

# Quality Payment PROGRAM

## Merit-based Incentive Payment System (MIPS)

2022 Promoting Interoperability  
Performance Category Quick Start  
Guide: Traditional MIPS



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**Purpose:** This resource focuses on the Promoting Interoperability performance category under traditional MIPS, providing high-level requirements about data collection and submission for the 2022 performance year for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. This resource does not address Promoting Interoperability requirements under the APM Performance Pathway (APP).



## How to Use This Guide



**Please note:** This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't 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.

## Table of Contents

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## Hyperlinks

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



# Overview

## What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program describes 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 multiple categories that lead to improved quality and value in our healthcare system.

If you're eligible for MIPS in 2022:

- 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.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2022 performance year and applied to payments for covered professional services beginning on January 1, 2024.

### To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Options](#) web pages on the [Quality Payment Program website](#).
- View the [2022 MIPS Quick Start Guide](#).
- Check your current participation status using the [QPP Participation Status Tool](#).

## What is the Merit-based Incentive Payment System? (Continued)

**Traditional MIPS**, established in the first year of the QPP, is the original framework for collecting and reporting data to MIPS.

Under the traditional MIPS, participants select from 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks, designed to reduce reporting burden, will be available to MIPS eligible clinicians.

- The **APM Performance Pathway (APP)**, is a streamlined reporting framework available beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.
- **MIPS Value Pathways (MVPs)** are subsets of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements beginning with the 2023 performance year. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties or conditions. In addition, MVPs incorporate a foundational layer that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities. **There are 7 MVPs that will be available for reporting in the 2023 performance year:**

1. Advancing Rheumatology Patient Care
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
3. Advancing Care for Heart Disease
4. Optimizing Chronic Disease Management
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
6. Improving Care for Lower Extremity Joint Repair
7. Support of Positive Experiences with Anesthesia

We encourage clinicians interested in reporting an applicable MVP to become familiar with the MVP's requirements in advance of the 2023 performance year. For more information on the finalized MVPs, please refer to the CY 2022 Physician Fee Schedule Final Rule. We'll also be adding more information to [MIPS Value Pathways section of the QPP website](#).

## What is the MIPS Promoting Interoperability Performance Category?

Interoperability, or the use of technology to exchange and make use of information, makes communicating patient information less burdensome and improves outcomes. The MIPS Promoting Interoperability performance category emphasizes the electronic exchange of health information using certified electronic health record technology (CEHRT) to improve:

- Patient access to their health information;
- The exchange of information between clinicians and pharmacies; and
- The systematic collection, analysis, and interpretation of healthcare data.

### Traditional MIPS Performance Category Weights in 2022: Individual, Group, and Virtual Group Participation

#### Quality



30% of MIPS Score

#### Cost



30% of MIPS Score

#### Improvement Activities



15% of MIPS Score

#### Promoting Interoperability



25% of MIPS Score

### Traditional MIPS Performance Category Weights in 2022: APM Entity Participation

55% Quality

0% Cost

15% Improvement Activities

30% Promoting Interoperability

This resource examines the Promoting Interoperability performance category under traditional MIPS. For information about the Promoting Interoperability performance category under the APP, please refer to [2021 APP for MIPS APM Participants Fact Sheet \(PDF\)](#).



## What is the MIPS Promoting Interoperability Performance Category?

The MIPS performance categories have different “weights” and the scores from each of the categories are added together to give you a MIPS Final Score.

