

Merit-based Incentive Payment System (MIPS)

Participating in the Promoting
Interoperability Performance Category
in the 2021 Performance Year:
Traditional MIPS

Updated: 08/06/2021



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Purpose: This detailed resource focuses on the Promoting Interoperability performance category requirements under the traditional Merit-based Incentive Payment System (MIPS) (original framework for collecting and reporting data since the inception of the Quality Payment Program), including data collection and submission for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation for the 2021 performance year. This resource doesn't address improvement activities requirements under the Alternative Payment Model Pathway (APP).





How to Use This Guide



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

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Hyperlinks

Hyperlinks to the [QPP website](#) are included throughout the guide to direct you to more information and resources.



Overview

COVID-19 and 2021 Participation

The 2019 Coronavirus (COVID-19) public health emergency continues to impact all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2021 performance year, we will continue to use our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, virtual groups, and APM Entities to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency. The application will be available in spring 2021 along with additional resources.

Due to the anticipated need for continued COVID-19 clinical trials and data collection, MIPS eligible clinicians, groups, and virtual groups that meet the improvement activity criteria will be able to receive credit for the COVID-19 Clinical Reporting with or without Clinical Trial improvement activity for the 2021 performance year.

For more information about the impact of COVID-19 on Quality Payment Program (QPP) participation, see the [QPP COVID-19 Response webpage](#).

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 Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which rewards value in one of two ways:



* Note: If you participate in an Advanced APM and don't achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.

What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the 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 reward them for improving the quality of patient care and outcomes.

Under MIPS, we evaluate your performance across multiple performance 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. (We collect and calculate data for the cost performance category for you.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS Final Score of 0 to 100 points.
- Your MIPS Final Score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2021 performance year and applied to payments for covered professional services beginning on January 1, 2023.

To learn more about how to participate in MIPS:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Overview](#) webpages on [the QPP website](#).
- View the [2021 MIPS Eligibility and Participation Quick Start Guide \(PDF\)](#).
- Check your current MIPS participation status using the [QPP Participation Status Tool](#).

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

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

Under 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:

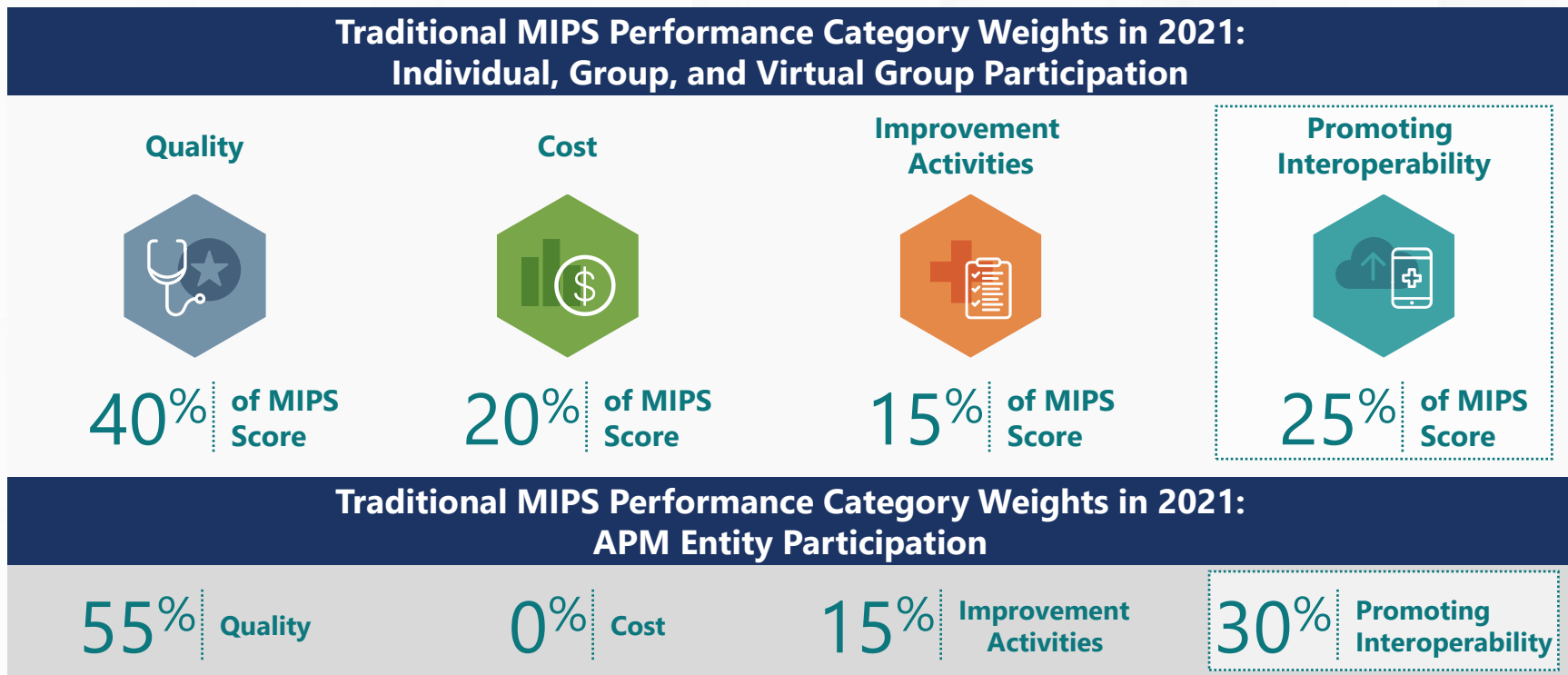
The **APM Performance Pathway (APP)** is a streamlined reporting framework beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage 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 didn't propose any MVPs for implementation in 2021 but intend to do so through future rulemaking.

