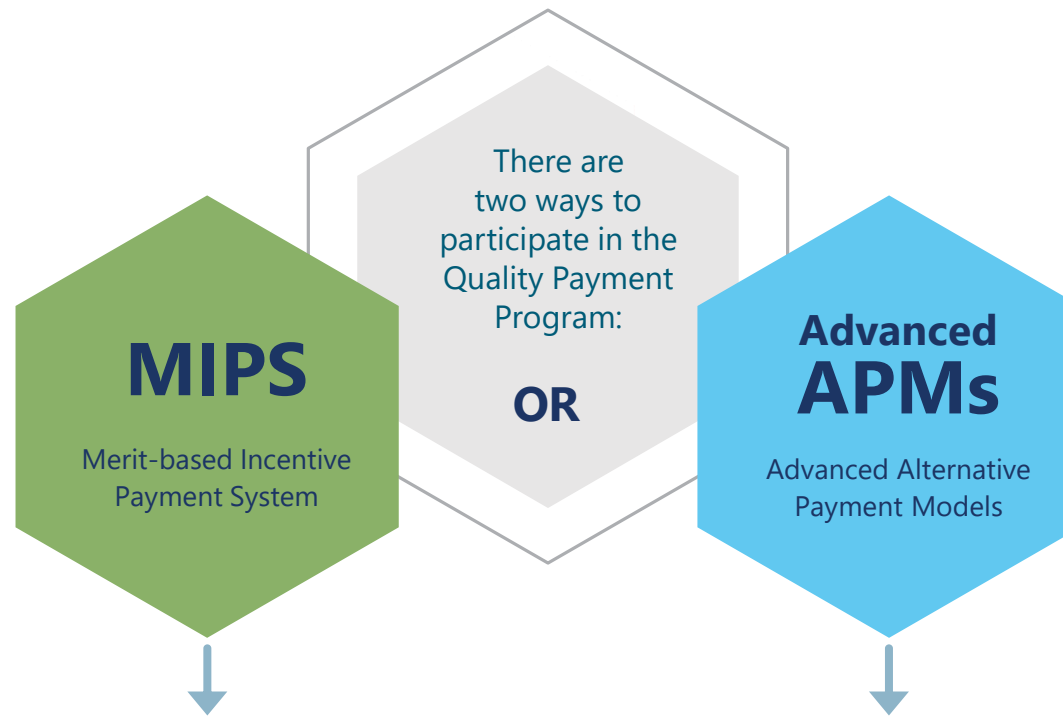
COVID-19 and 2020 Participation

The 2019 Coronavirus (COVID-19) public health emergency has impacted all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2020 performance year, we will be using our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, and virtual groups to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency. We have already introduced a new high-weighted COVID-19 clinical trials improvement activity, which provides an opportunity for clinicians to receive credit in MIPS for the important work they are already doing across the country.

Additionally, in the 2021 QPP Proposed Rule, we propose for the 2020 performance year to 1) allow APM Entities to submit Extreme and Uncontrollable Circumstances applications and 2) to increase the complex patient bonus from a 5- to 10-point maximum for MIPS participants to offset the additional complexity of their patient population due to COVID-19. For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program [COVID-19 Response webpage](#).

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA requires advanced a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which rewards value in one of two ways:



If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

MIPS Overview

MIPS is one way to participate in QPP. The program changes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

