

# Merit-based Incentive Payment System (MIPS)

Participating in the Promoting  
Interoperability Performance  
Category in the 2023 Performance  
Year



Quality Payment  
PROGRAM

# Table of Contents

**Already know what MIPS is?**  
Skip ahead by clicking the links in the Table of Contents.

<a href="#"><u>How To Use This Guide</u></a>	<a href="#"><u>3</u></a>
<a href="#"><u>Overview</u></a>	<a href="#"><u>5</u></a>
<a href="#"><u>Promoting Interoperability Basics</u></a>	<a href="#"><u>10</u></a>
<a href="#"><u>Reweighting the Promoting Interoperability Performance Category</u></a>	<a href="#"><u>15</u></a>
<a href="#"><u>Promoting Interoperability Reporting Requirements</u></a>	<a href="#"><u>21</u></a>
<a href="#"><u>Promoting Interoperability Objectives, Measures, and Attestations</u></a>	<a href="#"><u>24</u></a>
<a href="#"><u>Data Submission</u></a>	<a href="#"><u>35</u></a>
<a href="#"><u>Promoting Interoperability Scoring</u></a>	<a href="#"><u>39</u></a>
<a href="#"><u>Help, Acronyms, and Version History</u></a>	<a href="#"><u>47</u></a>
<a href="#"><u>Appendix</u></a>	<a href="#"><u>51</u></a>

**Purpose:** This detailed resource focuses on the Promoting Interoperability performance category requirements including data collection and submission for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation for the 2023 performance year. Promoting Interoperability requirements are the same for all reporting options: traditional MIPS, the APM Performance Pathway (APP), and MIPS Value Pathways (MVPs).



# How to Use This Guide

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**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

The Table of Contents is interactive. Click on a Chapter in the Table of Contents to read that section.



You can also click on the icon on the bottom left to go back to the table of contents.

## 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 rewards MIPS eligible clinicians for providing high quality care to their patients by reimbursing Medicare Part B-covered professional services.

Under MIPS, we evaluate your performance across multiple categories that drive improved quality and value in our healthcare system.

### If you're eligible for MIPS in 2023:

- You generally have to report measure and activity data for the [quality](#), [improvement activities](#), and [Promoting Interoperability](#) performance categories. (We collect and calculate data for the [cost](#) performance category for you, if applicable.)
- 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 2023 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2025.

### **To learn more about MIPS:**

- Visit the [Learn about MIPS webpage](#)
- View the [2023 MIPS Overview Quick Start Guide](#).
- View the [2023 MIPS Quick Start Guide for Small Practices](#).



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

- Visit the [How MIPS Eligibility is Determined and Participation Options Overview](#) webpages on the Quality Payment Program website.
- View the [2023 MIPS Eligibility and Participation Quick Start Guide](#).
- Check your current participation status using the [QPP Participation Status Tool](#).



# Overview

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

(Continued)

There are 3 reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements:

**Traditional MIPS**, established in the first year of QPP, is the original reporting option for MIPS. You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS. You'll also report the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

**The Alternative Payment Model (APM) Performance Pathway (APP)** is a streamlined reporting option for 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. You'll report a predetermined measure set made up of quality measures in addition to the complete Promoting Interoperability measure set (the same as reported in traditional MIPS). MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

**MIPS Value Pathways (MVPs)** are the newest reporting option that offer clinicians a subset of measures and activities relevant to a specialty or medical condition. MVPs offer more meaningful groupings of measures and activities, to provide a more connected assessment of the quality of care. Beginning with the 2023 performance year, you'll select, collect, and report on a reduced number of quality measures and improvement activities (as compared to traditional MIPS). You'll also report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS). We collect and calculate data for the cost performance category and population health measures for you.

### To learn more about traditional MIPS:

- Visit the [Traditional MIPS Overview webpage](#) on the Quality Payment Program website.

### To learn more about the APP:

- Visit the [APM Performance Pathway webpage](#) on the Quality Payment Program website.

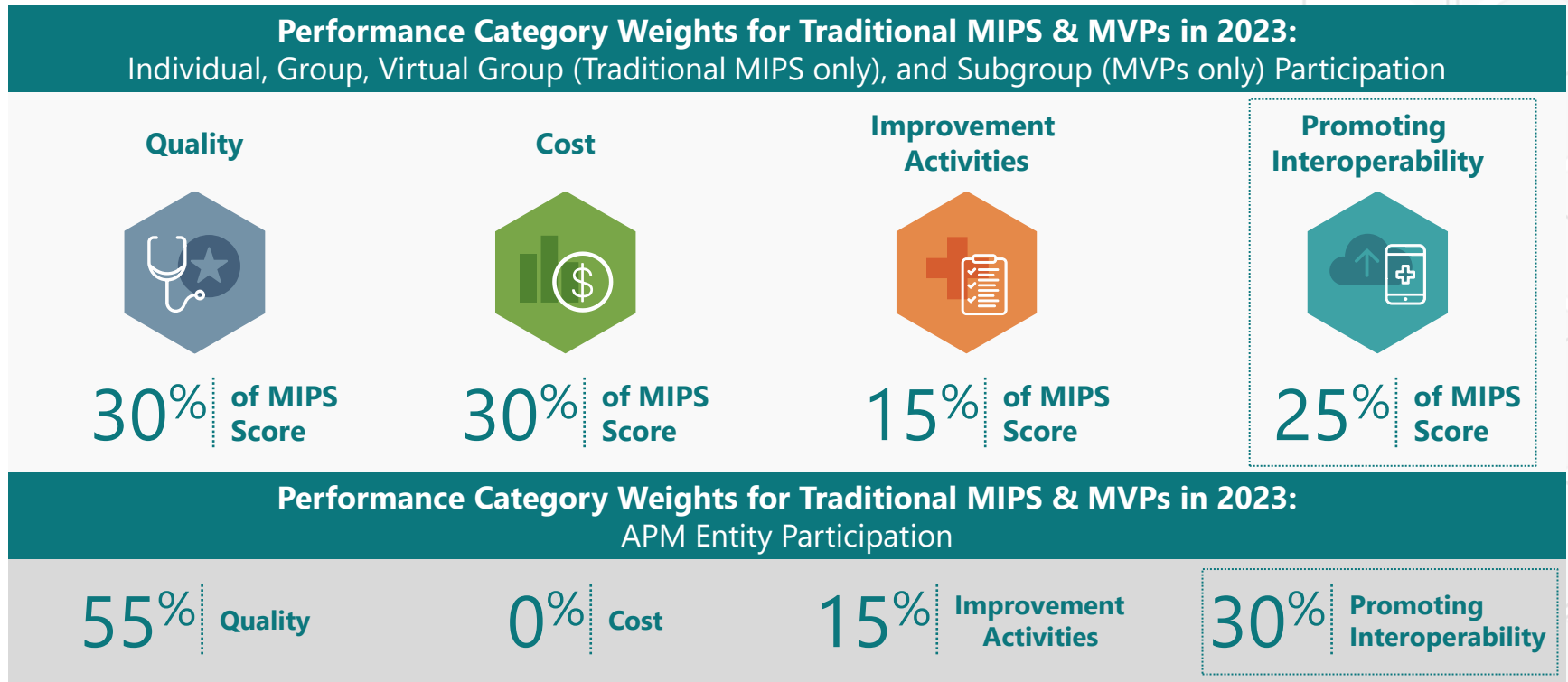
### To learn more about MVPs:

- Visit the [MIPS Value Pathways \(MVPs\) webpage](#) on the Quality Payment Program website.



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

This guide focuses on the **Promoting Interoperability** performance category for the 2023 performance year.



For more information on participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [QPP Resource Library](#).



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

### APM Performance Pathway (APP) Performance Category Weights in 2023: 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

# Promoting Interoperability Basics

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## What is the MIPS Promoting Interoperability Performance Category?

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**The Promoting Interoperability performance category emphasizes the electronic exchange of information using certified electronic health record (EHR) technology (CEHRT) to improve:**

- Patient access to their health information,
- The exchange of information between health care providers, and
- The systemic collection, analysis, and interpretation of health care data.

**For 2023, the Promoting Interoperability performance category:**

- Has a minimum performance period of 90 continuous days between January 1, 2023 and December 31, 2023
- Uses performance-based scoring at the individual measure level
- Requires 2015 Edition Cures Update CEHRT

## What's New with Promoting Interoperability in 2023?

1. We finalized that EHR technology **must be certified to the 2015 Edition Cures Update certification criteria** for the 2023 performance period. (Functionality must be in place by the start of the performance period with certification obtained by the last day of the performance period.)
2. We modified the options for active engagement for the **Public Health and Clinical Data Exchange objective measures**:
  - We **combined** active engagement options 1 and 2 into a single option titled "Pre-production and Validation" and **renamed** option 3 to "Validated Data Production" for a **total of 2 options**.
  - MIPS eligible clinicians are **required** to submit their level of active engagement for the required Public Health and Clinical Data Exchange measures.
  - Starting with the **2024 calendar year**, MIPS eligible clinicians are allowed to **spend only one** performance period at the Pre-production and Validation level of active engagement per measure. They **must progress** to the Validated Data Production level in the next performance period for which they report a particular measure.
3. We updated the Query of Prescription Drug Monitoring Program (PDMP) measure to make it a **required measure** beginning with the 2023 performance period.
  - We added **exclusions** for the measure and made it worth **10 points**. We **expanded** the scope of the measure to include Schedules III and IV drugs in addition to Schedule II opioids.
4. We added a **third option** for satisfying the **Health Information Exchange (HIE) objective** for the 2023 performance period.
  - Option 3: Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA)
    - This measure requires the MIPS eligible clinician to attest "yes" that a MIPS eligible clinician is a signatory to a Framework Agreement as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on the Office of the National Coordinator for Health Information Technology (ONC) website and uses CEHRT to exchange information under this Agreement.



## What's New with Promoting Interoperability in 2023? (Continued)

5. We updated data submission requirements to give APM Entities participating in MIPS at the APM Entity level the option to report Promoting Interoperability data **at the APM Entity level**. APM Entities will still have the option to report this performance category at the individual and group level.
6. We discontinued **automatic reweighting** for nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical nurse specialists for the Promoting Interoperability performance category starting with the 2023 performance period.
7. We updated the **maximum points** for the following Promoting Interoperability measures, beginning with the 2023 performance period (changes from 2022 noted with an asterisk):

Objective	Measure		Maximum Points
e-Prescribing	e-Prescribing		10 points
	Query of PDMP		10 points*
Health Information Exchange	Option 1	Support Electronic Referral Loops by Sending Health Information	15 points*
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	15 points*
	Option 2	HIE Bi-Directional Exchange	30 points*
	Option 3	Enabling Exchange under TECA	30 points*
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information		25 points*
Public Health and Clinical Data Exchange	Report to the following public health or clinical data registries: 1. Immunization Registry Reporting 2. Electronic Case Reporting		25 points*
	Option to report one of the following public health agency or clinical data registry measures: • Public Health Registry Reporting, OR • Clinical Data Registry Reporting, OR • Syndromic Surveillance Reporting		5 bonus points*



# Promoting Interoperability Basics

## What Are the Promoting Interoperability Participation Requirements?

You're required to participate in the Promoting Interoperability performance category, unless you:

- Are a certain [type of clinician](#) that qualifies you for automatic reweighting,
- Have a certain [special status](#) that qualifies you for automatic reweighting, or
- Have an approved [MIPS Promoting Interoperability Performance Category Hardship Exception](#).

