

Quality Payment PROGRAM

Merit-based Incentive Payment System (MIPS)

2021 Promoting Interoperability
Performance Category
Quick Start Guide: Traditional MIPS

Updated: 08/06/2021



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Purpose: This resource focuses on the Promoting Interoperability performance category under traditional MIPS, providing high-level requirements about data collection and submission for the 2021 performance period for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. This resource does not address Promoting Interoperability requirements for the APM Performance Pathway (APP).



How to Use This Guide



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

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Hyperlinks

Hyperlinks to the [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 changes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

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

If you're [eligible for MIPS in 2021](#):

- You generally have to submit data for the quality, improvement activities, and Promoting Interoperability performance categories.
- 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 2021 performance year and applied to payments for covered professional services beginning on January 1, 2023.

To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Overview](#) webpages on the [Quality Payment Program website](#).
- View the [2021 MIPS Eligibility and Participation Quick Start Guide](#) (available on [page 22](#)).
- Check your current participation status using the [Quality Payment Program Participation Status Tool](#).

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

Traditional MIPS, established in the first year of the Quality Payment Program, is the original framework for collecting and reporting data to MIPS.

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

In addition to traditional MIPS, 2 other MIPS reporting frameworks will be available to MIPS eligible clinicians:

The **APM Performance Pathway (APP)** is a streamlined reporting framework beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

MIPS Value Pathways (MVPs) are a reporting framework that will offer clinicians a subset of measures and activities, established through rulemaking. MVPs are tied to our goal of moving away from siloed reporting of measures and activities towards focused sets of measures and activities that are more meaningful to a clinician's practice, specialty, or public health priority. We anticipate the first MVP candidates to be proposed in the CY 2022 Quality Payment Program Proposed Rule. .

To learn more about the APP:

- Visit the [APM Performance Pathway webpage](#) on the Quality Payment Program website.
- View the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants](#) and [2021 APM Performance Pathway \(APP\) Infographic](#) resources.

To learn more about MVPs:

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

What is the MIPS Promoting Interoperability Performance Category?

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

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

Traditional MIPS Performance Category Weights in 2021: Individual, Group, and Virtual Group Participation

Quality



40% of MIPS Score

Cost



20% of MIPS Score

Improvement Activities



15% of MIPS Score

Promoting Interoperability



25% of MIPS Score

Traditional MIPS Performance Category Weights in 2021: APM Entity Participation

55% Quality

0% Cost

15% Improvement Activities

30% Promoting Interoperability

This resource examines the Promoting Interoperability performance category under traditional MIPS. For information about the Promoting Interoperability performance category under the APP, please refer to the [fact sheet](#).

What's New with Promoting Interoperability in 2021?

- We added a new **optional Health Information Exchange (HIE) Bi-Directional Exchange measure**, under the Health Information Exchange (HIE) objective as an alternative reporting option to the 2 existing HIE measures.
- We updated the name of the measure Support Electronic Referral Loops by Receiving and Incorporating Health Information to **Support Electronic Referral Loops by Receiving and Reconciling Health Information**.
- We're doubling the bonus points awarded for the optional **Query of Prescription Drug Monitoring Program (PDMP) measure** from 5 points to 10 points.
- We updated the **certified electronic health record technology (CEHRT) requirements** in response to the ONC 21st Century Cures Act Final Rule.



Get Started with Promoting Interoperability for Traditional MIPS in 5 Steps



Get Started with Promoting Interoperability for Traditional MIPS in 5 Steps



Get Started with Promoting Interoperability for Traditional MIPS in 5 Steps

Step 1. Understand Your Reporting Requirements

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

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

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

Participating as an individual?

Check the [Quality Payment Program Participation Status Tool](#) or sign in to qpp.cms.gov for any special statuses assigned at the Clinician Level.

Participating as a group?

Check the [Quality Payment Program Participation Status Tool](#) or sign in to qpp.cms.gov for any special statuses assigned at the Practice Level.

Participating as a virtual group?