### APM Performance Pathway (APP) MIPS Performance Category Weights in 2022: Individual, Group, and APM Entity Participation

#### Quality



50% of MIPS Score

#### Cost



0% of MIPS Score

#### Improvement Activities



20% of MIPS Score

#### Promoting Interoperability



30% of MIPS Score

## What's New with Promoting Interoperability in 2022?

1. We updated **automatic reweighting** for the Promoting Interoperability performance category starting with performance year (PY) 2022. **Clinical social workers** and **small practices** now qualify for automatic reweighting and don't have to submit a Promoting Interoperability Hardship Exception application.
2. We added a **new required, but unscored attestation measure**, the [High Priority Practices Guide](#) of the **Safety Assurance Factors for EHR Resilience (SAFER) Guides measure**, beginning with PY 2022.
3. We revised the **Prevention of Information Blocking attestation** statements to distinguish this attestation from the separate information blocking policies established in the 21st Century Cures Act final rule. This attestation has been renamed **Actions to Limit or Restrict Interoperability of CEHRT**.
4. We revised the **Public Health and Clinical Data Exchange objective requirements** to support public health agencies during future threats and the long-term COVID-19 recovery process:
  - Clinicians are **required** to report on the 1) Immunization Registry Reporting and 2) Electronic Case Reporting measures.
    - We added a **4th exclusion for the Electronic Case Reporting measure**, available for the PY 2022 only.
  - Clinicians can **optionally** report on the 1) Public Health Registry Reporting, OR 2) Clinical Data Registry Reporting, OR 3) Syndromic Surveillance Reporting measures for 5 bonus points.



**Get Started with Promoting  
Interoperability for  
Traditional MIPS in 5 Steps**



## Step 1. Understand Your Reporting Requirements

Certain MIPS eligible clinicians and groups are not required to report data for this performance category.

- In this case, the category weight (or contribution to your final score) is redistributed to another performance category (or categories) unless they choose to submit data.
- MIPS eligible clinicians, groups and virtual groups that qualify for reweighting will be scored in this performance category if they submit any Promoting Interoperability performance category data.

**Note:** Individuals and groups who are a part of an APM Entity must report Promoting Interoperability data at the individual or group level if their APM Entity is reporting quality and improvement activity data.

**Participating as an individual?** Check the [QPP Participation Status Lookup Tool](#) or sign in to [qpp.cms.gov](http://qpp.cms.gov) for any special statuses assigned at the Clinician Level.

**Participating as a group?** Check the [QPP Participation Status Lookup Tool](#) or sign in to [qpp.cms.gov](http://qpp.cms.gov) for any special statuses assigned at the Practice Level.

**Participating as a virtual group?** Sign in to [qpp.cms.gov](http://qpp.cms.gov) to check for any special statuses assigned to the virtual group.



## Step 1. Understand Your Reporting Requirements (Continued)

The graphics below outline the different reasons why this performance category can be reweighted to 0% of your final score, which would mean that you don't have to submit Promoting Interoperability data.

**If you are one of the following clinician types or have one of the following special statuses, you are automatically excepted from having to submit data for this performance category.**

 Clinical Social Worker <b>(NEW)</b>	 Physician Assistants	 Nurse Practitioners	 Clinical Nurse Specialists	 Certified Registered Nurse Anesthetists	 Registered Dietitians or Nutrition Professionals
 Physical Therapists	 Occupational Therapists	 Clinical Psychologists	 Qualified Speech-Language Pathologists	 Qualified Audiologists	<p><b>Special Status:</b></p> <ul style="list-style-type: none"> <li>• Small Practices <b>(NEW)</b></li> <li>• Ambulatory Surgical Center (ASC)-based</li> <li>• Hospital-based</li> <li>• Non-Patient Facing</li> </ul>

**Action Needed:**  
 Submit a 2022 Promoting Interoperability Performance Category Hardship Exception Application by December 31, 2022. (Your application must be approved by CMS to qualify for reweighting.)  
[Learn More](#)

However, if you submit any data for the Promoting Interoperability Performance Category, the reweighting will be cancelled and your data will be scored.