**Update:** When participating in MIPS at the APM Entity level, APM Entities can choose to report Promoting Interoperability data at the APM Entity level.

APM Entities will still have the option to report this performance category at the individual and group level.



# Reweighting the Promoting Interoperability Performance Category



# Reweighting the Promoting Interoperability Performance Category

## Is There Automatic Reweighting for Certain Clinician Types and Special Statuses?

For certain clinicians and groups, the Promoting Interoperability performance category will be automatically reweighted to 0%. This means you don't need to submit Promoting Interoperability data and the performance category's 25% weight is generally redistributed to the quality performance category.

You qualify for automatic reweighting if you're:			
 Clinical Social Worker	 Physical Therapists	 Occupational Therapists	 Registered Dietitians or Nutrition Professionals
 Clinical Psychologists	 Qualified Speech-Language Pathologists	 Qualified Audiologists	<b><u>Special Status:</u></b> <ul style="list-style-type: none"><li>• Small Practices</li><li>• Ambulatory Surgical Center (ASC)-based</li><li>• Hospital-based</li><li>• Non-patient Facing</li></ul>

**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, we'll score your performance and weight your Promoting Interoperability performance category at 25% of your MIPS final score.  
**The submission of data cancels reweighting.**



# Reweight the Promoting Interoperability Performance Category

## Additional Information for Automatic Reweighting for Special Statuses

### Ambulatory Surgical Center-Based

- **Individual clinicians:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Individual clinicians are designated as ASC-based when they furnish **75% or more** of their covered professional services in sites of service identified by the Place of Service (POS) code 24.
- **Groups and virtual groups:** 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.

### Hospital- Based

- **Individual clinicians:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Individual clinicians are designated as hospital-based when they furnish **75% or more** of their covered professional services in a hospital.
- **Groups and virtual groups:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. 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.

### Non-Patient Facing

- **Individual clinicians:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Individual clinicians are designated as non-patient facing when they have **100 or fewer** Medicare Part B patient-facing encounters (including telehealth services).
- **Groups and virtual groups:** 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.

### Small Practices

- **Individual clinicians:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Individual clinicians are designated as a small practice clinician if they are 1 of **15 or fewer** clinicians that bill under the practice's TIN during 1 or both 12-month segments of the MIPS Determination Period.
- **Groups and virtual groups:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Groups and virtual groups are designated as a small practice when the group has **15 or fewer** clinicians billing under the practice's TIN (or across all TINs participating in your virtual group) during 1 or both 12-month segments of the MIPS Determination Period.



# Reweighting the Promoting Interoperability Performance Category

## Additional Information for Automatic Reweighting for Small Practices

When Promoting Interoperability is reweighted	30% :: Improvement Activities	0% :: Promoting Interoperability
	40% :: Quality	30% :: Cost
When Promoting Interoperability and cost are reweighted	50% :: Improvement Activities	0% :: Promoting Interoperability
	50% :: Quality	0% :: Cost
When Promoting Interoperability and quality are reweighted	50% :: Improvement Activities	0% :: Promoting Interoperability
	0% :: Quality	50% :: Cost



## Additional Information on Automatic Reweighting for 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 for reweighting as individuals for any combination of reasons.

### 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 slide).
- 75% of the MIPS eligible clinicians are ASC-based and the other 25% are a clinician type that qualifies for automatic reweighting.

## Can I Apply for Automatic Reweighting if I'm a MIPS APM Participant?

MIPS eligible clinicians and groups with MIPS eligible clinicians participating in a MIPS APM can apply for hardship exceptions and qualify for automatic reweighting just like other MIPS eligible clinicians.

If you're participating in MIPS at the APM Entity level (either reporting traditional MIPS or the APP), you'll receive the APM Entity's score, but will be excluded from the calculation when we create an average Promoting Interoperability score for the APM Entity.



# Reweighting the Promoting Interoperability Performance Category

## Can I Apply for a MIPS Promoting Interoperability Hardship Exception?

You may submit a MIPS Promoting Interoperability Performance Category Hardship Exception application if any of the following reasons apply to you during the 2023 performance year:

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

APM Entities **can't** submit a Promoting Interoperability Hardship Exception at the Entity level.

**NOTE:** Simply not having 2015 Edition Cures Update CEHRT doesn't 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 or categories. **If you choose to submit data for the Promoting Interoperability performance category, your hardship exception will be cancelled.**

Submit your 2023 Promoting Interoperability Performance Category Hardship Exception application by January 2, 2024.

To learn more, review the MIPS Promoting Interoperability Performance Category Hardship Exception section of the [QPP Exception Applications webpage](#).



# Promoting Interoperability Reporting Requirements

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# Promoting Interoperability Reporting Requirements

## What Edition of CEHRT Do I Need to Report for the Promoting Interoperability Performance Category In 2023?

- Your EHR technology must be certified to the 2015 Edition Cures Update certification criteria to participate in the Promoting Interoperability performance category.
- The 2015 Edition Cures Update CEHRT 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 Cures Update criteria **by the last day** of your selected Promoting Interoperability performance period.
- You must use the 2015 Edition Cures Update functionality for your **full** Promoting Interoperability performance period.

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'll be able to submit data for the Promoting Interoperability performance category.

### Example:

If you select the last continuous 90 days in 2023 as your performance period, the 2015 Edition Cures Update functionality has to be in place by October 3, 2023. The 2015 Edition Cures Update Certification has to be obtained by December 31, 2023.



# Promoting Interoperability Reporting Requirements

## What Are the Data Submission Requirements for Promoting Interoperability in 2023?

You must submit collected data for [all required measures from each of the objectives](#) (unless an applicable exclusion is claimed) for the same 90 continuous days (or more) during 2023.