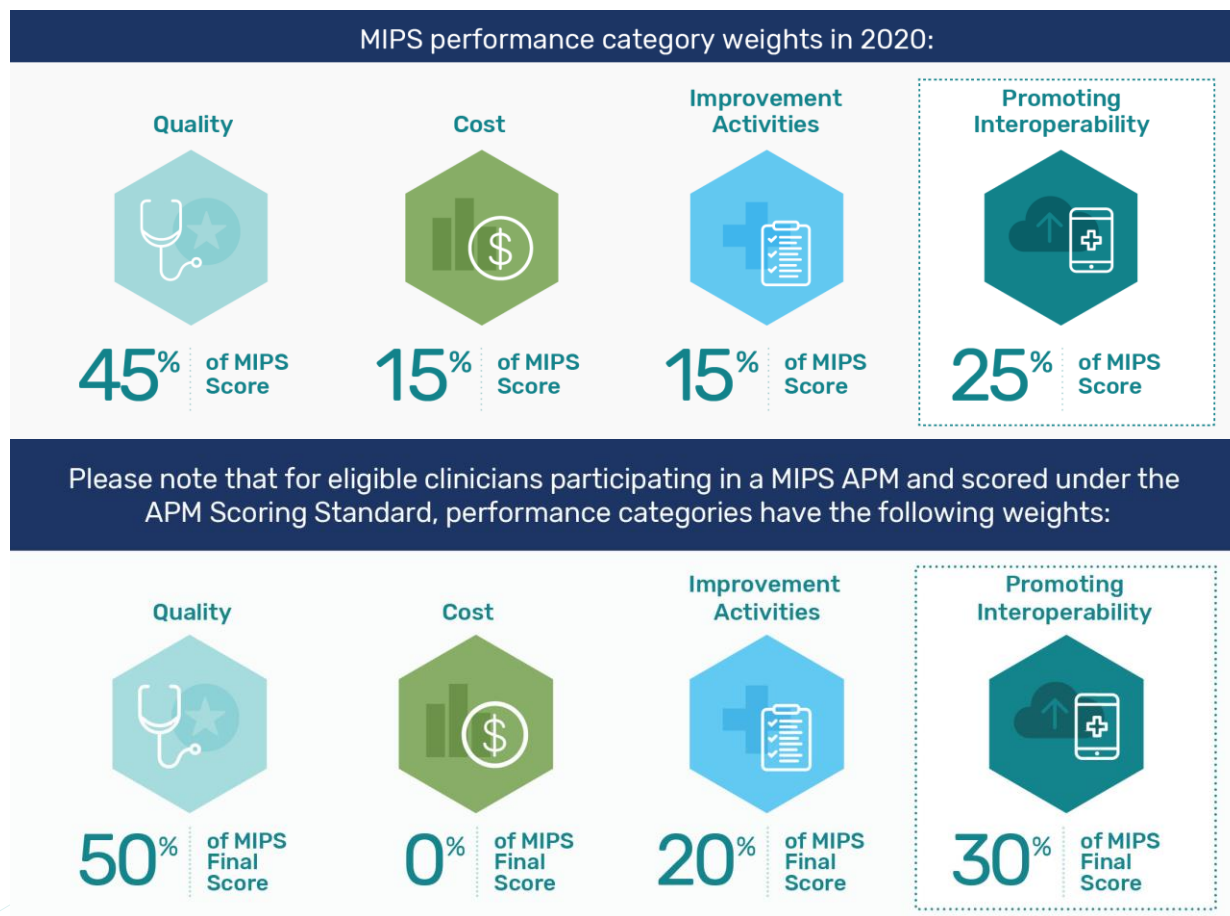
Under MIPS, we evaluate your performance across four performance categories that lead to improved quality and value in our healthcare system.

If you're [eligible for MIPS in 2020](#):

- You generally have to submit data for the [Quality](#), [Improvement Activities](#), and [Promoting Interoperability](#) performance categories. (We collect and calculate data for the [Cost](#) performance category for you.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points. The MIPS performance category weights in the performance year (PY) are the same as in PY 2019.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based off your performance during the 2020 performance year and applied to payments for covered professional services beginning on January 1, 2022.

MIPS Overview (continued)

This guide focuses on the Promoting Interoperability performance category in the 2020 performance year of the Quality Payment Program



To learn more about how to participate in MIPS:

- Visit the [How MIPS Eligibility is Determined and Individual or Group Participation](#) webpages on the [Quality Payment Program website](#).
- View the [2020 MIPS Eligibility and Participation Quick Start Guide](#).
- Check your current MIPS participation status using the [QPP Participation Status Tool](#).



Promoting Interoperability Basics and Requirements

Basics

The Promoting Interoperability performance category promotes patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT).

For 2020, the Promoting Interoperability performance category:

- Is worth **25 percent** of your MIPS final score (or **30 percent** for clinicians scored under the APM Scoring Standard);
- Has a minimum performance period of 90 continuous days between January 1, 2020 and December 31, 2020;
- Uses performance-based scoring at the individual measure level; and
- Requires 2015 Edition CEHRT.

NOTE: *If you're participating in a MIPS APM and are scored under the APM scoring standard, this category is weighted at 30 percent of your final score. For more information, view the [MIPS APMs webpage](#) on the [Quality Payment Program website](#).*

What's New in 2020?

Because we overhauled this performance category in the 2019 performance period, we didn't propose many changes for 2020.

- The Query of Prescription Drug Monitoring Program (PDMP) measure will continue to be an optional measure (available for bonus points).
- We removed the optional Verify Opioid Treatment Agreement measure.
- We reduced the threshold for a group to be considered hospital-based:
 - Instead of 100% of clinicians, more than 75% of the clinicians in a group must be hospital-based individual MIPS eligible clinicians for the group to be considered hospital-based.

What Edition of Certified EHR Technology Do I Need to Report for the Promoting Interoperability Performance Category in 2020?

2015 Edition CEHRT is required for participation in this performance category.

- The 2015 Edition functionality must be in place **by the first day** of your selected Promoting Interoperability performance period.
- The product must be certified to the 2015 Edition criteria **by the last day** of your selected Promoting Interoperability performance period.
- You must use the 2015 Edition functionality for your **full** Promoting Interoperability performance period.

For example, if you select the last continuous 90 days in 2020 as your performance period: The 2015 Edition functionality would need to be in place by October 3rd, 2020. The 2015 Edition Certification would need to be obtained by December 31, 2020.

The Promoting Interoperability performance period is a minimum of any continuous 90-day period within the calendar year. In many situations the product may be pending certification at the start of your performance period, but the product has been deployed and is in use. As long as the certification is received by the last day of your performance period, you will be able to submit for the Promoting Interoperability performance category.

What Are the Data Submission Requirements for Promoting Interoperability in 2020?

