Quality Payment
PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM

Participating in the Promoting Interoperability Performance Category in 2019

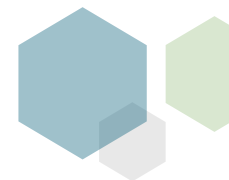Updated 4/21/2020

TABLE OF CONTENTS

*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the **Quality Payment Program COVID-19 Response Fact Sheet** for more information.*

HOW TO USE
THIS GUIDE

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.

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.
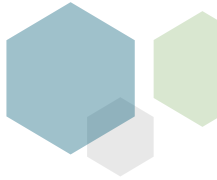
Hyperlinks

Hyperlinks to the QPP website are included throughout the guide to direct the reader to more information and resources.
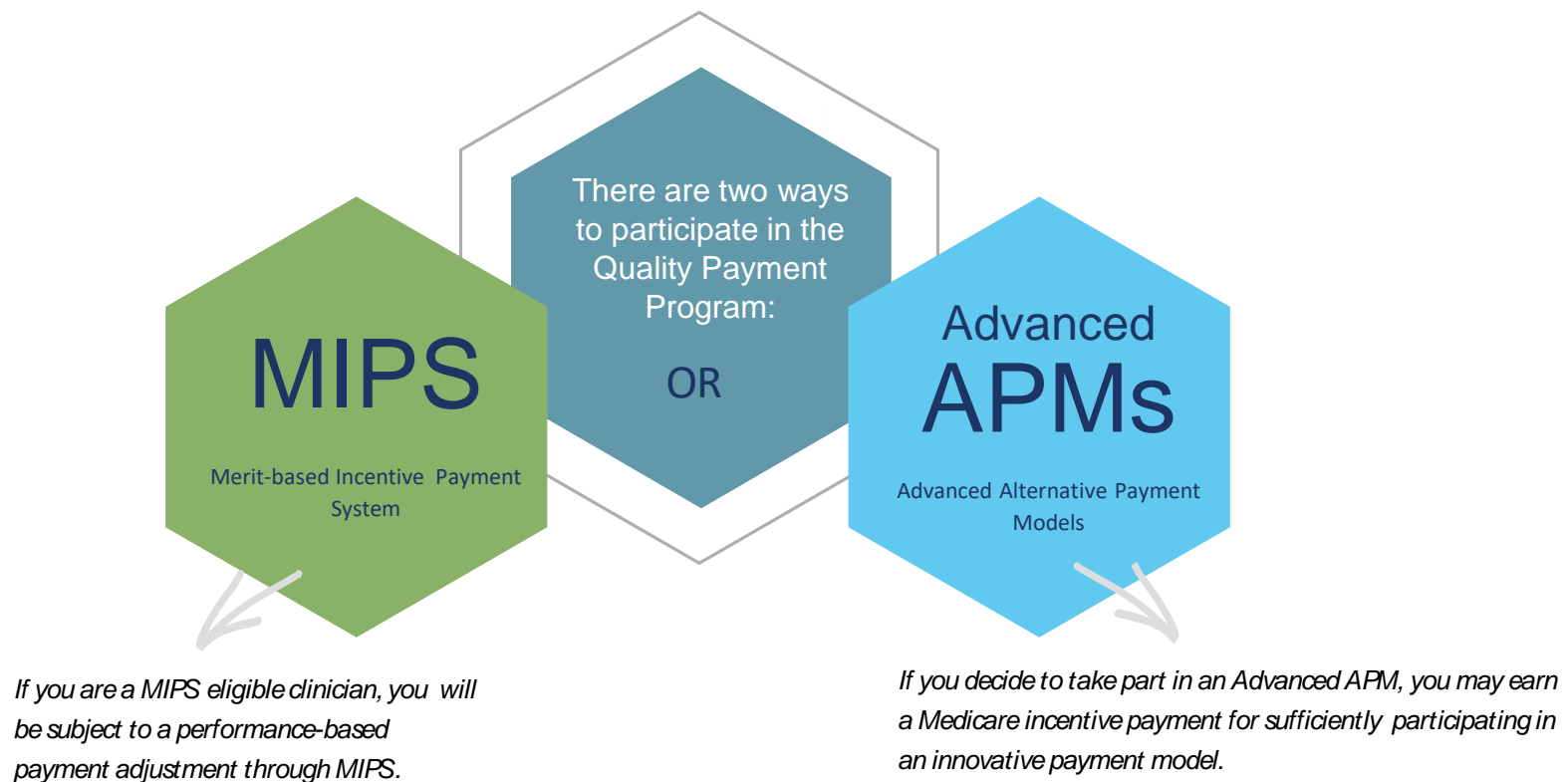
OVERVIEW