For information about the Promoting Interoperability performance category under the APP, please refer to the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet \(PDF\)](#) or the [2021 APM Performance Pathway Quick Start Guide \(PDF\)](#). 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)

This guide focuses on the **Promoting Interoperability** performance category under traditional MIPS for the 2021 performance year of the QPP.



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](#).



Promoting Interoperability Basics

What is the MIPS Promoting Interoperability Performance Category?

The Promoting Interoperability performance category emphasizes the electronic exchange of 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.

For 2021, the Promoting Interoperability performance category for traditional MIPS:

- Is worth **25%** of your MIPS Final Score.
- Has a minimum performance period of 90 continuous days between January 1, 2021 and December 31, 2021.
- Uses performance-based scoring at the individual measure level.
- Requires 2015 Edition CEHRT, 2015 Edition Cures Update CEHRT, or a combination of both.

NOTE: If you're participating as an APM Entity and reporting traditional MIPS, the Promoting Interoperability performance category is weighted at 30% of your MIPS Final Score. For additional information on the Promoting Interoperability performance category under the APP, please refer to the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet \(PDF\)](#).

What's New with Promoting Interoperability in 2021?

- We added a new **optional 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've doubled 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.

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](#).

NOTE: Individuals and groups in a MIPS APM will still report Promoting Interoperability data at the individual or group level even if their APM Entity is reporting quality and improvement activity data.