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 Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT (previously titled Prevention of Information Blocking) Attestation,
- The ONC Direct Review Attestation,
- The Security Risk Analysis measure, and
- The High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides measure (a "no" will also satisfy this measure).

You also must submit your level of active engagement for the required Public Health and Clinical Data Exchange measures.

For more information on generating your EHR's Certification ID, review pages 26 – 30 of the [CHPL Public User Guide](#).

When you report on required measures that have a numerator/denominator, you must submit **at least a '1'** in the numerator if you don't 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).

Failing to report on a required attestation or 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.



# Promoting Interoperability Objectives, Measures, and Attestations

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# Promoting Interoperability Objectives, Measures, and Attestations

## What are the 2023 Promoting Interoperability Performance Category Objectives and Measures?

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**Update:** For the HIE objective, you have the option to report data for the 2 existing Support Electronic Referral Loops measures and associated exclusions **OR** the HIE Bi-Directional Exchange measure **OR** the Enabling Exchange under TEFCA measure.

There's a [table](#) that provides details on the 2023 Promoting Interoperability objectives and measures in this guide.

The 2023 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 6 to 7 required measures** (dependent upon which measure(s) you choose to report for the HIE objective) in addition to required attestations and [optional measures](#).



# Promoting Interoperability Objectives, Measures, and Attestations

## What Measures Have an Exclusion?

The following Promoting Interoperability measures have exclusions:

- e-Prescribing
- Query of PDMP
- Support Electronic Referral Loops by Sending Health Information
- Support Electronic Referral Loops by Receiving and Reconciling Health Information
- Immunization Registry Reporting
- Electronic Case Reporting

If you qualify, you can claim the exclusion instead of reporting on the given measure. You can find more details outlining each element of the Promoting Interoperability measures through the QPP [Explore Measures & Activities Tool](#).



# Promoting Interoperability Objectives, Measures, and Attestations

## 2023 Promoting Interoperability Objective and Measure Set Table

Objective	Required	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
<b>e-Prescribing</b>	Required	e-Prescribing	At least 1 permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
	Required	Query of Prescription Drug Monitoring Program (PDMP)	For at least 1 Schedule II opioid or Schedule III or IV drug 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.	<ol style="list-style-type: none"> <li>(1) Any MIPS eligible clinician who is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period.</li> <li>(2) Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.</li> <li>(3) Any MIPS eligible clinician for whom querying a PDMP would impose an excessive workflow or cost burden prior to the start of the performance period they select in CY 2023.</li> </ol>
<b>Provider to Patient Exchange</b>	Required	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).	No exclusion available.

\* 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 encourage you to review the final rules for a complete and accurate description of the measures.



# Promoting Interoperability Objectives, Measures, and Attestations

## 2023 Promoting Interoperability Objective and Measure Set Table (Continued)

Objective	Required	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
Health Information Exchange (HIE)	Required	<b>Option 1</b>		
		Support Electronic Referral Loops by Sending Health Information	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.	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	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.	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.
		<b>Option 2</b>		
		HIE Bi-Directional Exchange	The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.	Alternative measure, no exclusion available.
		<b>Option 3</b>		
		Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)	<p>The MIPS eligible clinician or group must attest to the following:</p> <ul style="list-style-type: none"> <li>Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC's website) in good standing (that is, not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period, in accordance with applicable law and policy.</li> <li>Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.</li> </ul>	Alternative measure, no exclusion available.



# Promoting Interoperability Objectives, Measures, and Attestations

## 2023 Promoting Interoperability Objective and Measure Set Table (Continued)

Objective	Required	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
<b>Public Health and Clinical Data Exchange</b>	Required	Immunization Registry Reporting	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).	Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician: <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>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.</li> </ul>
		Electronic Case Reporting	The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician: <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>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.</li> </ul>

# Promoting Interoperability Objectives, Measures, and Attestations

## 2023 Promoting Interoperability Objective and Measure Set Table (Continued)

Objective	Required	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
<b>Public Health and Clinical Data Exchange (continued)</b>	Optional	Clinical Data Registry Reporting	The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	Optional bonus measures (can report on one of these measures for 5 bonus points), no exclusions available.
		Public Health Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.	
		Syndromic Surveillance Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	

**Note:** Whether you report 1, 2 or 3 of these optional measures, you'll still receive a total of 5 bonus points.

# Promoting Interoperability Objectives, Measures, and Attestations

## What Are the Required Attestations for the Promoting Interoperability Performance Category?

### Security Risk Analysis Attestation Measure

The Security Risk Analysis measure is a **required but unscored measure**.

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.

### What are the Security Risk Analysis Attestation Measure Requirements?

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

During the submission period, you'll attest to the Security Risk Analysis measure by entering a "yes" (analysis completed) or "no" (analysis not completed) response. Failure to submit a "yes" response will result in a score of 0 for the Promoting Interoperability performance category.

Example		
 February 21, 2023	 April 2023	 October 3, 2023 – December 31, 2023
If you have your 2015 Edition Cures Update CEHRT functionality in place on February 21, 2023.	You can perform your security risk assessment in April 2023.	And select a 90-day performance period of October 3, 2023 – December 31, 2023.

Additional guidance on conducting a security risk analysis is available on [HHS.gov](https://www.hhs.gov).



# Promoting Interoperability Objectives, Measures, and Attestations

## What Are the Required Attestations for the Promoting Interoperability Performance Category? (Continued)

### High Priority Practices Guide of the SAFER Guides Attestation Measure

The [High Priority Practices Guide \(PDF\)](#) of the SAFER Guides measure is a **required but unscored measure**.

There are 9 SAFER Guides which are organized into 3 groups: foundational guides, infrastructure guides, and clinical process guides. The High Priority Practices SAFER Guide is one of the foundational SAFER Guides. The guide helps health care organizations identify “high risk” and “high priority” recommended safety practices intended to optimize the safety and use of EHRs.