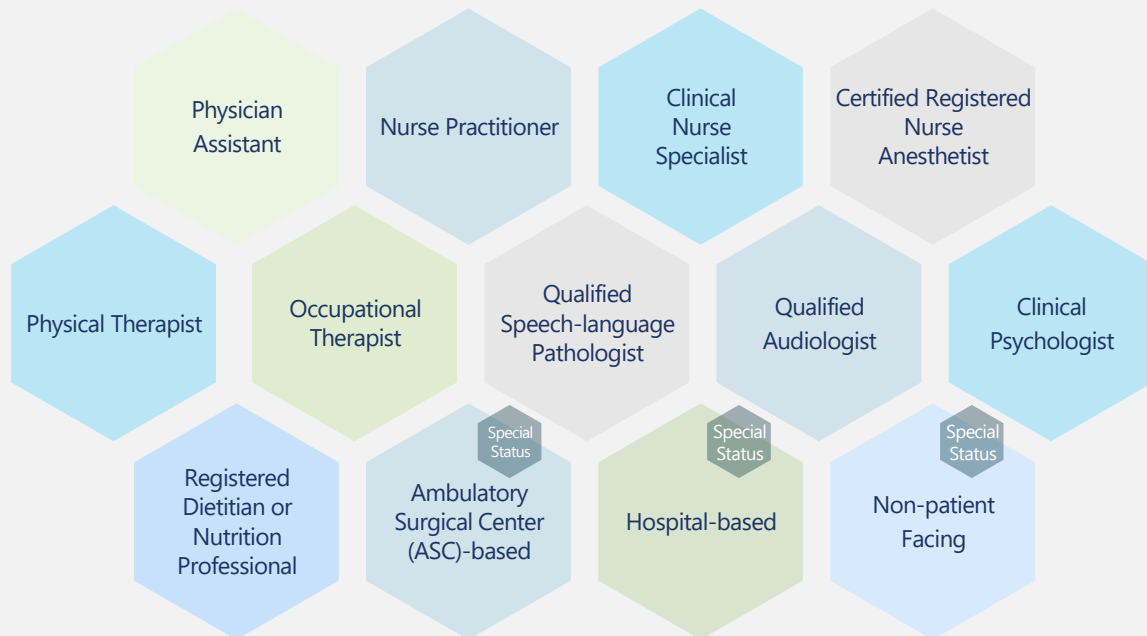
Sign in to qpp.cms.gov to check for any special statuses assigned to the virtual group.

Get Started with Promoting Interoperability for Traditional MIPS in 5 Steps

Step 1. Understand Your Reporting Requirements *(continued)*

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

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



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

Are a small practice

Have decertified EHR technology

Have insufficient internet connectivity

Face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress, or vendor issues

Lack control over availability of CEHRT



Action Needed: Submit a 2021 Promoting Interoperability Performance Category Hardship Exception Application by December 31, 2021. (Your application must be approved by CMS to qualify for reweighting.) [Learn More](#)

Get Started with Promoting Interoperability for Traditional MIPS in 5 Steps

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

To meet the CEHRT requirements for 2021 Promoting Interoperability performance category objective and measure reporting, you'll need to:

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

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

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

90-day Performance Period Example



Get Started with Promoting Interoperability for Traditional MIPS in 5 Steps

Step 3. Review the Measures and Performance Period Requirements

The 2021 Promoting Interoperability performance category focuses on 4 objectives:

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

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

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

- You must collect data for all required measures (unless you can claim an exclusion(s)) for the same **minimum continuous 90-day period in CY 2021**.
- The last 90-day performance period begins on **October 3, 2021**.

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

Step 4. Perform or Review a Security Risk Analysis

You must conduct or review a security risk analysis on your 2015 Edition CEHRT functionality on an annual basis, within the calendar year of the performance period.

- For example, if you have your 2015 Edition CEHRT functionality in place on January 1, 2021, you can perform your security risk assessment on March 1, 2021 and select a 90-day performance period of October 3, 2021 – December 31, 2021.

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>.

Get Started with Promoting Interoperability for Traditional MIPS in 5 Steps

Step 5. Submit Your Data

You will need to report the required Promoting Interoperability performance category data during the 2021 submission period (1/2/2022 – 3/31/2022).

Did you know?

- If your practice has several EHRs and not all are certified to the 2015 Edition, you will **submit only the data collected in 2015 Edition CEHRT**.
- If your practice is participating as a group or virtual group:
 - You will aggregate the measure numerators and denominators for all MIPS eligible clinicians with data in your 2015 Edition CEHRT.
 - 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.
- The level at which you participate in MIPS (individual, group, or virtual group) applies to all performance categories. We will not combine data submitted at the individual, group, and/or virtual group level into a single final score. There is one exception to this rule, which is noted at the bottom of this page.