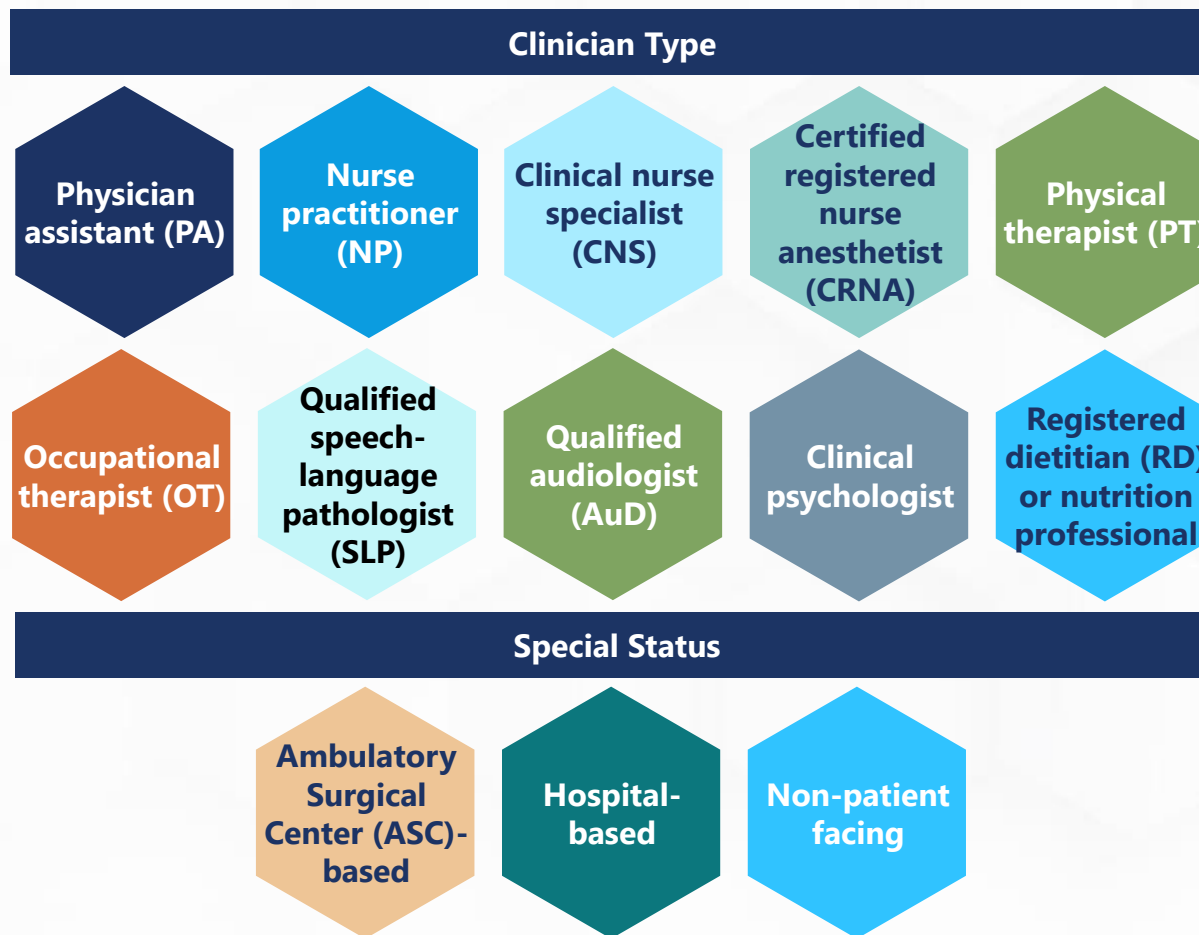
Reweighting the Promoting Interoperability Performance Category

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 weight is generally redistributed to the quality performance category.

You qualify for automatic reweighting if you are a:



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% (or 30% for APM Entities) of your MIPS Final Score.

Additional Information on Automatic Reweighting for Special Statuses



- o **Individual clinicians:** Designated as ASC-based are 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.
- o **Groups and virtual groups:** Designated as ASC-based are 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.



- o **Individual clinicians:** Designated as hospital-based are 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.
- o **Groups and virtual groups:** Designated as hospital-based are 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.



- o **Individual clinicians:** Designated as non-patient facing are 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).
- o **Groups and virtual groups:** Designated as non-patient facing are 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.

Reweighting the Promoting Interoperability Performance Category

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

Can I qualify 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 re-weighting 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 2021 performance year:

- You're in a small practice.
- 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, though clinicians and groups in the Entity can submit an application at the individual or group level.

NOTE: Simply not having 2015 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.