You qualify for a Promoting Interoperability Performance Category Hardship Exception when you:

- Have decertified EHR technology
- Have insufficient internet connectivity
- Face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress, or vendor issues
- Lack control over availability of CEHRT

## Step 2. Review the Certified EHR Technology (CEHRT) Requirements

To meet the CEHRT requirements for 2022 Promoting Interoperability performance category objective and measure reporting, you'll need to:

- Have 2015 Edition CEHRT functionality in place by the first day of your MIPS Promoting Interoperability performance period;
- Have your EHR **certified by ONC** to the 2015 Edition CEHRT criteria by the **last day of your performance period**; and
- Provide your EHR's CMS Identification code from the [Certified Health IT Product List \(CHPL\)](#), available on [HealthIT.gov](#), when you submit your data.

In PY 2021, we updated the CEHRT requirements in response to the 21st Century Cures Act Final Rule. Clinicians may continue to use technology certified to the 2015 Edition certification criteria, technology certified to the 2015 Edition Cures Update certification criteria, or a combination of both to collect and report their PY 2022 Promoting Interoperability data.

If you're not sure what edition your EHR is, work with your practice technology support team or contact your EHR vendor to verify that your system is on track to meet CEHRT requirements by the last day of your performance period .

### 90-day Performance Period Example

October 3, 2022

**Day 1**  
of the final continuous 90-  
day performance period

2015 edition functionality must be in place



December 31, 2022

**Final Day**  
of performance period

EHR must be certified to the 2015 Edition

## Step 3. Review the Measures and Performance Period Requirements

The 2022 Promoting Interoperability performance category focuses on the following objectives:

- e-Prescribing
- Health Information Exchange (HIE)
- Provider to Patient Exchange
- Public Health and Clinical Data Exchange

Within these objectives, **there are 5 to 6 required measures** (dependent upon which measure(s) you choose to report for the HIE objective) in addition to required attestations.

Some of these measures have exclusions; if you qualify, you can claim (submit) the exclusion instead of reporting the measure. See the [Appendix](#) for a list of these measures and exclusions.

- You must collect data for all required measures (unless you can claim an exclusion(s)) for the same **minimum continuous 90-day period in CY 2022**.
- The last 90-day performance period begins on **October 3, 2022**.

**Reminder:** For the HIE objective, you have the option to report data for the two existing HIE measures and associated exclusions **OR** the HIE Bi-Directional Exchange measure.



## Step 4. Complete Required Attestations

### Step 4a. Perform or Review a Security Risk Analysis

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.

- For example, if you have your 2015 Edition CEHRT functionality in place on January 1, 2022, you can perform your security risk assessment on March 1, 2022 and select a 90-day performance period of October 3, 2022 – December 31, 2022.

Additional guidance on conducting a security risk analysis is available on the [Health Information Privacy](https://www.hhs.gov/health-information-privacy) webpage on [HHS.gov](https://www.hhs.gov).

### Step 4b. Perform an Annual Assessment of the High Priority Guide (from the SAFER Guides)

You must conduct an annual self-assessment using the High Priority Practices Guide (a part of the SAFER Guides), within the calendar year of the performance period.

- To complete the self-assessment, you must complete a review and mark the associated checkboxes (fully, partially, or not implemented) of recommended practices included in the beginning of the Guide.
- Detailed worksheets with the rationale for, and examples of how, to implement each recommended practices follows the checklist section of the Guide.
  - These worksheets include likely sources of information that your practice may reference to complete your assessment of a recommended practice, as well as fillable note fields to record follow-up actions.

Additional guidance on completing the self-assessment is available on the [SAFER Guides](https://www.healthit.gov/safer-guides) webpage on [HealthIT.gov](https://www.healthit.gov).



## Step 4. Complete Required Attestations

### Step 4c. Complete the Actions to Limit or Restrict Interoperability of CEHRT Attestation

This attestation statement aims to identify whether you or your health IT vendor acted in good faith and took necessary steps to prevent limiting or restricting the compatibility or interoperability of CEHRT.

- To complete this attestation, you will attest to the statement by entering a “yes” (certify that you acted in good faith when implementing and using your CEHRT to exchange electronic health information) or “no” (you don’t certify that you acted in good faith when implementing and using your CEHRT to exchange electronic health information) response.
  - **Updated:** We removed 2 of the 3 attestation statements. You will attest to a single statement starting with PY 2022.

