

2019 Merit-based Incentive Payment System Promoting Interoperability Performance Category Quick Start Guide

[Updated 4/27/2020](#)

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.

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, a program authorized by the Medicare and CHIP Reauthorization Act of 2015 (MACRA) that rewards clinicians for value and outcomes.

Under MIPS, there are four performance categories that could affect your future Medicare payments. Each performance category is scored by itself and has a specific weight that contributes to your MIPS final score. Your MIPS payment adjustment is based on your final score.

This guide focuses on the Promoting Interoperability performance category.

MIPS performance category weights in 2019:



If you participate in MIPS through your APM Entity and are scored under the APM Scoring Standard, you will need to submit data for this performance category at the individual or group level. We will create a weighted average score for the APM Entity based on the individual and group submissions.

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What is the MIPS Promoting Interoperability Performance Category?

Interoperability, or the use of technology to exchange and make use of information, makes communicating patient information less burdensome and improves outcomes. The Promoting Interoperability performance category emphasizes the electronic exchange of health information using certified electronic health record technology (CEHRT) to improve patient access to their health information, exchange of information between providers and pharmacies, and systematic collection, analysis, and interpretation of healthcare data.

Getting Started with Promoting Interoperability in Five Steps



Step 1. Understand Your Reporting Requirements

Certain MIPS eligible clinicians and groups are not required to report data for this performance category. In this case, the category weight (or contribution to your final score) is redistributed to another performance category (or categories) unless they choose to submit data.¹

These clinicians:

1. Have a special status that qualifies for automatic reweighting;
2. Are a clinician type that qualifies for automatic reweighting; or
3. Submitted and received approval for a [Promoting Interoperability Hardship Exception](#) request.

¹ Participants in a MIPS APM who qualify for reweighting are not required to submit Promoting Interoperability performance category data, but they will receive a score in this performance category under the APM Scoring Standard.

MIPS eligible clinicians and groups that do not participant in a MIPS APM but qualify for reweighting will be scored in this performance category if they submit any Promoting Interoperability performance category data.

The table below outlines the different reasons why you may not need to report Promoting Interoperability performance category data.

Reason for Reweighting	Action Needed
<p>You have one of these Special Statuses:</p> <ul style="list-style-type: none"> • Ambulatory Surgical Center (ASC)-based; • Hospital-based; or • Non-patient facing 	<p>None – You are automatically excepted from having to submit data for this performance category.</p>
<p>You are one of these clinician types:</p> <ul style="list-style-type: none"> • Physician assistant • Nurse practitioner • Clinical nurse specialist • Certified registered nurse anesthetist • Physical therapist • Occupational therapist • Qualified speech-language pathologist • Qualified audiologist • Clinical psychologist • Registered dietitian or nutrition professional 	<p>None – You are automatically excepted from having to submit data for this performance category.</p>
<p>You qualify for a hardship exception because:</p> <ul style="list-style-type: none"> • You're a small practice • You have decertified EHR technology • You have insufficient Internet connectivity • You face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress or vendor issues • You lack control over the availability of CEHRT 	<p>Submit a Promoting Interoperability Hardship Exception Application by December 31, 2019</p> <p>(Your application must be approved by CMS to qualify for reweighting.)</p> <p>Learn More</p>

➤ Check the [QPP Participation Status Tool](#) for more information about your special statuses.

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

To meet the CEHRT requirements for 2019 Promoting Interoperability performance category reporting, you'll need to:

- Have 2015 edition CEHRT functionality in place by the first day of your performance period,
- Have your EHR **certified by ONC** to the 2015 Edition CEHRT criteria **by the last day of your performance period**, and
- You will be asked to provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>, when you submit your data.

If you're not sure what edition your EHR is, you can work with your practice technology support team or contact your EHR vendor to verify that your system is on track for 2015 Edition certification.

Step 3. Review the Measures and Performance Period Requirements

The 2019 Promoting Interoperability performance category focuses on four objectives: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange. These objectives are broken down into a total of eleven measures clinicians may report on.

There are six required measures in the Promoting Interoperability performance category in addition to required attestations. Some of these measures have exclusions; if you qualify, you can claim (submit) the exclusion instead of reporting the measure.

- You must collect data for all required measures (unless you can claim an exclusion(s)) for at least a **continuous 90-day period in CY 2019**.
- The last 90-day performance period begins **October 3, 2019**.

The table below outlines the 2019 objectives, measures, and available exclusions. Complete measure specifications are available [here](#). You can review the suggested documentation in the [MIPS Data Validation Criteria](#).