Submit your 2021 Promoting Interoperability Performance Category Hardship Exception Application by December 31, 2021.

To learn more, review the Promoting Interoperability Hardship Exception section of the [Exception Applications page](#) on the [QPP website](#).



Promoting Interoperability Reporting Requirements

What Edition of Certified Electronic Health Record (EHR) Technology Do I Need to Report for the Promoting Interoperability Performance Category in 2021?

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

NEW: The **CEHRT** requirements were updated to include 2015 Edition Cures Update CEHRT in response to the ONC 21st Century Cures Act Final Rule.

Example: If you select the last continuous 90 days in 2021 as your performance period: The 2015 Edition and/or 2015 Edition Cures Update functionality will need to be in place by October 3rd, 2021. The 2015 Edition and/or 2015 Edition Cures Update Certification will need to be obtained by December 31, 2021.

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 for the Promoting Interoperability performance category.

What are the Data Submission Requirements for Promoting Interoperability in 2021?

You must submit collected data [for all required measures from each of the 4 objectives](#) (unless an exclusion is claimed) for the same 90 continuous days (or more) during 2021.

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 Prevention of Information Blocking Attestation,
- The ONC Direct Review Attestation, and
- The Security Risk Analysis measure.

For more information on generating your EHR's CMS Certification ID, review pages 25 – 29 of the [CHPL Public Use Guide \(PDF\)](#).

When you report on required measures that have a numerator/denominator, you must 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).

IMPORTANT: If you fail to submit at least 1 in the numerator for a measure that has a numerator/denominator (e.g. enter a 0 in the numerator for the Support Electronic Referral Loops by Receiving and Reconciling Health information measure), you will **receive a score of 0** for the Promoting interoperability performance category.

Failing to report on a required 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

Promoting Interoperability Objectives, Measures, and Attestations

What are the 2021 Promoting Interoperability Performance Category Objectives and Measures?

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 and an [optional measure](#) that qualifies for 10 bonus points.

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

For more information on the objectives and measures, view the [2021 Promoting Interoperability Objectives and Measures table](#) in this guide.

Which Measures Can I Claim an Exclusion on?

The following Promoting Interoperability measures have exclusions:

- e-Prescribing
- Support Electronic Referral Loops by Sending Health Information
- Support Electronic Referral Loops by Receiving and Reconciling Health Information
- Immunization Registry Reporting
- Syndromic Surveillance Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry 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 and Activities Tool](#).

Promoting Interoperability Objectives, Measures, and Attestations

2021 Promoting Interoperability Objective and Measure Set Table

Objective	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
e- Prescribing	e-Prescribing	At least one 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.
	Bonus/Optional: Query of Prescription Drug Monitoring Program (PDMP)	For at least one 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.	Optional measure, no exclusion available.
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	For at least one 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 CEHRT.	No exclusion available.

Promoting Interoperability Objectives, Measures, and Attestations

2021 Promoting Interoperability Objective and Measure Set Table (Continued)

Objective	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)	
Health Information Exchange (HIE)	Option 1	Support Electronic Referral Loops by Sending Health Information	For at least one 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 one 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.
	Option 2	NEW: HIE Bi-Directional Exchange	The MIPS eligible clinician or group is engaged in bi-directional exchange within an HIE to support transitions of care.	Alternative measure, no exclusion available.

Promoting Interoperability Objectives, Measures, and Attestations

2021 Promoting Interoperability Objective and Measure Set Table (Continued)

Objective	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
Public Health and Clinical Data Exchange	Report to 2 different public health agencies or clinical data registries	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: <ol style="list-style-type: none"> Doesn't 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 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 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.
	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.	Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Syndromic Surveillance Reporting measure if the MIPS eligible clinician: <ol style="list-style-type: none"> Isn't in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system. OR 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. OR 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.