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 payment rates for clinicians participating in Medicare. By law, MACRA requires CMS to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:

There are two ways to participate in the Quality Payment Program:

OR

MIPS

Merit-based Incentive Payment System

Advanced APMs

Advanced Alternative Payment Models

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.
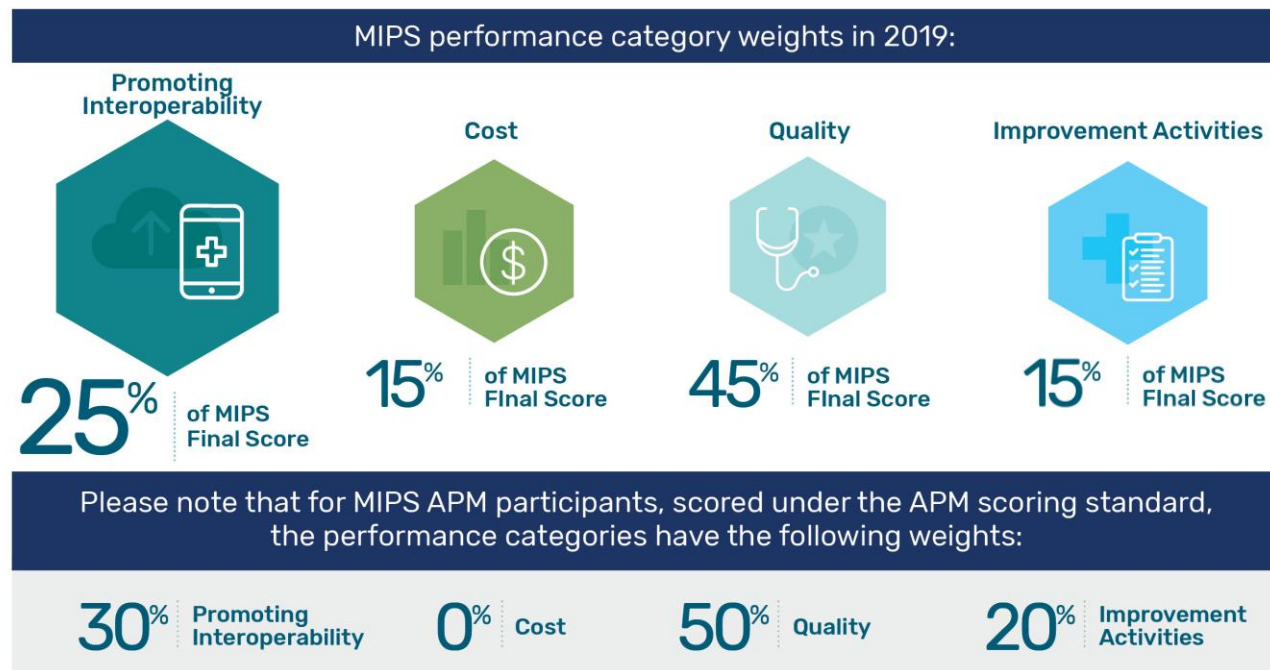
What is MIPS?

There are **4** performance categories under MIPS that affect future Medicare payments. Each performance category has a specific weight, and your performance in these categories contributes to your MIPS final score.

MIPS performance category weights in 2019:

2019 Promoting Interoperability Performance Category Guide

MIPS performance category weights in 2019:

Promoting Interoperability	Cost	Quality	Improvement Activities
25% of MIPS Final Score	**15%** of MIPS Final Score	**45%** of MIPS Final Score	**15%** of MIPS Final Score

Please note that for MIPS APM participants, scored under the APM scoring standard, the performance categories have the following weights:

30% Promoting Interoperability	**0%** Cost	**50%** Quality	**20%** Improvement Activities

This guide focuses on the **Promoting Interoperability** performance category in 2019 (or "Year 3") of the Quality Payment Program.

PROMOTING INTEROPERABILITY BASICS

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PROGRAM

What is the Promoting Interoperability Performance Category?

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

For 2019, the Promoting Interoperability performance category:

- Is worth **25 percent** of your MIPS final score
- Has a minimum performance period of 90 continuous days between January 1, 2019 and December 31, 2019
- Uses performance-based scoring at the individual measure level
- 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 (or 75 percent of your final score if CMS determines there are not sufficient measures applicable and available to MIPS eligible clinicians in the Quality performance category).

For more information on the APM scoring standard, view the MIPS APMs webpage on the Quality Payment Program website.

PARTICIPATION REQUIREMENTS

What Edition of Certified EHR Technology Do I Need to Report for the Promoting Interoperability Performance Category in 2019?