### What are the High Priority Practices Guide of the SAFER Guides Attestation Measure Requirements?

In addition to the required measures, you must conduct an annual self-assessment of the High Priority Practices SAFER Guide during the calendar year in which the performance period occurs. MIPS eligible clinicians are expected to fill out the checklist and practice worksheet at the beginning of the guide.

During the submission period, you’ll attest to the High Priority Practices Guide of the SAFER Guides attestation measure by entering a “yes” (completed a review of the guide) or “no” (did not complete a review of the Guide) response. Failure to report either “yes” or “no” for the High Priority Practices Guide of the SAFER Guides measure will result in a score of 0 for the Promoting Interoperability performance category.

For more information, refer to the [2023 High Priority Practices SAFER Guide Fact Sheet](#).

### Example



If your practice fills out the checklist and practice worksheet at the beginning of the High Priority Practices SAFER Guide by the last day of the 2023 performance period (December 31, 2023), you’ll complete the self-assessment and report “yes” for the High Priority Practices Guide of the SAFER Guides measure.

Additional guidance on the SAFER Guides and conducting a high priority practices self-assessment are available on [HealthIT.gov](#).

**Note:** Attesting “no” will count towards completing the High Priority Practices Guide of the SAFER Guides attestation measure.





# Promoting Interoperability Objectives, Measures, and Attestations

## What Are the Required Attestations for the Promoting Interoperability Performance Category? (Continued)

### ONC Direct Review Attestation

An ONC Direct Review is the process by which the ONC may directly review certified health information technology (IT) or a developer's actions or practices to determine whether they conform to the requirements of the ONC Health IT Certification Program. This attestation statement aims to identify whether you acted in good faith and would cooperate if the ONC initiates a direct review of your health IT.

### What are the ONC Direct Review Attestation Requirements?

During the submission period, you'll complete the ONC Direct Review attestation statement by entering a "yes" (agree to cooperate in a direct review of your health IT in the event that you receive a review request from the ONC) or "no" (you don't agree to cooperate in a direct review) response.

**Note:** The ONC Direct Review Attestation is required for the Promoting Interoperability performance category. Failure to submit a "yes" response will result in a score of 0 for the category.

Additional guidance on the ONC Direct Review is available on [HealthIT.gov](https://www.healthit.gov).

# Promoting Interoperability Objectives, Measures, and Attestations

## What Are the Required Attestations for the Promoting Interoperability Performance Category? (Continued)

### Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation

To prevent actions that block the exchange of health information, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires eligible clinicians that participate in the Promoting Interoperability performance category to show that they haven't knowingly and willfully limited or restricted the compatibility or interoperability of their CEHRT.

Eligible clinicians are required to show that they're meeting this requirement by attesting to the Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT statement about how they implement and use CEHRT.

### What are the Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation Requirements?

During the submission period, you'll complete the Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation statement by entering a "yes" (certify that you **didn't** knowingly or willfully take action to limit or restrict compatibility or interoperability of CEHRT) or "no" (certify that you **did** knowingly or willfully take action to limit or restrict compatibility or interoperability of CEHRT) response.

#### Note:

The Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation is required for the Promoting Interoperability performance category. Failure to submit a "yes" response will result in a score of 0 for the category.

For more information, refer to the [2023 Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation Fact Sheet](#).