Promoting Interoperability Objectives, Measures, and Attestations

2021 Promoting Interoperability Objective and Measure Set Table (Continued)

Objective	Measure*		Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
Public Health and Clinical Data Exchange	Report to 2 different public health agencies or clinical data registries	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: <ol style="list-style-type: none"> Doesn't treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period. OR 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 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.	Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Public Health Reporting measure if the MIPS eligible clinician: <ol style="list-style-type: none"> Doesn't 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; OR Operates in a jurisdiction for which no 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; OR 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.

Promoting Interoperability Objectives, Measures, and Attestations

2021 Promoting Interoperability Objective and Measure Set Table (Continued)

Objective	Measure*		Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
Public Health and Clinical Data Exchange	Report to 2 different public health agencies or clinical data registries	Clinical Data Registry Reporting	The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Clinical Data Registry Reporting measure if the MIPS eligible clinician: <ol style="list-style-type: none"> 1. Doesn't diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period; OR 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; OR 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 isn't 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

What are the Required Attestations for the Promoting Interoperability Performance Category?

Security Risk Analysis 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.

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

How to Satisfy Security Risk Analysis Measure Requirements?

In addition to the required measures, you must conduct or review a security risk analysis on your 2015 Edition CEHRT and/or 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.



Promoting Interoperability Objectives, Measures, and Attestations

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

Office of the National Coordinator for Health Information Technology (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 it conforms 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 in the event that the ONC initiates a direct review of your health IT.

How to Satisfy the ONC Direct Review Attestation?

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 at [HealthIT.gov](https://www.healthit.gov).

Promoting Interoperability Objectives, Measures, and Attestations

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

Prevention of Information Blocking Attestation

Information blocking is the practice by which a health IT developer of a certified health IT, health information network, health information exchange, or a health care provider interferes with access, exchange, or use of electronic health information. This attestation statement aims to identify whether you or your health IT vendor acted in good faith and took necessary steps to prevent information blocking.

How to Satisfy the Prevention of Information Blocking Attestation?

During the submission period, you'll complete the Prevention of Information Blocking Attestation statement by entering a "yes" (certify that you acted in good faith when implementing and using your CEHRT to exchange electronic health information) or "no" (you don't certify that you acted in good faith when implementing and using your CEHRT to exchange electronic health information) response.

NOTE: The Prevention of Information Blocking 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 information blocking is available on [HealthIT.gov](https://www.healthit.gov).

Promoting Interoperability Objectives, Measures, and Attestations

What is the Optional ONC-Authorized Certification Bodies (ONC-ACB) Surveillance Attestation?

The ONC-ACBs are required to conduct ongoing surveillance activities to assess whether certified health IT meets the requirements of certification and continues to do so when implemented and used in production. ONC-ACBs conduct reactive and randomized surveillance to assess certification compliance.

This optional attestation asks you to acknowledge that you are in good faith with ONC-ACB surveillance of your health IT certified under the ONC Health IT Certification Program.

Promoting Interoperability Objectives, Measures, and Attestations

Optional Query of Prescription Drug Monitoring Program (PDMP) Measure

- The Query of PDMP measure continues to be **optional** for the 2021 performance period.
- You'll receive 10 bonus points if you report a "yes" for the optional PDMP measure in addition to the required e-Prescribing measure.
- You can't report the optional PDMP measure if:
 - You claim an exclusion for the e-Prescribing measure.
 - You don't use CEHRT to electronically prescribe at least one Schedule II opioid.

UPDATE: We increased the bonus points awarded for the Query of PDMP measure from 5 points to 10 points beginning with performance year 2021.

NOTE: A "yes" response would indicate that for at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician used data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law. Query of the PDMP for prescription drug history must be conducted prior to the electronic transmission of the Schedule II opioid prescription.



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 performance year 2021 submission period (1/2/2022 through 3/31/2022).

There are **three 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.

What are the 2021 Promoting Interoperability Submission Requirements?