You must submit collected data for all required measures from each of the four objectives (unless an exclusion is claimed) for the same 90 continuous days (or more) during 2020.

In addition to submitting measures, you must provide your EHR's CMS Certification ID from the [Certified Health IT Product List \(CHPL\)](#) and submit a "yes" to:

- The Prevention of Information Blocking Attestation,
- The ONC Direct Review Attestation, and;
- The Security Risk Analysis measure.

When you report on required measures that have a numerator/denominator, you have to submit **at least 1** in the numerator if you do not claim an exclusion. Each measure is scored based on the MIPS eligible clinician's performance for that measure (based on the submission of a numerator/denominator or a "yes or no" statement).

For more information on generating your EHR's CMS Certification ID, review pages 23 – 26 of the [CHPL Public Use Guide](#).

Failing to report on a required measure (or claim an exclusion for a required measure if available and applicable) will result in a score of 0 for the Promoting Interoperability performance category.

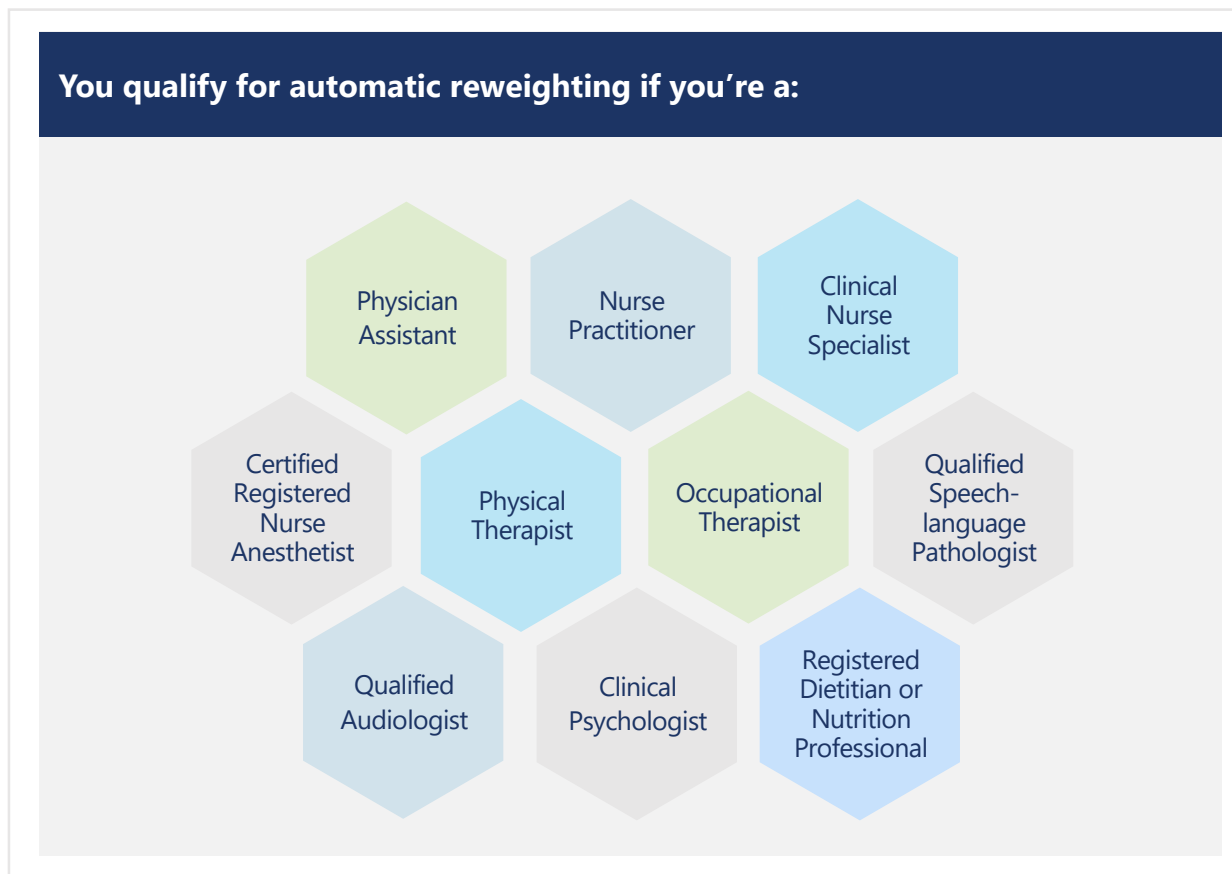


Reweighting the Promoting Interoperability Performance Category

Reweighting the Promoting Interoperability Performance Category

Automatic Reweighting

If you qualify for a certain “Special Status” or are a certain type of clinician, the Promoting Interoperability performance category will be automatically reweighted to 0%. The 25 percent is generally reallocated to the Quality performance category, and you will not need to submit a Quality Payment Program hardship exception application.



Automatic Reweighting (*continued*)

There are also 3 special statuses that qualify a clinician, group, or virtual group for automatic reweighting:

Non-Patient Facing

MIPS eligible clinicians, groups and virtual groups designated as **non-patient facing** are automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Groups and virtual groups are designated as a non-patient facing group when **more than 75%** of the MIPS eligible clinicians in the group or virtual group meet the definition of non-patient facing as individuals.