## Step 5. Submit Your Data

You will need to report the required Promoting Interoperability performance category data during the 2022 submission period (1/2/2023 – 3/31/2023).

### Did you know?

- If your practice has several EHRs and not all are certified to the 2015 Edition, you will **submit only the data collected in 2015 Edition CEHRT and 2015 Edition Cures Update CEHRT.**
- If your practice is participating 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 and 2015 Edition Cures Update CEHRT.**
  - You can submit a “yes” for the 2 required measures in the Public Health and Clinical Data Exchange objective if one MIPS eligible clinician is in active engagement with the registry.
- The level at which you participate in MIPS (individual, group or virtual group) applies to all performance categories. **We won’t combine data submitted at the individual, group and/or virtual group level into a single final score.** There is one exception to this rule, which is noted at the bottom of this page.
  - **For example:**
    - If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
    - If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
    - If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.
  - **Exception:**
    - When participating as an APM Entity, the Entity will submit quality measures and improvement activities. However, MIPS eligible clinicians in the Entity will submit Promoting Interoperability data as individuals or as a group and we will calculate an average score for this performance category.



## Step 5. Submit Your Data (Continued)

To **submit data**, you or your third-party representative will need QPP credentials and authorization. See the [Quality Payment Program Access User Guide](#) (ZIP) for more information.

There are **3 ways to submit** your Promoting Interoperability performance category data:

**You**

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

**You or a  
Third Party**

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

**Third Party**

Perform a direct submission on your behalf, using our **submissions Application Programming Interface (API)**.

**Important Note:** Any conflicting data for a single measure or required attestation submitted through multiple submission types will result in a score of 0 for the Promoting Interoperability performance category.

You don't need to include supporting documentation when you attest to your Promoting Interoperability performance category data, but **you must keep documentation for 6 years** subsequent to submission.

Documentation guidance for each measure and attestation will be available later in the performance period in the MIPS Data Validation Criteria. We suggest reviewing this validation document to ensure you document your work appropriately.

## Step 5. Submit Your Data (Continued)

If the following reporting and submission requirements are not met, you will get a **0** for your Promoting Interoperability performance category score:



Collect your data in EHR technology with 2015 Edition functionality (certified by the last day of the performance period) for a minimum of any continuous 90-day period in 2022;



Submit a "yes" to the Actions to limit or Restrict Interoperability of CEHRT Attestation (formerly named Prevention of Information Blocking);



Submit a "yes" to the new SAFER Guides attestation measure. (A "no" will also satisfy this measure.) Additional information is available on the [SAFER Guides](#) webpage on [HealthIT.gov](#);



Submit a "yes" to ONC Direct Review Attestation;



Submit a "yes" that you have completed the Security Risk Analysis measure in 2022;



Report the 5 to 6 required measures or claim their exclusion(s); and

- For measures that require a numerator and denominator (as defined in the measure specifications), you must submit at least a one in the numerator



Provide your EHR's CMS identification code from the [Certified Health IT product List \(CHPL\)](#), available on [HealthIT.gov](#).



## **Help, Resources, and Version History**

## Where Can I Get Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. Eastern Time or by e-mail at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

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

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

## Additional Resources

The [Quality Payment Program Resource Library](#) houses fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

Resource	Description
<a href="#">2022 MIPS Quick Start Guide</a>	A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2022 performance period.
<a href="#">2022 MIPS Eligibility and Participation Quick Start Guide</a>	A high-level overview and actionable steps to understand your 2022 MIPS eligibility and participation requirements.
<a href="#">2022 Promoting Interoperability Measure Specifications</a>	A detailed overview of the requirements for the 2022 Promoting Interoperability performance category objectives and measures.
<a href="#">Certified Health IT Product List (CHPL) Public User Guide</a>	Instructions for generating the required CMS EHR Certification ID.
<a href="#">2022 MIPS Quality Performance Category Quick Start Guide</a>	A high-level overview and practical information about quality measure selection, data collection, and submission for the 2022 MIPS quality performance category.
<a href="#">2022 MIPS Improvement Activities Performance Category Quick Start Guide</a>	A high-level overview and practical information about data collection and submission for the 2022 MIPS improvement activities performance category.
<a href="#">2022 MIPS Cost Performance Category Quick Start Guide</a>	A high-level overview of cost measures, including calculation and attribution, for the 2022 MIPS cost performance category.