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

- Use 2015 Edition CEHRT and/or 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, 2021;

Reminder:

- You must submit at **least a 1** in the numerator (unless an exclusion is available) on a numerator/denominator measure in order to meet submission requirements and receive a category score greater than 0.
- You must **attest “yes”** (unless an exclusion is available) for measures that require a yes/no response in order to meet the submission requirements and receive a category score greater than 0.
 - For the Public Health and Clinical Data Exchange objective, you must attest “yes” to two measures (unless an exclusion is available) to meet the objective requirements.
- Submit “yes” for the security risk analysis measure;
- Submit “yes” to the Prevention of Information Blocking Attestation;
- Submit “yes” to the ONC Direct Review Attestation; and
- Provide your EHR’s CMS Certification ID from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>.

IMPORTANT: You’ll earn a **score of 0** in this performance category if you don’t meet all of the requirements listed on this slide.

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 for more information.
- The level at which you participate in MIPS (individual, group, or virtual group) applies to all performance categories. We don't combine data submitted at the individual, group, and/or virtual group level into a single final score.
 - **EXCEPTION:** When participating as an APM Entity, the Entity will submit quality measure and improvement activities and the MIPS eligible clinicians in the Entity will submit Promoting Interoperability data as individuals or as a group. We use the individual and group data to calculate an average score for the APM Entity for this performance category.
- If your practice has several EHRs and not all are certified to the 2015 Edition and/or 2015 Edition Cures Update, you will only submit the data collected in 2015 Edition CEHRT and/or 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 CEHRT and/or 2015 Edition Cures Update CEHRT.
- 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

How is the Performance Category Score Calculated?

With one bonus measure, you can earn up to 110 points, which is capped at 100 points, for the Promoting Interoperability performance category score for the 2021 performance period.

REMINDER: The Security Risk Analysis measure is required but unscored.

Total Possible Points for Each 2021 Promoting Interoperability Measure

Objectives	Measures		Required	Available Points	Reporting Requirements
e-Prescribing	e-Prescribing		Required	1 – 10 points	Numerator/Denominator
	<i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP)		Optional	10 bonus points	YES/NO
Health Information Exchange	Option 1	Support Electronic Referral Loops by Sending Health Information	Required (unless option 2 is reported)	1 – 20 points	Numerator/Denominator
		Support Electronic Referral Loops by Receiving and Reconciling Health Information		1 – 20 points	Numerator/Denominator
	Option 2	NEW: HIE Bi-Directional Exchange*	Required* (unless option 1 is reported)	1 – 40 points	YES/NO
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information		Required	1 – 40 points	Numerator/Denominator
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"> • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting 		Required	10 points for the entire objective	YES/NO

* HIE Bi-Directional Exchange measure is a new measure available for reporting in performance year 2021. This measure serves as an **alternative** measure to the two-existing required HIE objective. You're expected to report either option 1 (the two original HIE measures) or option 2 (the new HIE Bi-Directional Exchange measure) to satisfy the HIE objective.

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. There's one scored objective (Public Health and Clinical Data Exchange) and one measure (HIE Bi-Directional Exchange) where we use the "yes" or "no" as the answer submitted for the measures.

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%. This 80% would be multiplied by 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.

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:

$$\frac{200}{250}$$

}

$$80\%$$

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 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 one patient, 1 in the numerator, for a given measure, a score of 1 would be awarded for that measure.

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 and attest “yes” or “true” to the measures in your submission to earn the maximum of 10 points for the objective.

You may choose from the following 5 measures:

1. Immunization Registry Reporting
2. Electronic Case Reporting
3. Public Health Registry Reporting
4. Clinical Data Registry Reporting
5. Syndromic Surveillance Reporting

NOTE: You can report the same measure twice as long as you’re actively engaged with 2 different agencies or registries. You can also use one registry to support 2 different measures if the individual measure requirements are met.

What are the Public Health and Clinical Data Exchange Objective Exclusions?

Exclusions are available for each of the measures within the Public Health and Clinical Data Exchange objective.