Objectives	Measures	Exclusions
e-Prescribing	e-Prescribing	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
	<i>Bonus: Query of Prescription Drug Monitoring Program (PDMP)</i>	<i>Optional measure (no exclusion available)</i>
	<i>Bonus: Verify Opioid Treatment Agreement</i>	<i>Optional measure (no exclusion available)</i>
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	<ol style="list-style-type: none"> 1. Any MIPS eligible clinician who is unable to implement the measure for a MIPS performance period in 2019 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
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	<i>No exclusion available</i>
Public Health and Clinical Data Exchange	<p><u>Report to two different public health agencies or clinical data registries for any of the following:</u></p> <ol style="list-style-type: none"> 1. Immunization Registry Reporting 2. Electronic Case Reporting 3. Public Health Registry Reporting 4. Clinical Data Registry Reporting 5. Syndromic Surveillance Reporting 	<p>Each of the five measures has their own exclusions; please refer to the Measure Specifications Sheets for the exact exclusion criteria for each measure. Generally speaking, the exclusions are based on the following criteria:</p> <ol style="list-style-type: none"> 1. Does not diagnose or directly treat any disease or condition associated with a agency/registry in their jurisdiction during the performance period 2. Operates in a jurisdiction for which no agency/registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period 3. Operates in a jurisdiction where no agency/registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period

Step 4. Perform or Review a Security Risk Analysis

The security risk analysis must be conducted or reviewed on an annual basis, within the calendar year of the performance period, and on the 2015 Edition CEHRT functionality.

- For example, if you have your 2015 CEHRT functionality in place on January 1, 2019, you can perform your security risk assessment on March 1, 2019 and select a 90-day performance period of October 3, 2019-December 31, 2019.

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

Step 5. Submit Your Data

You will need to report the required Promoting Interoperability performance category data during the submission period (1/2/2020 – 3/31/2020).

- If your practice has several EHRs and not all are certified to the 2015 Edition, you will **submit only the data collected in 2015 Edition CEHRT**
- If your practice is reporting as a group:
 - You will aggregate the measure numerators and denominators for all of the MIPS eligible clinicians with data in your 2015 Edition CEHRT.
 - You can submit a “yes” for the measures in the Public Health and Clinical Data Exchange objective as long as one MIPS eligible clinician is in active engagement with the registry.

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

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

Who	How
You	Sign in to qpp.cms.gov and attest to (manually enter) your information.
You or a third party	Sign in to qpp.cms.gov and upload a file with your data.
Third party	Perform a direct submission on your behalf, using our submissions API.

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

- Collect your data in EHR technology with 2015 Edition functionality (certified by the last day of the performance period) for a minimum of any continuous 90-day period in 2019
- Submit a “yes” to the Prevention of Information Blocking Attestations
- Submit a “yes” to the ONC Direct Review Attestation
- Submit a “yes” that you have completed the Security Risk Analysis measure in 2019
- Report the required measures from each of the four objectives or claim their exclusion(s)
 - For measures that require a numerator and denominator, you must submit at least a one in the numerator
- Provide your EHR’s CMS Identification code from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>

No supporting documentation is required when you attest to your Promoting Interoperability performance category data, but **you must keep documentation for six years** subsequent to submission.

Documentation guidance for each measure and attestation can be found in the [MIPS Data Validation Criteria](#). We suggest reviewing this validation document to ensure you document your work appropriately.

Technical Assistance

Technical assistance is available to clinicians in small practices and in rural or underserved areas. Check out our [SURS page](#) for more information. For questions, contact the Quality Payment Program at 1-866-288-8292, available Monday through Friday 8:00 AM-8:00 PM Eastern Time, or via e-mail at QPP@cms.hhs.gov.

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

Additional Resources

The [QPP Resource Library](#) houses fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more.

Resource	Description
2019 Promoting Interoperability Performance Category Fact Sheet 2019 MIPS Promoting Interoperability User Guide	More detailed information about the Promoting Interoperability performance category (including scoring)
QPP Access User Guide	Step-by-step instructions (with screenshots) for obtaining QPP credentials and authorization
2019 MIPS 101 Guide	Overview of the 2019 MIPS requirements
2019 MIPS Scoring Guide	Detailed information about scoring (all four performance categories, bonuses, and final score)
2019 Promoting Interoperability Measure Specifications	Measure descriptions and definitions
2019 MIPS Data Validation Criteria	Audit and validation criteria for MIPS performance categories

Version History Table

Date	Change Description
4/27/2020	Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19.
10/16/2019	Updated language in the table on page 3 to confirm that those participating in APMs not classified as MIPS APMs will receive at least a 50 percent score for the Improvement Activities performance category provided data is submitted for one or more performance categories.
10/2/2019	Original version

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