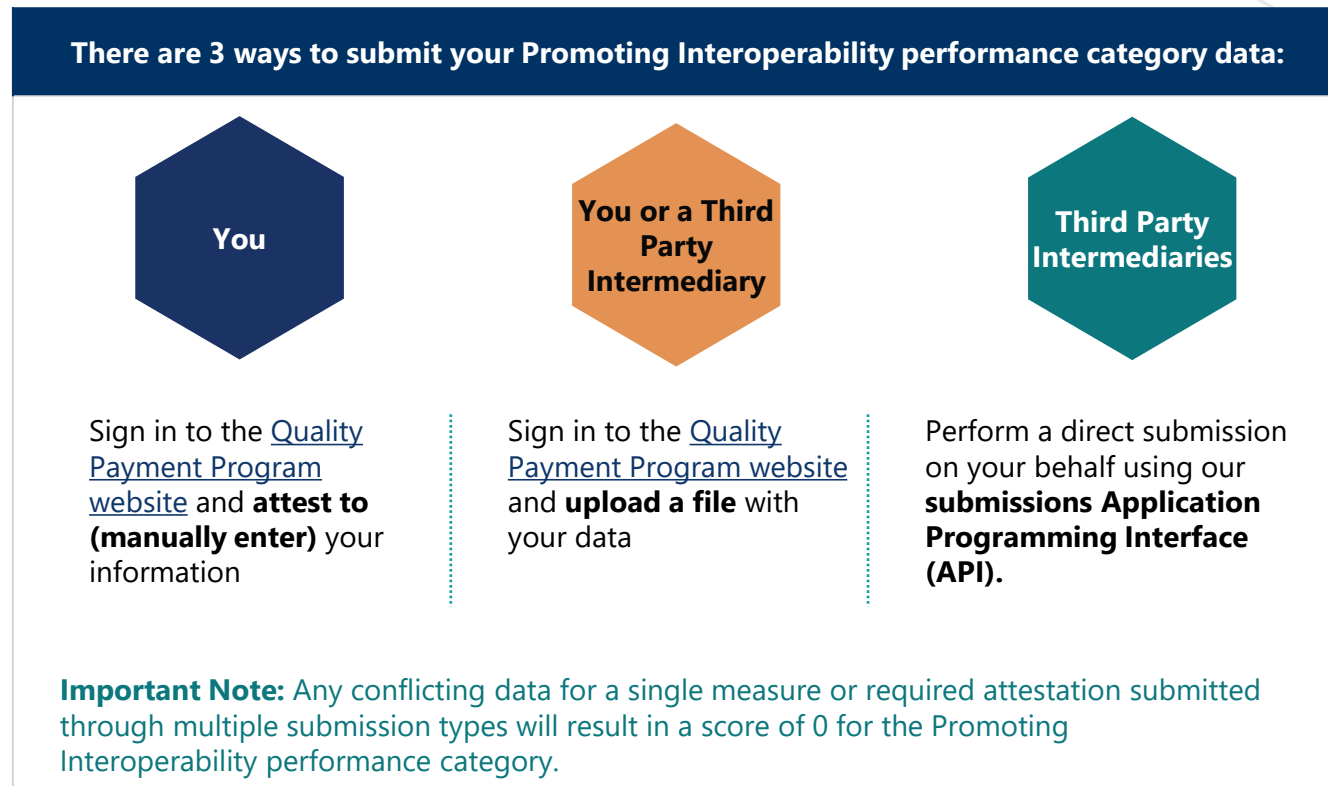


# Data Submission



## How Can I Submit My Promoting Interoperability Performance Category Data?

The chart below outlines the available submission types for reporting data to the Promoting Interoperability performance category and how they work during the submission period for the 2023 performance year (1/2/2024 through 4/1/2024).



# Data Submission

## What are the 2023 Promoting Interoperability Submission Requirements?

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**To earn a score in the Promoting Interoperability performance category, you must meet the following reporting and submission requirements:**

- Use 2015 Edition Cures Update 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, 2023;
- Submit “yes” to the Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation;
- Submit “yes” for the Security Risk Analysis Attestation measure;
- Submit “yes” to the ONC Direct Review Attestation;
- Submit “yes” or “no” for the High Priority Practices Guide of the SAFER Guides Attestation measure;
- Submit your level of active engagement for the required Public Health and Clinical Data Exchange measure; and
- Provide your EHR’s CMS Certification ID from the [Certified Health IT Product List \(CHPL\)](#).

**IMPORTANT:** You will earn a **score of 0** in this performance category if you don’t meet all of these requirements.

Failure to submit a “yes” response when a measure/attestation requires a “yes,” will result in a score of 0 for the Promoting Interoperability performance category.



## Additional Submission Information and Reminders

- You or your third party representative need QPP credentials and authorization in order to submit your data. See the [QPP Access User Guide \(ZIP file\)](#) for more information.
- The level which you participate in MIPS (individual, group, subgroup, or virtual group) applies to all performance categories.
  - We don't combine data submitted at the individual, group, subgroup, and/or virtual group level into a single final score.
  - **EXCEPTION (Updated):** When participating as an APM Entity, the Entity will submit quality measures and improvement activities. MIPS eligible clinicians in the Entity may submit Promoting Interoperability data as individuals or as a group and we'll calculate an average score for this performance category. However, APM Entities now also have the option to choose to report Promoting Interoperability data at the APM Entity level.
- If your practice has several EHRs and not all are certified to the 2015 Edition Cures Update, you'll only submit the data collected in 2015 Edition Cures Update CEHRT.
- If you're reporting as a group or virtual group, you'll aggregate the measure numerators and denominators for all MIPS eligible clinicians with data in your 2015 Edition Cures Update CEHRT.
- If your practice is reporting an MVP and participating as a subgroup, you'll submit the aggregated data of the affiliated group.
- You don't need to include supporting documentation when you attest to your Promoting Interoperability data, but you must keep documentation for 6 years after submission.



# Promoting Interoperability Scoring

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# Promoting Interoperability Scoring

## How is the Promoting Interoperability Score Calculated?

With the bonus point opportunity, there are 105 points available, though the Promoting Interoperability performance category score is capped at 100 points.

**REMINDER:** The Security Risk Analysis and High Priority Practices Guide of the SAFER Guides attestation measures are required but unscored.



# Promoting Interoperability Scoring

## Total Possible Points for Each Promoting Interoperability Measure for 2023?

Objectives	Measures		Required	Available Points	Reporting Requirements
<b>e-Prescribing</b>	e-Prescribing		Required	1 – 10 points	Numerator/Denominator
	Query of Prescription Drug Monitoring Program (PDMP)		Required	10 points	YES/NO
<b>Health Information Exchange (HIE)</b>	Option 1	Support Electronic Referral Loops by Sending Health Information	Required (unless option 2 or 3 is reported)	1 – 15 points	Numerator/Denominator
		Support Electronic Referral Loops by Receiving and Reconciling Health Information		1 – 15 points	Numerator/Denominator
	Option 2	HIE Bi-Directional Exchange*	Required* (unless option 1 or 3 is reported)	30 points	YES/NO
	Option 3	Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA)*	Required* (unless option 1 or 2 is reported)	30 points	YES/NO
<b>Provider to Patient Exchange</b>	Provide Patients Electronic Access to Their Health Information		Required	1 – 25 points	Numerator/Denominator
<b>Public Health and Clinical Data Exchange</b>	Report the 2 Required Measures		Required	25 points for the entire objective	YES/NO (you also must submit your level of active engagement)
	Bonus: <ul style="list-style-type: none"> <li>Public Health Registry Reporting</li> <li>Clinical Data Registry Reporting</li> <li>Syndromic Surveillance Reporting</li> </ul>		Optional	5 bonus points (whether reporting 1, 2 or all 3 optional measures)	YES/NO (you also must submit your level of active engagement)

\*For the HIE objective, you have the option to report data for the 2 existing HIE measures and associated exclusions OR the HIE Bi-Directional Exchange measure OR the Enabling Exchange under TEFCA measure.