Hospital-Based

MIPS eligible clinicians, groups and virtual groups designated as **hospital-based** are automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. **NEW for 2020:** Groups and virtual groups are designated as hospital-based when **more than 75%** of the MIPS eligible clinicians in the group or virtual group meet the definition of hospital-based as individuals.

Ambulatory Surgical Center-Based

Groups and virtual groups designated as **ambulatory surgical center (ASC)-based** are automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Groups and virtual groups are designated as ASC-based when **100%** of the MIPS eligible clinicians in the group or virtual group are ASC-based as individuals.

Automatic Reweighting *(continued)*

Groups and Virtual Groups

A group or virtual group also qualifies for automatic reweighting when 100% of the MIPS eligible clinicians in the group or virtual group qualify as individuals for any reason.

For example:

- 50% of the MIPS eligible clinicians are non-patient facing and 50% of the MIPS eligible clinicians have approved hardship exception requests (see next page)
- 75% of the MIPS eligible clinicians are ASC-based and the other 25% are a clinician type that qualifies for automatic reweighting

NOTE: *If you qualify for reweighting in the Promoting Interoperability performance category, you may still submit data for the Promoting Interoperability performance category. If you submit data, CMS will score your performance and weight your Promoting Interoperability performance category at 25% of your MIPS final score.*

Hardship Exception Applications

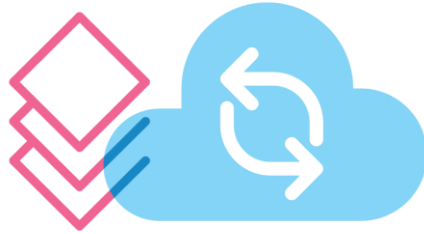
You may submit a MIPS Promoting Interoperability performance category hardship exception application if any of the following reasons apply to you during the 2020 performance year:

- You're in a small practice;
- You're using decertified EHR technology;
- You have insufficient Internet connectivity;
- You experienced an extreme and uncontrollable circumstance; or
- You lack control over the availability of CEHRT.

NOTE: *Simply not having 2015 CEHRT does not qualify you for a MIPS Promoting Interoperability performance category hardship exception.*

If your Promoting Interoperability performance category hardship exception request is approved, the Promoting Interoperability performance category will have a weight of 0% when calculating your MIPS final score. The 25% weight will be reallocated to another performance category.

To learn more, review the Promoting Interoperability Hardship Exception section of the [Exception Applications page](#) on the [Quality Payment Program website](#).





Promoting Interoperability Objectives and Measures

2020 Promoting Interoperability Objective and Measure Set *(continued)*

Continuing in 2020, there is a single set of Objectives and Measures to report: 10 measures spread across four objectives. Clinicians are required to report the measures from each of the four objectives, unless an exclusion is claimed. You can find more details outlining each element of the Promoting Interoperability measures through the QPP [Explore Measures and Activities Tool](#).



The following are the 2020 Promoting Interoperability Objectives and Measures.

Objective	Measure*
 <p>E-Prescribing</p>	<p>e-Prescribing At least 1 permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>Exclusion: Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.</p> <hr/> <p>Bonus/Optional (not required): Query of Prescription Drug Monitoring Program (PDMP) For at least 1 Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.</p> <p>Exclusion: There is no exclusion for this optional measure.</p>
 <p>Provider to Patient Exchange</p>	<p>Provide Patients Electronic Access to Their Health Information For at least 1 unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician’s certified electronic health record technology (CEHRT).</p> <p>Exclusion: There is no exclusion for this measure.</p>

* This table provides a plain language summary of the measures for the reader’s convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.


Promoting Interoperability Objectives and Measures

2020 Promoting Interoperability Objective and Measure Set *(continued)*

Objective	Measure*
 <p>Health Information Exchange</p>	<p>Support Electronic Referral Loops by Sending Health Information</p> <p>For at least 1 transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider – (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.</p> <p>Exclusion: Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.</p> <hr/> <p>Support Electronic Referral Loops by Receiving and Incorporating Health Information</p> <p>For at least 1 electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.</p> <p>Exclusions: Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times.</p>
 <p>Public Health and Clinical Data Exchange</p>	<p>Immunization Registry Reporting</p> <p>The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</p> <p>Exclusions: Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician:</p> <ol style="list-style-type: none"> 1. Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction’s immunization registry or immunization information system during the performance period. OR 2. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period. OR <p>Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.</p>

** This table provides a plain language summary of the measures for the reader’s convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*


2020 Promoting Interoperability Objective and Measure Set *(continued)*

Objective	Measure*
 <p>Public Health and Clinical Data Exchange</p>	<p>Syndromic Surveillance Reporting</p> <p>The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.</p> <p>Exclusions: Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from the Syndromic Surveillance Reporting measure if the MIPS eligible clinician:</p> <ol style="list-style-type: none"> 1. Is not in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system. OR 2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR <p>Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from MIPS eligible clinicians as of 6 months prior to the start of the performance period.</p>
	<p>Electronic Case Reporting</p> <p>The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.</p> <p>Exclusions: Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician:</p> <ol style="list-style-type: none"> 1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction’s reportable disease system during the performance period. OR 2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR <p>Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.</p>