If You...	Then...
Submit an exclusion for <i>one</i> measure, and 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
Can't attest yes to 2 different public health agencies or clinical data registries and can't claim exclusions	You will earn a score of 0 for the objective and the Promoting Interoperability performance category

NOTE: Reporting to a QCDR or Qualified Registry may count for the 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.

How are Bonus Points Calculated?

For 2021, you can earn 10 Bonus Points by submitting a “yes” for the optional [Query of PDMP measure](#), but your Promoting Interoperability score can’t exceed 100 achievement points.

Promoting Interoperability Scoring

How is the Total Promoting Interoperability Performance Category Calculated?

The Promoting Interoperability performance category is weighted at 25% of the MIPS Final Score (30% for APM Entities).

You may earn a maximum score of up to 110%, but any score above 100% will be capped at 100%.

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

Example:

Points \times **.25** = Points Towards Final Score
Promoting Interoperability Category Weight

Example:
83 \times **.25** = **20.75** points
Points Towards Final Score

NOTE: 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 [Appendix](#).

Promoting Interoperability Scoring

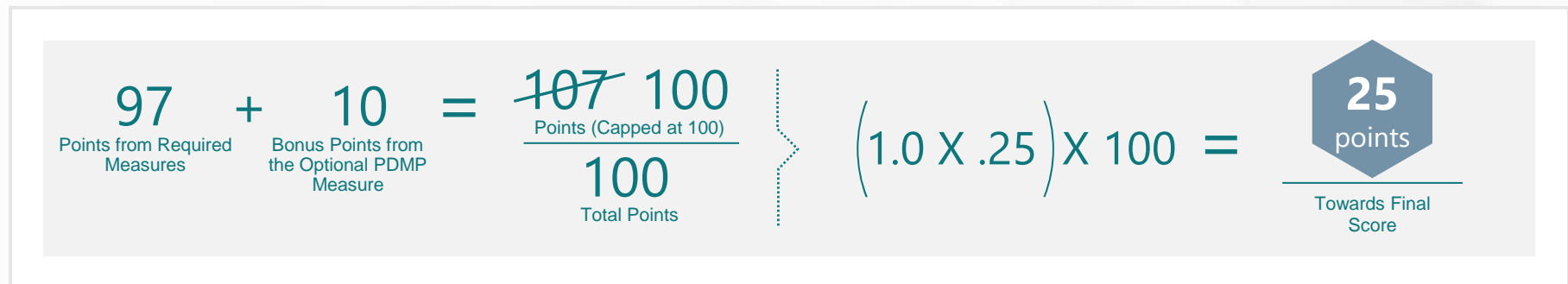
Example 1:

If a clinician receives 83 points from the required Promoting Interoperability measures and 10 bonus points by submitting data on the optional Query of PDMP measure, then they would receive 23 points towards their MIPS Final Score for the Promoting Interoperability performance category. That's 2.5 more points towards their MIPS Final Score than they would have received had they not reported on the optional measure.



Example 2:

A clinician receives 97 points from the required Promoting Interoperability measures and they report the optional Query of PDMP measure. Adding the 10 bonus points to the points they received for their required measures equals 107 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.





Help, Resources, Glossary, and Version History

Where Can You Go for Help?

The following resources are available on the [QPP Resource Library](#) and other QPP and CMS webpages:

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. 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 QPP.

