MIPS Year 3 (2019) Promoting Interoperability (PI) Performance Category

Requirements
- Must use EHR technology certified to the 2015 Edition certification criteria.
- Your performance on all measures must fall within a minimum of a 90 consecutive day period.
- Must perform a Security Risk Analysis within the performance period calendar year.
  - Failure to attest “Yes” to performing a Security Risk Analysis will result in 0 points
- Report on all the required measures across all 4 objectives
  - Failure to report or claim exclusion (if applicable) on any measure will result in 0 points

Exceptions
- CMS will automatically reweight the ACI category to 0 if the following types of MIPS ECs choose not to report PI objective/measure performance: Hospital-based clinicians, Non-Patient Facing clinicians, NP, PA, Clinical Nurse Specialist, Certified Registered Nurse Anesthetists, Ambulatory Surgical Center-based clinicians, Clinical Psychologist, Physical Therapist, Occupational Therapist, Qualified Speech-Language Pathologist, Qualified Audiologist, and Registered Dietitian or Nutrition professional.
- ECs can apply to have their ACI category reweighted through an approved application for the following reasons: Insufficient Internet Connectivity, Extreme/Uncontrollable Circumstances, Lack of Control over CEHRT, Clinicians who work in a small practice (15 or fewer), and if your EHR was decertified.
  NOTE: Deadline for submitting application is due by December 31st for each performance year.

Objectives/Measures & Points (**Exclusion available)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>MEASURE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-Prescribing</td>
<td>e-Prescribing**</td>
<td>10 points</td>
</tr>
<tr>
<td></td>
<td>Query of Prescription Drug Monitoring Program (PDMP)</td>
<td>5 Bonus Points</td>
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<tr>
<td></td>
<td>Verify opioid Treatment Agreement</td>
<td>5 Bonus Points</td>
</tr>
<tr>
<td>Health Information</td>
<td>Support Electronic Referral Loops by Sending Health</td>
<td>20 points</td>
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<tr>
<td>Exchange</td>
<td>Information**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support Electronic Referral Loops by Receiving and</td>
<td></td>
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<tr>
<td></td>
<td>Incorporating Health Information**</td>
<td></td>
</tr>
<tr>
<td>Provider to Patient</td>
<td>Provide Patient Electronic Access to Their Health</td>
<td>40 points</td>
</tr>
<tr>
<td>Exchange</td>
<td>Information</td>
<td></td>
</tr>
<tr>
<td>Public Health and</td>
<td>Immunization Registry Reporting**</td>
<td></td>
</tr>
<tr>
<td>Clinical Data Exchange</td>
<td>Electronic Case Reporting**</td>
<td></td>
</tr>
<tr>
<td>(Report to 2 different</td>
<td>Public Health Registry Reporting**</td>
<td></td>
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<tr>
<td>agencies or registries)</td>
<td>Clinical Data Registry Reporting**</td>
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<tr>
<td></td>
<td>Syndromic Surveillance Reporting**</td>
<td>10 points</td>
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</table>
**Exclusions & Redistribution of Points**

If a MIPS EC meets the criteria to claim a measure exclusion, the points for that measure will be redistributed to a specified measure. This will maintain the 100 possible points for the PI category.

**e-Prescribing (10 points)**
5 points added to Support Electronic Referral Loops by Sending Health Information
5 points added to Support Electronic Referral Loops by Receiving & Incorporating Health Information

**Support Electronic Referral Loops by Sending Health Information (20 points)**
Redistribution of points TBD by CMS at a later date.

**Support Electronic Referral Loops by Receiving & Incorporating Health Information (20 points)**
20 points added to Support Electronic Referral Loops by Sending Health Information
Note: If exclusions on both measures under the Health Information Exchange objective can be claimed, redistribution of the 40 points will be decided by CMS at a later date.

**Public Health & Clinical Data Exchange (claiming 2 measure exclusions) (10 points)**
10 points added to Provided Patient Electronic Access to Their Health Information

**Scoring**

- The Security Risk Analysis will yield 0 points towards the PI final score.
- The numerator and denominator for each measure will be translated to a performance rate for that measure and would be applied to the total possible points for that measure.
  For example, the e-Prescribing is worth up to 10 points. A numerator of 200 and denominator of 250 would yield a performance rate of (200/250) = 80 percent. This 80 percent would be applied to the 10 total points available to determine the measure score. 80% (Performance Rate) x 10 (Possible Points) = 8 points (Measure Score)
  NOTE: Measure score will be rounded to the nearest whole number (8.53 = 9; 8.33 = 8)
- The measures under the Public Health and Clinical Data Exchange objective are reported using “yes or no” responses. Eligible clinician would receive the full 10 points for reporting two “yes” responses, or for submitting a “yes” for one measure and claiming an exclusion for another.
- **Bonus Points**
  5 Bonus Points – Query of Prescription Drug Monitoring Program (PDMP)
  5 Bonus Points – Verify Opioid Treatment Agreement
  NOTE: They have removed the bonus points for the PI category for completing certain IA activities. The only bonus points available are for the eRX measures stated above.
- **Final Score**
  To calculate the Promoting Interoperability performance category final score, the measure scores are added together, and the total sum is divided by the total possible points (100). The total sum cannot exceed the total possible points of 100.

**Submission Type**

**Individual Reporting:** Direct; Log-in & Upload; Log-in & Attest

**Group Reporting:** Direct; Log-in & Upload; Log-in & Attest