NEW: Beginning with the 2019 performance period, MIPS eligible clinicians must use EHR technology certified to the 2015 Edition to report the 2019 Promoting Interoperability objectives and measures.

- The 2015 Edition functionality must be in place **by the first day** of the Promoting Interoperability performance period

- The product must be certified to the 2015 Edition criteria **by the last day** of the Promoting Interoperability performance period

- Must use the 2015 Edition functionality for the **full** Promoting Interoperability performance period

For example, if you select the last continuous 90 days in 2019 as your 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, but the product has been deployed. As long as the certification is received by the last day of the performance period, the clinician will be able to submit for the Promoting Interoperability performance category.

October 3, 2019

Day 1
of the final continuous
90-day report period

2015 Edition CEHRT must be in place

December 31, 2019

Final Day
of performance period

EHR must be certified to the 2015 Edition

What are the Data Submission Requirements for Promoting Interoperability in 2019?

Beginning in 2019, you will submit a single set of Promoting Interoperability Objectives and Measures to align with 2015 Edition CEHRT. This single measure set includes new and existing Promoting Interoperability performance category measures organized under 4 objectives. Measures are no longer classified as base score or performance score measures.

Participants must submit collected data for required measures from each of the 4 objectives (unless an exclusion is claimed) for 90 continuous days or more during 2019.

In addition to submitting measures, clinicians must:

- Submit a "yes" to the Prevention of Information Blocking Attestation;

- Submit a "yes" to the ONC Direct Review Attestation; and

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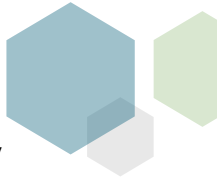
Failing to report on a required measure (or claim an exclusion for a required measure if applicable) will result in a score of 0 for the Promoting Interoperability performance category.

REPORTING METHODS

Reporting Methods

The chart below outlines the available submission types for reporting data to the Promoting Interoperability performance category and how they work. You'll notice the use of new language that more accurately reflects how clinicians and vendors interact with MIPS.

| Submission Type	How Does It Work?
Direct	Authorized third-party intermediaries (such as QCDRs and Qualified Registries) can perform a direct submission, transmitting data through a computer-to-computer interaction such as an API on behalf of individual clinicians, groups, and virtual groups.
Log-in and Upload	Individual clinicians, groups, virtual groups, and third-party intermediaries can login and upload data in an approved file format on qpp.cms.gov.
Log-in and Attest	Individual clinicians, groups, virtual groups, and their authorized representatives can login and attest to their performance on Promoting Interoperability objectives and measures (along with compliance with attestations and performance periods) on qpp.cms.gov.

TIP: If you're reporting as a group, your group must combine all of its MIPS eligible clinicians' data under 1 Taxpayer Identification Number (TIN).

PROMOTING INTEROPERABILITY OBJECTIVES AND MEASURES

Promoting Interoperability Objectives and Measures
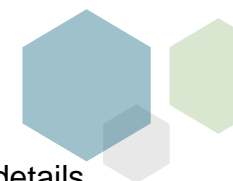
Beginning in 2019, there is a single set of Objectives and Measures to report: 11 measures spread across 4 objectives.

Clinicians are required to report the measures from each of the 4 objectives, unless an exclusion is claimed. You can find more details outlining each element of the Promoting Interoperability measures in the 2019 Promoting Interoperability Measure Specifications.

The following are the 2019 Promoting Interoperability Objectives and Measures. To learn more about how these measures changed between 2018 and 2019, review the 2019 MIPS Promoting Interoperability Performance Category Fact Sheet.

Objective	Measure*
Protect Patient Health Information	**Security Risk Analysis**** Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process. **Exclusion:** There is no exclusion for this measure.
E Prescribing	**e-Prescribing** At least 1 permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT. **Exclusion:** Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
	Bonus (not required): Query of Prescription Drug Monitoring Program (PDMP) *New 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.
	Bonus (not required): Verify Opioid Treatment Agreement *New For at least 1 unique patient for whom a Schedule II opioid was electronically prescribed by the MIPS eligible clinician using CEHRT during the performance period, if the total duration of the patient's Schedule II opioid prescriptions is at least 30 cumulative days within a 6-month look-back period, the MIPS eligible clinician seeks to identify the existence of a signed opioid treatment agreement and incorporates it into the patient's electronic health record using CEHRT.

* 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.

** The actions included in the Security Risk Analysis measure are still required to be performed during the calendar year in which the performance period occurs, but it is an unscored measure.