** This table provides a plain language summary of the measures for the reader’s convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*

Promoting Interoperability Objectives and Measures

2020 Promoting Interoperability Objective and Measure Set *(continued)*

Objective	Measure*
 <p>Public Health and Clinical Data Exchange</p>	<p>Public Health Registry Reporting</p> <p>The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.</p> <p>Exclusions: Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from the Public Health Reporting measure if the MIPS eligible clinician:</p> <ol style="list-style-type: none"> 1. Does not diagnose or directly treat any disease or condition associated with a public health registry in the MIPS eligible clinician’s jurisdiction during the performance period; OR 2. Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period; OR <p>Operates in a jurisdiction where no public health registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.</p> <hr/> <p>Clinical Data Registry Reporting</p> <p>The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.</p> <p>Exclusions: Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from the Clinical Data Registry Reporting measure if the MIPS eligible clinician:</p> <ol style="list-style-type: none"> 1. Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period; OR 2. Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period; OR <p>Operates in a jurisdiction where no clinical data registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.</p>

** This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*

Security Risk Analysis Measure

In addition to the required measures above, you must conduct or review a security risk analysis on your 2015 Edition CEHRT functionality on an annual basis, within the calendar year of the performance period.



Additional guidance on conducting a security risk analysis is available at: <https://www.hhs.gov/hipa/a-for-professionals/security/guidance/guidance-risk-analysis/index.html?language=es>

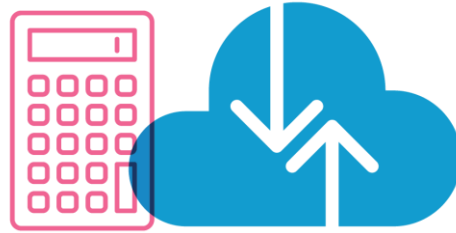
This measure addresses the security (including encryption) of electronic personal health information (ePHI) data created or maintained by CEHRT, requiring, as needed, the implementation of security updates and correction of identified security deficiencies as part of the MIPS eligible clinician's risk management process.

This is a required but unscored measure.

Optional Measure

- The Query of Prescription Drug Monitoring Program (PDMP) measure continues to be optional for the 2020 performance period. You will receive 5 bonus points if you report a “yes” for the optional PDMP measure in addition to the required e-Prescribing measure.
- You cannot report the optional PDMP measure if:
 - You claim an exclusion for the e-Prescribing measure.
 - You do not use CEHRT to electronically prescribe at least 1 Schedule II opioid.

NOTE: A “yes” response would indicate that for at least 1 Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician used data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law. Query of the PDMP for prescription drug history must be conducted prior to the electronic transmission of the Schedule II opioid prescription.



Scoring

Submit Your Data

The chart below outlines the available submission types for reporting data to the Promoting Interoperability performance category and how they work during the PY 2020 submission period (1/4/2021-3/31/2021).

There are **three ways to submit** your Promoting Interoperability performance category data:

You

Sign in to [QPP.CMS.GOV](https://qpp.cms.gov) and **attest to (manually enter)** your information.

You or a Third Party

Sign in to [QPP.CMS.GOV](https://qpp.cms.gov) and **upload a file** with your data.

Third Party

Perform a direct submission on your behalf, using our **submissions API**.

TIP: If you're reporting as a group or virtual group, you will aggregate the measure numerators and denominators for all MIPS eligible clinicians with data in your 2015 Edition CEHRT.

Ways to Participate in MIPS

What are the minimum requirements?

- Use 2015 Edition CEHRT to collect your data;
- Submit data for all required measures (unless an exclusion is claimed) for a minimum of any continuous 90-day period between January 1 and December 31, 2020;
- Submit “yes” to the Prevention of Information Blocking Attestation;
- Submit “yes” to the ONC Direct Review Attestation; and
- Submit a “yes” for the security risk analysis measure.
- Provide your EHR’s CMS Certification ID from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>

You will earn a score of 0 in this performance category if you do not meet all of the requirements above.

How Is the Performance Category Score Calculated?

With 1 bonus measure, you have the ability to earn up to 105 points, which is capped at 100 points, for the Promoting Interoperability performance category score.

Reminder: The Security Risk Analysis measure is required but unscored

Total Possible Points for Each 2020 Promoting Interoperability Measure

Objectives	Measures	Available Points	Reporting Requirements
e-Prescribing	e-Prescribing	1 – 10 points	Numerator/ Denominator
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	5 bonus points	YES/NO
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	1 – 20 points	Numerator/ Denominator
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	1 – 20 points	Numerator/ Denominator
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	1 – 40 points	Numerator/ Denominator
Public Health and Clinical Data Exchange	<p>Report to 2 different public health agencies or clinical data registries for any of the following:</p> <ul style="list-style-type: none"> • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting 	10 points for the entire objective	YES/NO