## Version History

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

Date	Description
02/09/2022	<ul style="list-style-type: none"><li>Updated slide 15 to reflect the correct last date to start a 90-day performance period.</li></ul>
01/27/2022	<ul style="list-style-type: none"><li>Updated to note that a "no" will also satisfy the SAFER Guides measure on slide 21.</li></ul>
01/18/2022	<ul style="list-style-type: none"><li>Updated to reflect correct links on slide 24.</li><li>Revised slides 10, 18, and 21 to reflect the following attestation name change: Actions to Limit or Restrict Interoperability of CEHRT.</li></ul>
12/29/2021	<ul style="list-style-type: none"><li>Original Posting.</li></ul>



# Appendix

## Promoting Interoperability Objectives and Measures

The table below outlines the 2022 objectives, measures, and available exclusions. Complete measure specifications are available on the [Quality Payment Program Resource Library](#). The **MIPS Data Validation Criteria**, available later in the performance period on the [Quality Payment Program Resource Library](#), will include the Promoting Interoperability documentation requirements for reporting measures and claiming exclusions.

Objectives	Measures		Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)	Available Points (based on performance)
<b>e-Prescribing</b>	e-Prescribing		Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	1 – 10 points
	<b>Bonus:</b> Query of Prescription Drug Monitoring Program (PDMP)		Optional measure (no exclusion available)	10 points
<b>Health Information Exchange</b>	Option 1	Support Electronic Referral Loops by Sending Health Information	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	1 – 20 points
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	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 during the performance period.	1 – 20 points
	Option 2	HIE Bi-Directional Exchange	Any MIPS eligible clinician whose EHR is enabled to allow for querying and sharing data by sending, receiving, and incorporating data via an HIE for every patient.	40 points
<b>Provider to Patient Exchange</b>	Provide Patients Electronic Access to Their Health Information		No exclusion available	1 – 40 points

## Promoting Interoperability Objectives and Measures (Continued)

Objectives	Measures	Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)	Available Points (based on performance)
<p><b>Public Health and Clinical Data Exchange</b></p>	<p>Report to the following public health or clinical data registries:</p> <ol style="list-style-type: none"> <li>1. Immunization Registry Reporting</li> <li>2. Electronic Case Reporting</li> </ol>	<p>Each of these -measures has their own exclusions; please refer to the 2022 Promoting Interoperability <a href="#">Measure Specifications</a> (ZIP file) for the exact exclusion criteria for each measure. Generally speaking, the exclusions are based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Does not diagnose or directly treat any disease or condition associated with an agency/registry in their jurisdiction during the performance period.</li> <li>• Operates in a jurisdiction for which no agency/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.</li> <li>• Operates in a jurisdiction where no agency/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.</li> </ul> <p><b>Note:</b> We added a 4<sup>th</sup> exclusion for the Electronic Case Reporting measure (in addition to the existing exclusion criteria) for PY 2022 only: the MIPS eligible clinician uses CEHRT that is not certified to the electronic case reporting certification criterion at § 170.315(f)(5) prior to the start of the performance period they select in CY 2022.</p>	<p>10 points for the objective</p>
	<p>Option to report one of the following public health agency or clinical data registry measures:</p> <ul style="list-style-type: none"> <li>• Public Health Registry Reporting, OR</li> <li>• Clinical Data Registry Reporting, OR</li> <li>• Syndromic Surveillance Reporting</li> </ul>	<p>Optional measures (no exclusions available)</p>	<p>5 bonus points</p>