Promoting Interoperability Objectives and Measures

Objective	Measure*
Provider to Patient Exchange	**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). **Exclusion:** There is no exclusion for this measure.
Health Information Exchange	**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. **Exclusion:** 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 Incorporating Health Information *New 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. **Exclusions:** 1. Any MIPS eligible clinician who is unable to implement the measure for a MIPS performance period in 2019 would be excluded from having to report this measure; OR 2. Any MIPS eligible clinician who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patients never before encountered during the performance period.
Public Health and Clinical Data Exchange	**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). **Exclusions:** Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from this measure if the MIPS eligible clinician: 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. 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. 3. 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.

* 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.

17

Promoting Interoperability Objectives and Measures

Objective	Measure*
Public Health and Clinical Data Exchange	**Syndromic Surveillance Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care setting. **Exclusions:** Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from this measure if the MIPS eligible clinician: 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. 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. 3. 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.
	Electronic Case Reporting The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions. **Exclusions:** Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from this measure if the MIPS eligible clinician: 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. 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. 3. 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.
	Public Health Registry Reporting The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries. **Exclusions:** Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from this measure if the MIPS eligible clinician: 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. 2. Operates in a jurisdiction for which np 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. 3. 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.
	Clinical Data Registry Reporting The MIPS eligible clinician is in active engagement to submit data to a clinical data registry. **Exclusions**: Any MIPS eligible clinician meeting 1 or more of the following criteria may be excluded from this measure if the MIPS eligible clinician: 1. Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period. 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. 3. 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.

* 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.

Optional Measures

For each optional measure below that you report (in addition to the required e-Prescribing measure), you will receive 5 bonus points:

- Query of Prescription Drug Monitoring Program (PDMP)
- Verify Opioid Treatment Agreement

The following 2018 bonus options are no longer available for 2019:

- Reporting a "yes" to the completion of at least 1 of the specified Improvement Activities using CEHRT will no longer result in a 10 percent bonus in 2019.

- Reporting only from the Promoting Interoperability Objectives and Measures set (and only using 2015 Edition CEHRT) will no longer result in a 10 percent bonus in 2019.

- Reporting "yes" for 2 or more additional public health agencies or clinical data registries will no longer result in a 5 percent bonus.

Note: Clinicians who lack a PDMP interface in their EHR and need to manually calculate the Query of PDMP measure are still eligible to report the measure and receive the 5 bonus points in 2019. Additional information will be provided in the 2019 data validation document.

HARDSHIP EXCEPTIONS

Reasons for Exceptions

If you're participating in MIPS, you may submit a Quality Payment Program exception application for the Promoting Interoperability performance category for one of the following specified reasons:

- You're in a small practice

- You're using decertified EHR technology

- Insufficient Internet connectivity

- Extreme and uncontrollable circumstances

- Lack of control over the availability of CEHRT

If you are approved and receive a Promoting Interoperability performance category hardship exception, the Promoting Interoperability performance category receives 0 weight in calculating your MIPS final score and the 25 percent is reallocated to the Quality performance category.
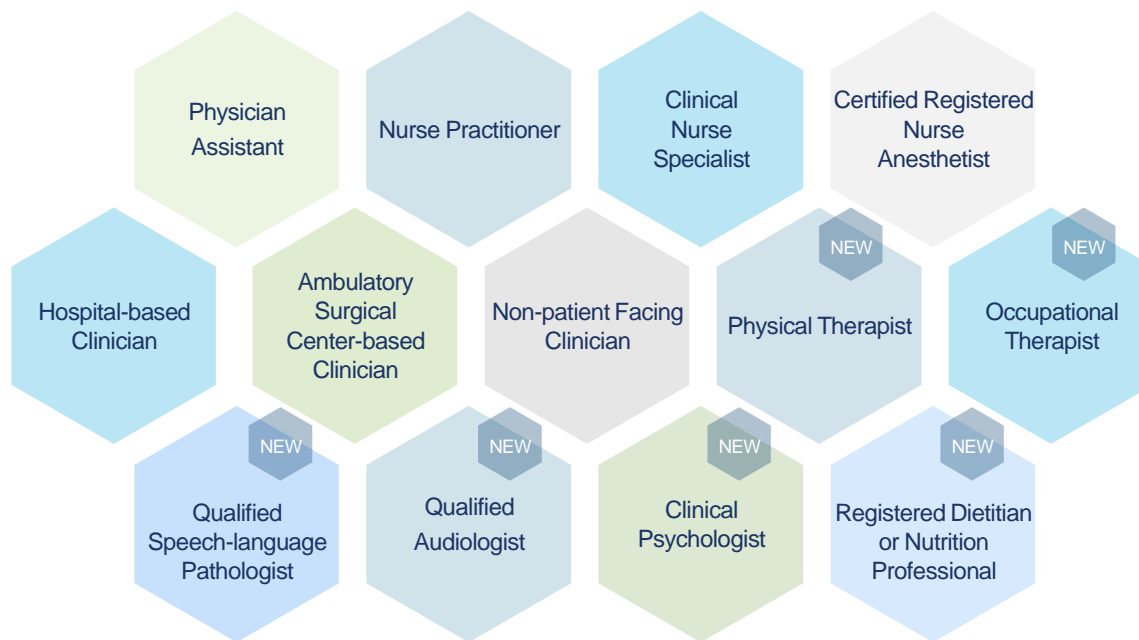
NOTE: Not having CEHRT is not sufficient by itself for reweighting of the Promoting Interoperability performance category.