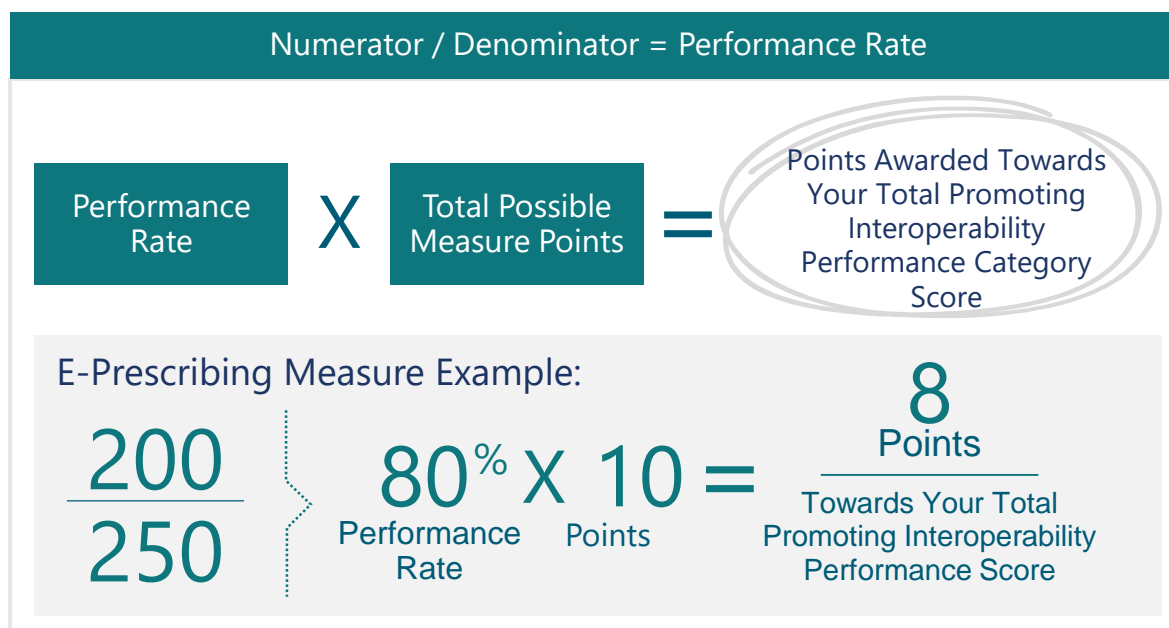
Bolded text in the table denotes required measures.

How Are Measures Scored?

We calculate the performance rate for each measure and translate it into points using the numerators and denominators you submitted for measures. There's 1 scored objective where we use the "yes" or "no" as the answer submitted for its measures.

Example: If a MIPS eligible clinician submits a numerator and denominator of 200/250 for the e-Prescribing measure (worth up to 10 points), the performance rate is 80 percent. This 80 percent would be multiplied by the 10 total points available for the e-Prescribing measure to determine the measure score. In this case, the e-Prescribing measure score would be 8 points.

When calculating the performance rates, measure and objective scores, and the Promoting Interoperability performance category score, we will generally round to the nearest whole number.



Exception: If the MIPS eligible clinician receives a performance rate or measure score of less than 0.5, as long as the MIPS eligible clinician reported on at least 1 patient, 1 in the numerator, for a given measure, a score of 1 would be awarded for that measure.

How Do I Meet the Requirements for the Public Health and Clinical Data Exchange Objective?

You must be actively engaged with **two** different public health agencies or clinical data registries to earn the maximum of 10 points for the objective.

You may choose from the following 5 measures:

1. Immunization Registry Reporting
2. Electronic Case Reporting
3. Public Health Registry Reporting
4. Clinical Data Registry Reporting
5. Syndromic Surveillance Reporting

*You can report the same measure twice as long as you're actively engaged with 2 different agencies or registries. You can also use 1 registry to support 2 different measures if the individual measure requirements are met.

Exclusions are available for each of the measures within the Public Health and Clinical Data Exchange objective.

If you...	Then...
Submit an exclusion for one measure, and submit "yes" for another measure	You can still earn the full 10 points for the Public Health and Clinical Data Exchange objective
Claim 2 exclusions	The 10 points would be redistributed to the Provide Patients Electronic Access to Their Health Information measure under the Provider to Patient Exchange objective
Are unable to report to two different public health agencies or clinical data registries and cannot claim an exclusion	You will earn a score of zero for the objective and the Promoting Interoperability performance category

Note: Reporting to a QCDR or Qualified Registry may count for the Clinical Data Registry Reporting measure as long as the QCDR or Qualified Registry has publicly declared readiness as a clinical data registry and the registry uses the data for a public health purpose.

How Are Bonus Points Calculated?

For 2020, you can earn 5 Bonus Points by submitting a “yes” for the Query of Prescription Drug Monitoring Program (PDMP) measure, but your Promoting Interoperability score cannot exceed 100 achievement points.

How Is the **Total** Promoting Interoperability Performance Category Calculated?

The Promoting Interoperability performance category is weighted at 25 percent of the MIPS final score.

You may earn a maximum score of up to 105 percent, but any score above 100 percent will be capped at 100 percent.