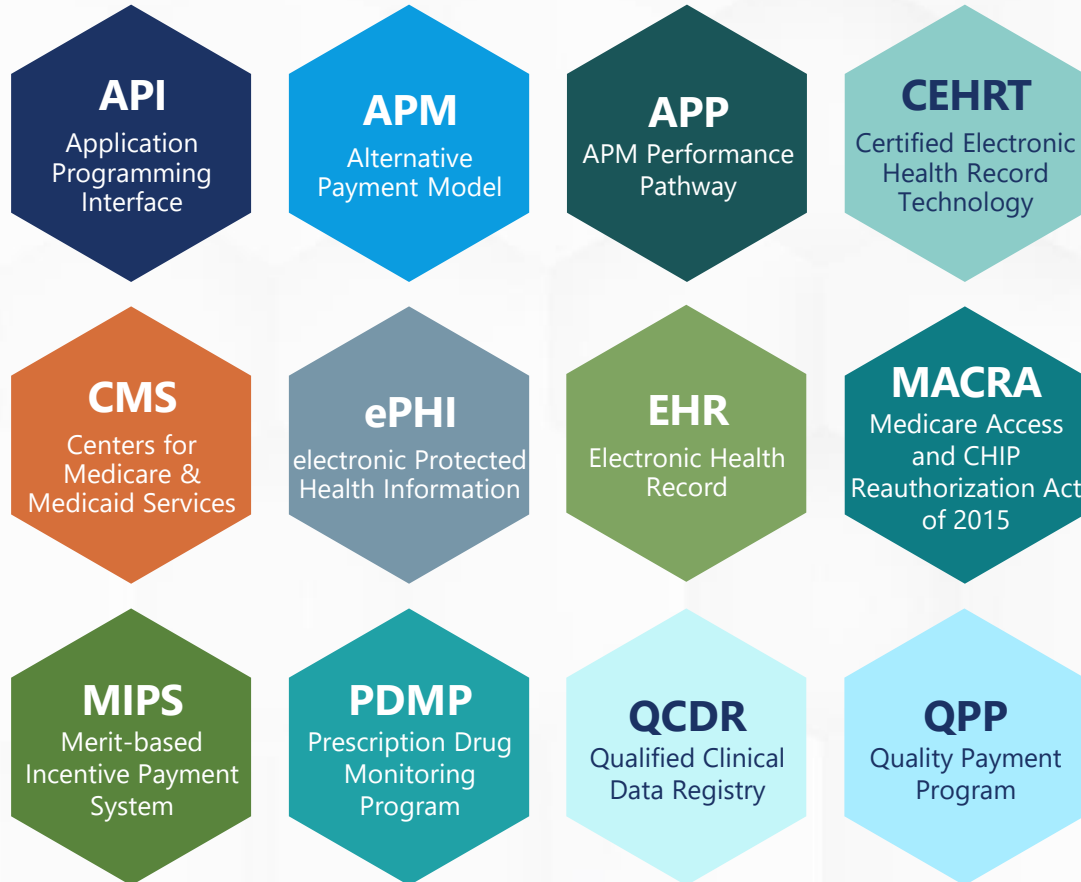
Visit the [QPP website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Additional Resources

The following resources are available on the [QPP Resource Library](#) and other QPP and CMS webpages:

- [2021 Promoting Interoperability Measure Specifications](#)
- [2021 Promoting Interoperability Quick Start Guide \(PDF\)](#)
- [2021 MIPS Eligibility and Participation Quick Start Guide \(PDF\)](#)

Glossary



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.
04/13/2021	Original Version



Appendix

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

The table below outlines where points are redistributed when an exclusion is claimed.

Objective	Measure	Exclusion Available	When the Exclusion is Claimed...	
e-Prescribing	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"> • 5 points to the Support Electronic Referral Loops by Sending Health Information measure • 5 points to the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure 	
	Bonus (optional): Query of Prescription Drug Monitoring Program (PDMP)	N/A	N/A	
Health Information Exchange	Option 1	Support Electronic Referral Loops by Sending Health Information	Yes	...the 20 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 20 points are redistributed to the Support Electronic Referral Loops by Sending Health Information measure
	Option 2	HIE Bi-Directional Exchange	N/A	N/A
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No	N/A	
Public Health and Clinical Data Exchange	Report to two different public health agencies or clinical data registries for any of the following: <ul style="list-style-type: none"> • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting 	Yes	...the 10 points are still available in this objective if you claim one exclusion and submit a 'yes' attestation for one of the 5 measures in the objective. ... the 10 points are redistributed to the Provide Patients Electronic Access to Their Health Information measure if you claim two exclusions.	