Special Status Exceptions

If you qualify for "Special Status" or are a certain type of clinician (see below), the Promoting Interoperability performance category will be automatically reweighted to 0—the 25 percent is reallocated to the Quality performance category, and you will not need to submit a Quality Payment Program hardship exception application.

You qualify for reweighting if you're a:

- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist
- Hospital-based Clinician
- Ambulatory Surgical Center-based Clinician
- Non-patient Facing Clinician
- Physical Therapist (NEW)
- Occupational Therapist (NEW)
- Qualified Speech-language Pathologist (NEW)
- Qualified Audiologist (NEW)
- Clinical Psychologist (NEW)
- Registered Dietitian or Nutrition Professional (NEW)

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 percent of your MIPS final score.

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PROGRAM

Reweighting Groups

For a group to be reweighted, 100 percent of the MIPS eligible clinicians in the group must qualify for reweighting for the group to be reweighted, with the exception of non-patient facing groups.

Non-patient facing are **automatically** eligible to have their Promoting Interoperability performance category reweighted to 0 percent. To be designated as a non-patient facing group, 75 percent of the clinicians in the group must be non-patient facing.

To learn more, visit the Hardship Exceptions webpage on the Quality Payment Program website.

SCORING

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What are the Minimum Requirements?

Remember, to earn a score in the Promoting Interoperability performance category, you need to:

☑ Use 2015 Edition CEHRT to collect your data;

☑ Submit data for required measures (unless an exclusion is claimed) for a minimum of 90 consecutive days between January 1 and December 31, 2019;
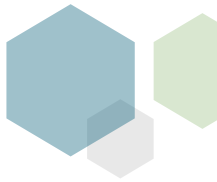
☑ Submit "yes" to the Prevention of Information Blocking Attestation;

☑ Submit "yes" to the ONC Direct Review Attestation; and

☑ Submit a "yes" for the security risk analysis measure.

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How is the Performance Category Score Calculated?

With 2 bonus measures, you have the ability to earn up to 110 points, which is capped at 100 points, for the Promoting Interoperability performance category score.
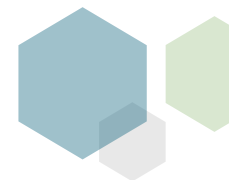
REMINDER: Failure to submit a numerator of at least 1 for required measures or claim an exclusion will result in a Promoting Interoperability performance category score of **0**.

Total Possible Points for Each 2019 Promoting Interoperability Measure

Objectives	Measures	Maximum Points
e-Prescribing	**e-Prescribing**	10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	5 bonus points
	Bonus: Verify Opioid Treatment Agreement	5 bonus points
Health Information Exchange	**Support Electronic Referral Loops by Sending Health Information**	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20 points
Provider to Patient Exchange	**Provide Patients Electronic Access to Their Health Information**	40 points
Public Health and Clinical Data Exchange	**Report to 2 different public health agencies or clinical data registries for any of the following:** • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	10 points