Your Promoting Interoperability performance category score is the sum of points earned for the measures you submitted multiplied by the 25 percent Promoting Interoperability performance category weight. This product is the number of points this performance category contributes to the MIPS final score.

$$\begin{array}{r}
 \text{Points} \quad \times \quad .25 \quad = \quad \text{Points Towards Final Score} \\
 \text{Promoting Interoperability Category Weight}
 \end{array}$$

Example:

$$\begin{array}{r}
 83 \quad \times \quad .25 \quad = \quad \frac{20.75}{\text{Points}} \\
 \text{Points} \quad \quad \quad \quad \quad \quad \quad \quad \quad \quad \text{Towards Final Score}
 \end{array}$$

Note: You will always be scored out of 100 possible points in the Promoting Interoperability performance category. When you claim an exclusion for a measure, the measure’s points are reallocated to a different measure. See [Appendix](#)

Example 1:

If a clinician receives 83 points from the required Promoting Interoperability measures and 5 bonus points by submitting data on the optional PDMP measure, then they would receive 22 points towards their MIPS Final Score for the Promoting Interoperability performance category. That's 1.25 more points towards their MIPS Final Score than they would have received had they not reported on the optional measure.

$$\begin{array}{r}
 83 \\
 \text{Points from Required} \\
 \text{Measures}
 \end{array}
 +
 \begin{array}{r}
 5 \\
 \text{Bonus Points from} \\
 \text{1 Optional Measure}
 \end{array}
 =
 \begin{array}{r}
 88 \\
 \text{Points} \\
 \hline
 100 \\
 \text{Total Points}
 \end{array}
 \left. \vphantom{\begin{array}{r} 83 \\ \text{Points from Required} \\ \text{Measures} \end{array}} \right\}
 \left(.88 \times .25 \right) \times 100 =
 \begin{array}{r}
 22 \\
 \text{Points} \\
 \hline
 \text{Towards Final} \\
 \text{Score}
 \end{array}$$

Example 2:

A clinician receives 97 points from the required Promoting Interoperability measures and they report the optional PDMP measure. Adding the 5 bonus points to the points they received for their required measures equals 102 points. Since the performance category is capped at 100, the clinician would receive 100 points, which equals 25 points towards their MIPS Final Score for the Promoting Interoperability performance category.

$$\begin{array}{r}
 97 \\
 \text{Points from Required} \\
 \text{Measures}
 \end{array}
 +
 \begin{array}{r}
 5 \\
 \text{Bonus Points from} \\
 \text{1 Optional Measure}
 \end{array}
 =
 \begin{array}{r}
 \cancel{102} \ 100 \\
 \text{Points (Capped at 100)} \\
 \hline
 100 \\
 \text{Total Points}
 \end{array}
 \left. \vphantom{\begin{array}{r} 97 \\ \text{Points from Required} \\ \text{Measures} \end{array}} \right\}
 \left(1.0 \times .25 \right) \times 100 =
 \begin{array}{r}
 25 \\
 \text{Points} \\
 \hline
 \text{Towards Final} \\
 \text{Score}
 \end{array}$$

How Is the **APM Entity** Promoting Interoperability Performance Category Score Calculated?

Each MIPS eligible clinician in an APM Entity receives the same Promoting Interoperability performance category score, under the APM Scoring Standard.

The Promoting Interoperability performance category score is an average of the highest score attributed to each MIPS eligible clinician in the APM Entity based on their individual or group reporting.

For more information on calculating the APM Entity's score, please refer to the [Performance Year 2019 Promoting Interoperability Performance Category Score for MIPS APM Participants](#). (This is a PY 2019 resource, but the calculation is unchanged for PY 2020.)

Hardship Exceptions and Reweighting for MIPS Eligible Clinicians in an APM Entity

Individual MIPS eligible clinicians and groups in a MIPS APM that qualify for automatic reweighting or have an approved hardship exception do not need to submit data for the Promoting Interoperability performance category but will still receive the APM Entity's score for this performance category.

However, if they choose to submit data for the category (as an individual or group), their data will be scored and included in the calculation of the APM Entity's score.

For more information on reweighting and hardship exception applications, please refer to pages 14-18.



Help, Resources, Glossary, and Version History

Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 a.m.-8:00 p.m. Eastern Time or by e-mail at:

QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Connect with your [local technical assistance organization](#). We provide no-cost technical assistance to small, underserved, and rural practices to help you successfully participate in the Quality Payment Program.