# Promoting Interoperability Scoring

## How are Measures Scored?

We calculate the performance rate for each measure using the numerators and denominators you submitted for measures, and then multiply the performance rate by the total points available for the measure or objective. There's 1 scored objective (Public Health and Clinical Data Exchange) and 3 measures (Query of PDMP, HIE Bi-Directional Exchange, Enabling Exchange under TEFCA) where we use the "yes" or "no" as the answer submitted for the measures.

### TIP:

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%. This 80% would be multiplied by the 10 total points available for the measure. In this case, the e-Prescribing measure would earn 8 out of 10 points.

Numerator / Denominator = Performance Rate

Performance  
Rate

X

Total Possible  
Measure Points

=

Points Awarded Towards  
Your Total Promoting  
Interoperability  
Performance Category  
Score

E-Prescribing Measure Example:

200  
250

80%  
Performance  
Rate

X 10 =  
Points

8

Points

Towards Your Total  
Promoting Interoperability  
Performance Score

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

Example 1:

Score = 8.53

Round  
up to

9

Example 2:

Score = 8.33

Round  
down to

8

**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 one patient (i.e., reported a '1' in the numerator), for a given measure, a score of 1 would be awarded for that measure.



# Promoting Interoperability Scoring

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

To meet the requirements and earn 25 points for the objective, you must be actively engaged with:

- A public health agency that you can electronically submit case reporting of reportable conditions to in order to satisfy the electronic case reporting measure, and
- A public health agency that you can submit immunization data to and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS) from in order to satisfy the immunization reporting measure.

You also must submit your level of active engagement for both required Public Health and Clinical Data Exchange measures.

**ALERT:** When reporting the required measures in the Public Health and Clinical Data Exchange objective, you'll need to submit a total of 2 entries for each measure: (1) a "yes" or "no" response to the measure, and (2) your level of active engagement (either Pre-production and Validation or Validated Data Production).

## What Are the Public Health and Clinical Data Exchange Objective Exclusions?

Exclusions are available for each of the required measures (Electronic Case Reporting and Immunization Registry Reporting measures) within the Public Health and Clinical Data Exchange objective. There are no exclusions for the optional/bonus measures.

If you...	Then...
Submit an exclusion for 1 required measure, and submit "yes" for the other required measure	You can still earn the full 25 points for the Public Health and Clinical Data Exchange objective.
Claim 2 exclusions	The 25 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure under the Provider to Patient Exchange objective.
Are unable to report the 2 required measures and can't claim an exclusion	You'll earn a score of 0 for the objective and the Promoting Interoperability performance category overall.

**NOTE:** Reporting to a Qualified Clinical Data Registry (QCDR) or Qualified Registry may count for the optional 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.



# Promoting Interoperability Scoring

## How Are Bonus Points Calculated?

For 2023, you can earn a total of 5 bonus points by submitting a “yes” for 1, 2 or 3 of the optional Public Health and Clinical Data Exchange measures listed below:

- Public Health Registry Reporting
- Clinical Data Registry Reporting
- Syndromic Surveillance Reporting

**NOTE:** Your Promoting Interoperability performance category score can't exceed 100 achievement points.



# Promoting Interoperability Scoring

## How Is the Total Promoting Interoperability Category Calculated?

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

There are 105 total points available, but any score above 100 points will be capped at 100 points.

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

### Example:

The diagram illustrates the calculation of the Promoting Interoperability score. It features a general formula at the top and a specific example below it, both enclosed in a light gray box.

**General Formula:**

$$\text{Points} \times .25 = \text{Points Towards Final Score}$$

Below the formula, the components are labeled: "Points" for the first term, ".25" for the "Promoting Interoperability Category Weight", and "Points Towards Final Score" for the result, which is circled.

**Example:**

$$83 \times .25 = 20.75$$

Below the example, the components are labeled: "83" for "Points", ".25" for the weight, and "20.75" for "Points Towards Final Score".

You'll 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 the [Appendix](#).

# Promoting Interoperability Scoring

## Example 1:

If a clinician receives 83 points from the required Promoting Interoperability measures and 5 bonus points for submitting data on one of the optional Public Health and Clinical Data Exchange measures, 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, if they didn't report the optional measure.

$$\begin{array}{rclcl} 83 & + & 5 & = & 88 \\ \text{Points from} & & \text{Bonus Points from the} & & \text{Points} \\ \text{Required Measures} & & \text{Optional Public Health} & & \\ & & \text{and Clinical Data} & & \\ & & \text{Exchange Measure} & & \\ & & & & 100 \\ & & & & \text{Total Points} \end{array} \quad \left( .88 \times .25 \right) \times 100 = \frac{22}{\text{Towards Final Score}}$$

## Example 2:

A clinician receives 97 points from the required Promoting Interoperability measures and 5 bonus points for submitting data on one of the optional Public Health and Clinical Data Exchange measures. 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.

$$\begin{array}{rclcl} 97 & + & 5 & = & 102 \text{ } 100 \\ \text{Points from} & & \text{Bonus Points from the} & & \text{Points (Capped at 100)} \\ \text{Required Measures} & & \text{Optional Public Health} & & \\ & & \text{and Clinical Data} & & \\ & & \text{Exchange Measure} & & \\ & & & & 100 \\ & & & & \text{Total Points} \end{array} \quad \left( 1.00 \times .25 \right) \times 100 = \frac{25}{\text{Towards Final Score}}$$



# Help, Acronyms, and Version History



## Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), create a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