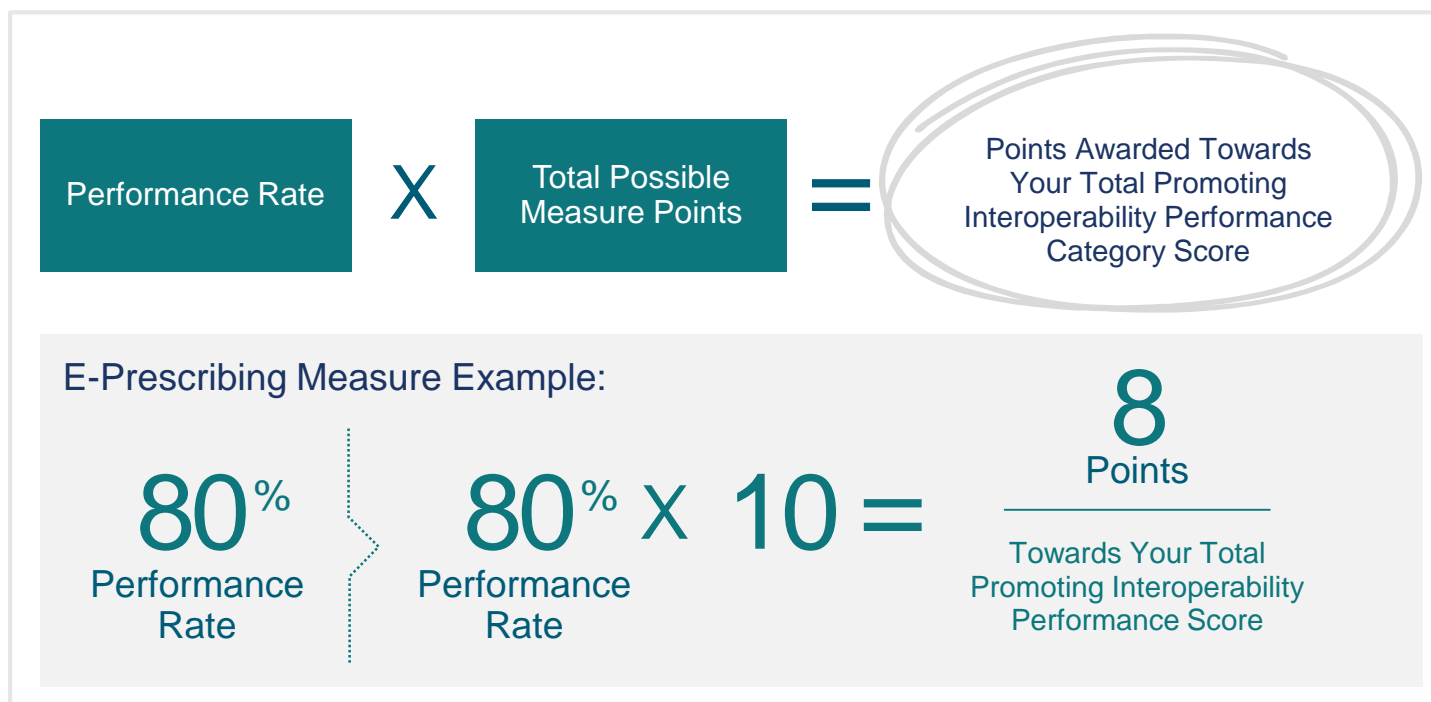*Bolded text in the table denotes required measures.*

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. We use a "yes" or "no" response for measures under the Public Health and Clinical Data Exchange objective as well as the Query of PDMP measure under the e-Prescribing objective.

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 applied to 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.

Performance Rate X Total Possible Measure Points = Points Awarded Towards Your Total Promoting Interoperability Performance Category Score

E-Prescribing Measure Example:

80% Performance Rate

80% X 10 = 8 Points

Towards Your Total Promoting Interoperability Performance Score

How are Measures Scored?

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.

Example 1:
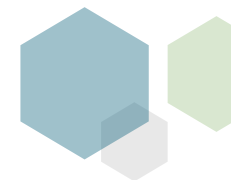Score = 8.53 → Round up to 9

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 1 patient for a given measure, a score of 1 would be awarded for that measure.

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 110 percent, but any score above 100 percent will be capped at 100 percent.

Once all of the measure scores are added together, the total sum will be divided be the total possible points (100). The total sum cannot exceed the total possible points. This calculation results in a fraction from 0 to 1, which can be formatted as a percent. It is then multiplied by the 25 percent Promoting Interoperability performance category weight. This product is then added to the MIPS final score.

We designed scoring this way intentionally to encourage you to focus on measures that are most applicable to how you deliver care to patients instead of on measures that may not be as applicable to you. Our goal is to provide increased flexibility to you and enable you to focus more on patient care and health data exchange through interoperability.

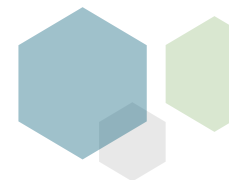$$\left(\text{Points} \ \times \ .25 \right) \times 100 = \boxed{\text{Points Towards Final Score}}$$

PI Category Weight

Example:

$$\frac{83 \ \text{Points}}{100 \ \text{Total Points}} \quad \left(.83 \times .25 \right) \times 100 = \frac{20.75 \ \text{Points}}{\text{Towards Final Score}}$$

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

You must be actively engaged with **2** 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:

Immunization Registry Reporting

Electronic Case Reporting

Public Health Registry Reporting

Clinical Data Registry Reporting

Syndromic Surveillance Reporting

Exclusions are available for the Public Health and Clinical Data Exchange objective.