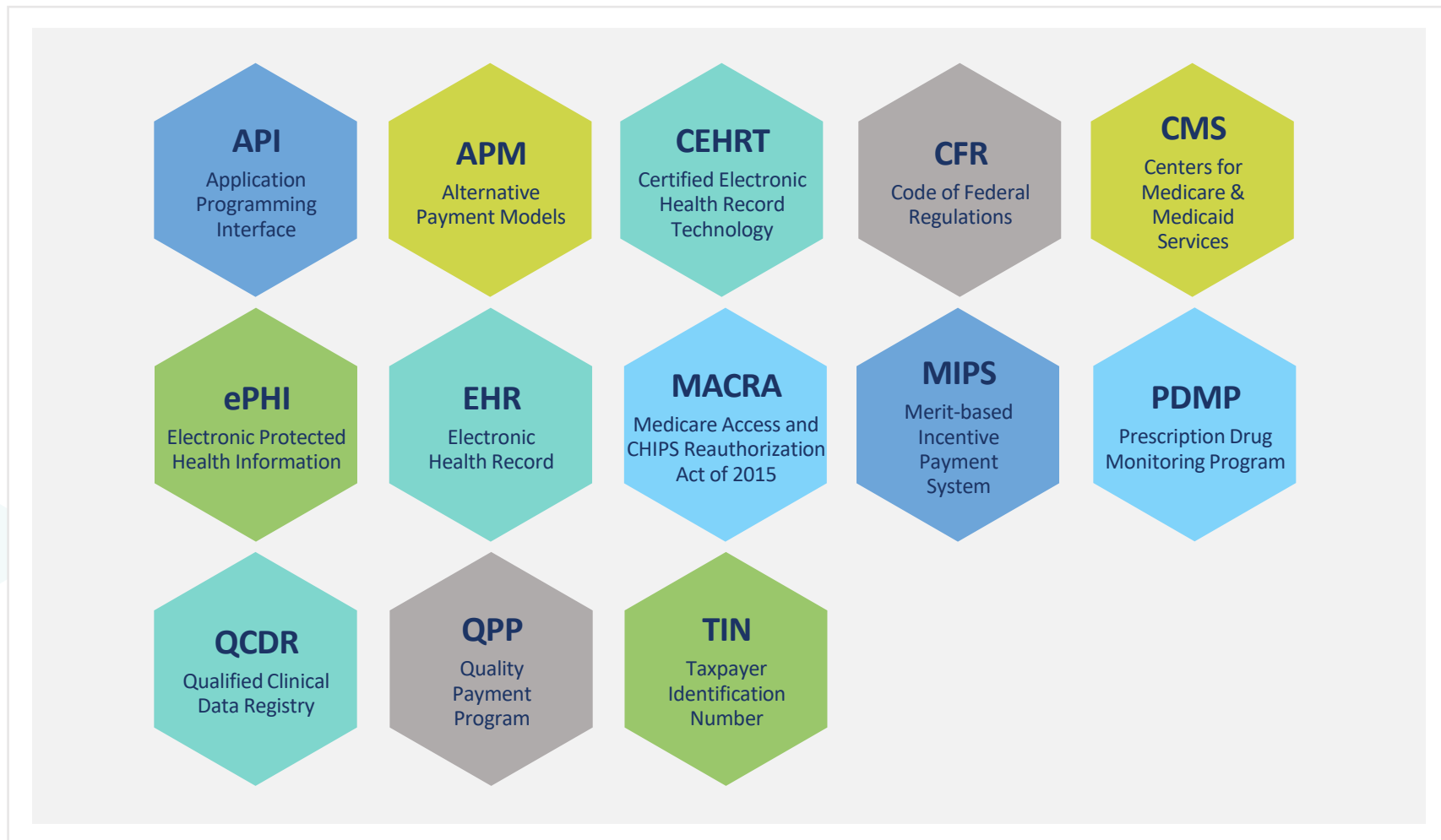
Visit the [Quality Payment Program website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out resources available in the [QPP Resource Library](#).

Additional Resources

The following resources are available on the [QPP Resource Library](#) and other QPP webpages:

- [2020 Promoting Interoperability Measure Specifications](#)
- [2020 Promoting Interoperability Quick Start Guide](#)
- [2020 MIPS Exception Applications Fact Sheet](#)
- [2020 MIPS Eligibility and Participation Quick Start Guide](#)

Glossary



Version History

If we need to update this document, changes will be identified here.

Date	Change Description
8/17/20	Original posting



Appendix



Reallocation of Points for Promoting Interoperability Measure(s) When an Exclusion Is Claimed

The table below outlines where points are redistributed when an exclusion is claimed.

Objectives	Measures	Exclusion Available	When the Exclusion is Claimed...
e-Prescribing	e-Prescribing	Yes	...the 10 points are redistributed equally among the measures associated with the Health Information Exchange objective: <ul style="list-style-type: none"> • 5 points to the Support Electronic Referral Loops by Sending Health Information measure • 5 points to the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure
	<i>Bonus (optional):</i> Query of Prescription Drug Monitoring Program (PDMP)	N/A	N/A
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Yes	...the 20 points are redistributed to the Provide Patients Electronic Access to their Health Information measure
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Yes	...the 20 points are redistributed to the Support Electronic Referral Loops by Sending Health Information measure
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No	N/A
Public Health and Clinical Data Exchange	<p>Report to 2 different public health agencies or clinical data registries for any of the following:</p> <ul style="list-style-type: none"> • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting 	Yes	<p>...the 10 points are still available in this objective if you claim 1 exclusion and submit a 'yes' attestation for 1 of the 5 measures in the objective.</p> <p>... the 10 points are redistributed to the Provide Patients Electronic Access to Their Health Information measure if you claim 2 exclusions.</p>