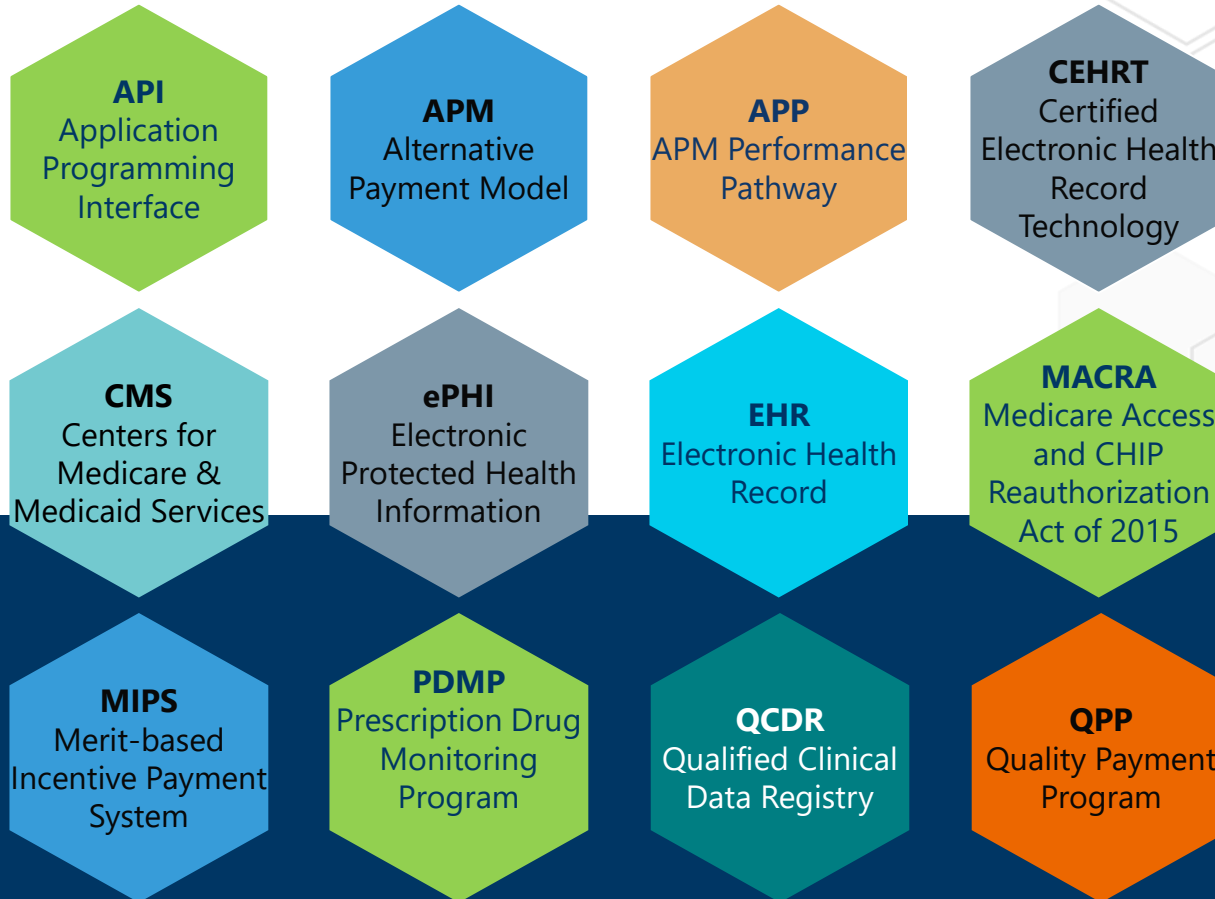
- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

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](#).



# Help, Acronyms, and Version History

## Acronyms



# Help, Acronyms, and Version History

## Version History

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

Date	Description
03/16/2023	Original Posting.

# Appendix



# Appendix

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

Objectives	Measures		Exclusion Available	When the exclusion is claimed
<b>e-Prescribing</b>	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"> <li>5 points to the Support Electronic Referral Loops by Sending Health Information measure</li> <li>5 points to the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure</li> </ul> OR ...the 10 points are redistributed to the HIE Bi-Directional Exchange measure OR ...the 10 points are redistributed to the Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA) measure
	Query of Prescription Drug Monitoring Program (PDMP)		Yes	...the 10 points are redistributed to the e-Prescribing measure
<b>Health Information Exchange</b>	Option 1	Support Electronic Referral Loops by Sending Health Information	Yes	...the 15 points are redistributed to the Provide Patients Electronic Access to their Health Information measure
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	Yes	...the 15 points are redistributed to the Support Electronic Referral Loops by Sending Health Information measure
	Option 2	HIE Bi-Directional Exchange	No	N/A
	Option 3	Enabling Exchange under TEFCA	No	N/A



## Reallocation of Points for Promoting Interoperability Measure(s) When an Exclusion is Claimed (Continued)

Objectives	Measures	Exclusion Available	When the exclusion is claimed
<b>Provider to Patient Exchange</b>	Provide Patients Electronic Access to Their Health Information	No	N/A
<b>Public Health and Clinical Data Exchange</b>	<b>Report on the 2 required measures:</b> <ul style="list-style-type: none"> <li>Immunization Registry Reporting</li> <li>Electronic Case Reporting</li> </ul>	Yes	<p>...the 25 points are still available in this objective if you <b>claim an exclusion</b> for one of the required measures and submit a “yes” attestation for the other required measure in the objective.</p> <p>... the 25 points are redistributed to the Provide Patients Electronic Access to Their Health Information measure if you <b>claim two exclusions</b>.</p>
	<b>Bonus:</b> <ul style="list-style-type: none"> <li>Public Health Registry Reporting</li> <li>Clinical Data Registry Reporting</li> <li>Syndromic Surveillance Reporting</li> </ul>	N/A	N/A

**NOTE:** Even if you claim 1 or 2 exclusions for the Immunization Registry Reporting and Electronic Case Reporting measures, you can still earn a total of 5 bonus points by reporting 1, 2 or 3 of the optional Public Health and Clinical Data Exchange measures (Public Health Registry Reporting, Clinical Data Registry Reporting, or Syndromic Surveillance Reporting).