If you…	Then…
Submit an exclusion for 1 measure, but 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 2 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 may count for the Public Health Registry Reporting measure as long as the QCDR has publicly declared readiness as a public health registry.

How are Bonus Points Calculated?

Reminder, for 2019, you can earn bonus points by submitting data for either or both of these 2 optional measures:

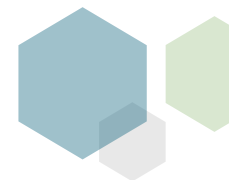| Query of Prescription Drug Monitoring Program (PDMP) | AND/OR | Verify Opioid Treatment Agreement |

You will receive **5 bonus points** for each optional measure that you submit data for. However, the Promoting Interoperability performance category score is capped at 100 points.

Example 1:

If a clinician receives 83 points from the required Promoting Interoperability measures and 5 bonus points by submitting data on 1 optional 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.

$$83 + 5 = \frac{88 \text{ Points}}{100 \text{ Total Points}}$$

Points from Required Measures | Bonus Points from 1 Optional Measure

$$\left(.88 \times .25\right) \times 100 = 22 \text{ Points}$$

Towards Final Score

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PROGRAM

How are Bonus Points Calculated?

Example 2:

A clinician receives 93 points from the required Promoting Interoperability measures and they submit data on 2 optional measures. Adding the 10 bonus points to the points they received for their required measures equals 103 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.

$$93 \;+\; 10 \;=\; \frac{\cancel{103}\;100}{100} \qquad \left(1.0 \times .25\right) \times 100 \;=\; 25$$

93 — Points from Required Measures

10 — Bonus Points from 2 Optional Measures

103 100 — Points (Capped at 100)

100 — Total Points

25 Points — Towards Final Score
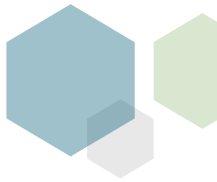
What If Exclusions are Claimed?

In the 2019 Physician Fee Schedule and QPP Year 4 (2020) Proposed Rule, we have proposed the following:

e Prescribing Measure

- If an exclusion is claimed, 10 points will be distributed:
  - 5 points to Support Electronic Referral Loops by Sending Health Information measure
  - 5 points to Provide Patients Electronic Access to Their Health Information measure

Support Electronic Referral Loops by Receiving and Incorporating Health Information Measure

- If an exclusion is claimed:
  - Redistribute 20 points to the Support Electronic Referral Loops by Sending Health Information measure

Support Electronic Referral Loops by Sending Health Information Measure

  - TBD

Public Health Measure

- If 2 exclusions are claimed:
  - Redistribute 10 points to the Provide Patients Electronic Access to Their Health Information measure if:
    - Report Yes for 2 measures OR
    - Report 1 and claim 1 exclusion