For example:

- If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.

Exception: When participating as an APM Entity, the Entity will submit quality measures and improvement activities. However, MIPS eligible clinicians in the Entity will submit Promoting Interoperability data as individuals or as a group and we will calculate an average score for this performance category.



Get Started with Promoting Interoperability for Traditional MIPS in 5 Steps

Step 5. Submit Your Data *(continued)*

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



Collect your data in EHR technology that meets the 2015 Edition certification criteria, 2015 Edition Cures Update certification criteria, or a combination of both (certified by the last day of the performance period) for a minimum of any continuous 90-day period in 2021;



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 2021;



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

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



Provide your EHR’s CMS Identification code from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>

Get Started with Promoting Interoperability for Traditional MIPS in 5 Steps

Step 5. Submit Your Data *(continued)*

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

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

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 Application Programming Interface (API)**.

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

You do not need to include supporting documentation when you attest to your Promoting Interoperability performance category data, but **you must keep documentation for 6 years** after submission.

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





Help, Resources, and Version History

Where Can You Go for Help?

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

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

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

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

Additional Resources

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

| Resource | Description |
|--|--|
| 2021 MIPS Quick Start Guide | A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2021 performance year. |
| 2021 Eligibility and Participation Quick Start Guide: Traditional MIPS | A high-level overview and actionable steps to understand your 2021 MIPS eligibility and participation requirements. |
| 2021 Promoting Interoperability Measure Specifications | A detailed overview of the requirements for the 2021 Promoting Interoperability performance category objectives and measures. |
| Certified Health IT Product List (CHPL) Public User Guide | Instructions for generating the required CMS EHR Certification ID. |
| 2021 Quality Performance Category Quick Start Guide: Traditional MIPS | A high-level overview and practical information about quality measure selection, data collection, and submission for the 2021 MIPS quality performance category. |
| 2021 Improvement Activities Performance Category Quick Start Guide | A high-level overview and practical information about data collection and submission for the 2021 MIPS improvement activities performance category. |
| 2021 Cost Performance Category Quick Start Guide: Traditional MIPS | A high-level overview of cost measures, including calculation and attribution, for the 2021 MIPS cost performance category. |

Version History

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

| Date | Description |
|------------|--|
| 08/06/2021 | PY 2021 performance category weights for APM Entities reporting traditional MIPS were updated due to clarification released in the CY 2022 Physician Fee Schedule Proposed Rule. |
| 1/14/2021 | Original posting |



Appendix

Appendix

Promoting Interoperability Objectives and Measures

The table below outlines the 2021 objectives, measures, and available exclusions. Complete measure specifications are available [here](#). The **MIPS Data Validation Criteria**, available later in the performance period on the [Quality Payment Program Resource Library](#), will include the Promoting Interoperability documentation requirements for reporting measures and claiming exclusions.

| Objective | Measures | Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure) | Available Points (based on performance) | |
|--|---|--|---|---------------|
| e-Prescribing | e-Prescribing | Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. | 1 – 10 points | |
| | <i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP) | <i>Optional measure (no exclusion available)</i> | 10 points | |
| Health Information Exchange | Option 1 | Support Electronic Referral Loops by Sending Health Information | Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period. | 1 – 20 points |
| | | Support Electronic Referral Loops by Receiving and Reconciling Health Information | Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period. | 1 – 20 points |
| | Option 2 | HIE Bi-Directional Exchange | Any MIPS eligible clinician whose EHR is enabled to allow for querying and sharing data by sending, receiving, and incorporating data via an HIE for every patient. | 1 – 40 points |
| Provider to Patient Exchange | Provide Patients Electronic Access to Their Health Information | <i>No exclusion available</i> | 1 – 40 points | |
| Public Health and Clinical Data Exchange | Report to 2 different public health agencies or clinical data registries for any of the following: <ul 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 | Each of the 5 measures has their own exclusions; please refer to the Measure Specifications for the exact exclusion criteria for each measure. Generally speaking, the exclusions are based on the following criteria: <ul style="list-style-type: none"> • Does not diagnose or directly treat any disease or condition associated with an agency/registry in their jurisdiction during the performance period. • 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. • 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. | 10 points for the objective | |