RESOURCES, GLOSSARY, AND VERSION HISTORY
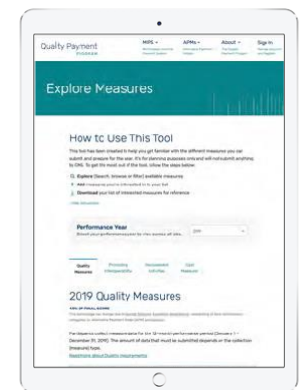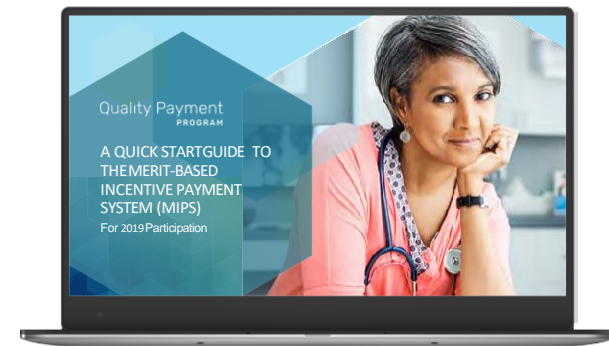
Resources, Glossary, and Version History
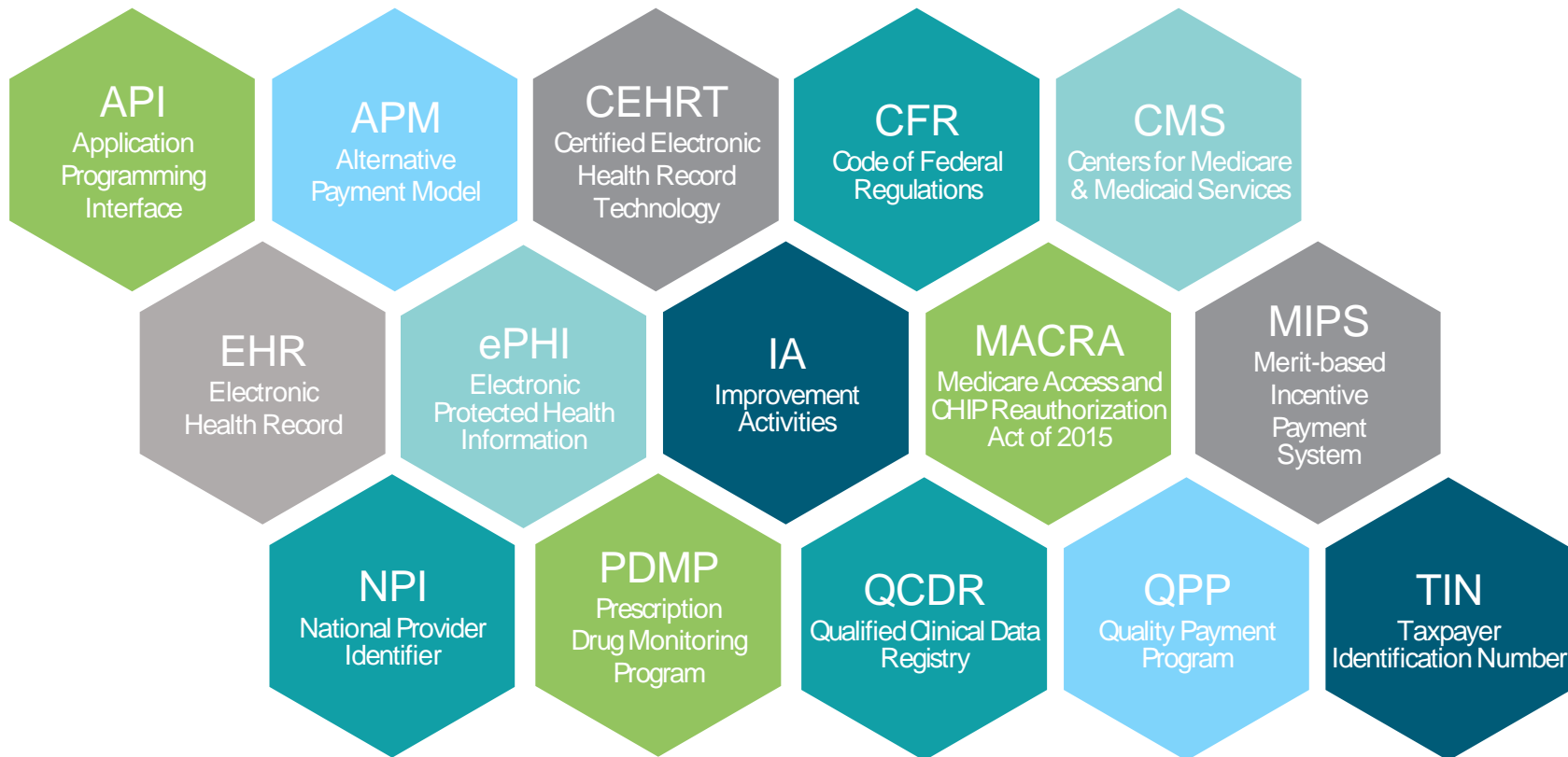## Resources

The following resources are available on the QPP Resource Library.

- Promoting Interoperability Performance Category Fact Sheet

- Promoting Interoperability Requirements

- Promoting Interoperability Measure Specifications

- MIPS Participation and Eligibility Fact Sheet

Quality Payment
PROGRAM

API — Application Programming Interface

APM — Alternative Payment Model

CEHRT — Certified Electronic Health Record Technology

CFR — Code of Federal Regulations

CMS — Centers for Medicare & Medicaid Services

EHR — Electronic Health Record

ePHI — Electronic Protected Health Information

IA — Improvement Activities

MACRA — Medicare Access and CHIP Reauthorization Act of 2015

MIPS — Merit-based Incentive Payment System

NPI — National Provider Identifier

PDMP — Prescription Drug Monitoring Program

QCDR — Qualified Clinical Data Registry

QPP — Quality Payment Program

TIN — Taxpayer Identification Number

Quality Payment
PROGRAM

Version History

Date	Description
4/21/2020	• Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19. • On page 27, updated language to reflect that the Query of PDMP measure now requires a Yes/No response instead of a numerator/denominator, per policies finalized in CY 2020 Final Rule for the 2019 performance period.
8/9/2019	Original version